

19-13-D80. Definitions

Homemaker-Home Health Aide Agency**19-13-D80. Definitions**

As used in Sections 19-13-D80 to 19-13-D92 inclusive:

- (a) "Agency" means a homemaker-home health aide agency as defined in Section 19a-490 (e) of the Connecticut General Statutes;
- (b) "Central office" means the agency office responsible and accountable for all agency operations in this state;
- (c) "Clinical experience" means employment in providing patient services in a health care setting
- (d) "Commissioner" means the commissioner of health services, or his/her representative;
- (e) "Consumer" means a potential or actual recipient of homemaker-home health aide services;
- (f) "Contracted services" or "services under arrangement" means services provided by the agency which are subject to a written agreement with an individual, another agency or facility;
- (g) "Contractor" means any organization, individual, home health care or homemaker-home health aide agency that provides services to patients of a primary agency as defined in paragraph (s) of Section 19-13-D80 of these regulations;
- (h) "Curriculum" means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;
- (i) "Department" means the Connecticut Department of Health Services;
- (j) "Evening or nighttime service" means service provided between the hours of 5 p.m. and 8 a.m.;
- (k) "Full-time" means employed and on duty a minimum of thirty-five (35) hours per workweek;
- (l) "Full-time equivalent" means the hours of work by more than one person in a one workweek period which equals a cumulative total which shall not be less than thirty-five (35) hours;
- (m) "Holiday service" means service provided on the days specified in the agency's official personnel policies as holidays;
- (n) "Homemaker-home health aide" means an unlicensed person who has successfully completed a training and competency evaluation program for the preparation of homemaker-home health aides approved by the department.
- (o) "Parent agency" means the agency that develops and maintains administrative control of subdivisions and patient service offices;
- (p) "Patient care services" means agency activities carried out by agency staff for or on behalf of a patient. Such services include, but are not limited to, receipt of referral for service, admission to service, assignment of personnel, homemaker-home health aide service, communication/coordination with patient and others involved in the patient's care and development/maintenance of patient's record.
- (q) "Patient service office" means one or more separate and distinct offices which provide patient care services and are included under the agency's license. This office shall comply with the regulations of Connecticut State Agencies, Section 19-13-D90;
- (r) "Permanent part-time" means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;
- (s) "Primary homemaker-home health aide agency" means the agency that is responsible for the homemaker-home health aide service furnished to patients and for the implementation of the plan of care;
- (t) "Professional supervision" means direction and supervision by a registered nurse supervisor, and, as appropriate, a physical therapist supervisor, occupational therapist supervisor, speech therapist supervisor, or social work supervisor;
- (u) "Provider agency" means the agency or subdivision that has primary authority and responsibility for provision of services to the patient and family;

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- (v) "Public health nurse" means a graduate of a baccalaureate degree program in nursing approved by the National League for Nursing for preparation in public health nursing;
- (w) "Representative" means a designated member of the patient's family, or person legally designated to act for the patient in the exercise of the patient's rights as contained in Sections 19-13-D80 to 19-13-D92 of the Regulations of Connecticut State Agencies.
- (x) "Social worker" means a graduate of a master's degree program in social work accredited by the council on social work education;
- (y) "Subdivision" means a unit of a multifunction health care organization which is assigned the primary authority and responsibility for the agency operations. A subdivision shall independently meet the regulations and standards for licensure and shall be independently licensed as a homemaker-home health aide agency;
- (z) "Supportive services" means services which include, but are not limited to assistance with personal hygiene, dressing, feeding and incidental household tasks essential to achieving adequate household and family management, and are provided under the supervision of a registered nurse;
- (aa) "Weekend service" means services provided on Saturday or Sunday. (Effective September 20, 1978; Amended December 28, 1992).

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- (a) An agency administrator shall be a person with one of the following:
 - (1) A baccalaureate degree in nursing with an active license to practice in this state and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or
 - (2) A baccalaureate degree in social work, home economics, administration, or related human services field with a concentration of study in health services administration, and at least two (2) years of full-time experience in a homemaker-home health aide agency or related health care facility/program which included care of the sick; or
 - (3) A baccalaureate degree in a related social service field, and at least three (3) years of full-time experience in a homemaker-home health aide agency or related community health program; or
 - (4) Current employment as the administrator of a homemaker-home health aide agency as of January 1, 1979. Effective January 1, 1982, no person shall be an administrator who does not satisfy the requirements of subparagraphs (1) through (3) of this regulation.
- (b) An agency registered nurse supervisor shall be a person with an active license to practice nursing in this state and shall have one of the following:
 - (1) A baccalaureate degree in nursing and at least two (2) years of full-time clinical experience within the past five (5) years in a home health care agency or related health care facility program which included care of the sick; or
 - (2) An associate degree in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home health care agency or related health care facility/program which included care of the sick; or
 - (3) A diploma in nursing and at least three (3) years of full-time clinical experience in nursing within the past five (5) years, at least two (2) of which were in a home health care agency or related health care facility/program which included care of the sick.
- (c) An agency physical therapist supervisor shall be a person licensed to practice physical therapy in this state and one who has completed a minimum of one (1) year full-time clinical experience in physical therapy;
- (a) An agency occupational therapist supervisor shall be a graduate of a basic education program accredited by the American Medical Association for the preparation of occupational therapists, or a person who has successfully completed the national

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certifying examination and is currently registered by the American Occupational Therapy Association, who has a minimum of one (1) year clinical experience in occupational therapy services and effective July 1, 1979, the occupational therapist supervisor shall be licensed to practice in this state.

- (b) An agency social work supervisor shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of one (1) year full-time experience in social work.
(Effective September 20, 1978; Amended December 28, 1992).

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The agency shall be organized and staffed in compliance with the following:

- (a) An agency shall be governed by a governing authority, maintain an active patient care advisory committee, be directed by an administrator and operate any services offered in compliance with these regulations. Compliance with these regulations shall be the joint and several responsibility of the governing authority and the administrator.
- (b) Governing Authority:
 - (1) There shall be a formal governing authority with full legal authority and responsibility for the operation of the agency which shall adopt bylaws or rules that are reviewed and so dated. Such bylaws or rules shall include, but are not limited to:
 - (A) Purposes of the agency;
 - (B) Delineation of the powers, duties and voting procedures of the governing authority, its officers and committees;
 - (C) Qualifications for membership, method of selection and terms of office of members and chairpersons of committees;
 - (D) A description of the authority delegated to the administrator;
 - (E) The agency's conflict of interest policy and procedures.
 - (2) The bylaws or rules shall be available to all members of the governing authority and all individuals to whom authority is delegated.
 - (3) The governing authority shall:
 - (A) Meet as frequently as necessary to fulfill its responsibilities as stated in these regulations, but no less than one (1) time per year;
 - (B) Provide a written agenda and minutes for each meeting;
 - (C) Provide that minutes reflect the identity of those members in attendance and that, following approval, such minutes be dated and signed by the secretary;
 - (D) Ensure that the agenda and minutes of any of its meetings or any of its committees are available at any time to the commissioner.
 - (4) Responsibilities of the governing authority include, but are not limited to:
 - (A) Services provided by the agency and the quality of care rendered to patients and their families;
 - (B) Selection and appointment of a patient care advisory committee;
 - (C) Policy and program determination and delegation of authority to implement policies and programs;
 - (D) Appointment of a qualified administrator;
 - (E) Management of the fiscal affairs of the agency;
 - (F) The quality assurance program.
 - (5) The governing authority shall ensure that:
 - (A) The name and address of each officer and member of the governing authority are reported annually to the commissioner;
 - (B) The name and address of each owner and, if the agency is a corporation, all ownership interests of ten percent (10%) or more (direct or indirect) are reported annually to the commissioner;
 - (C) Any change in ownership is reported to the commissioner within ninety (90) days;

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- (D) The name of the administrator of the agency is forwarded to the commissioner within three (3) days of his/her appointment and notice that the administrator has left for any reason is so forwarded within forty-eight (48) hours.
- (c) Patient care advisory committee:
 - (1) There shall be a patient care advisory committee, appointed by the governing authority, consisting of at least one (1) physician, one (1) public health nurse, one (1) social worker and two (2) consumers representing the community served by the agency. Professional representatives shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. No member of the patient care advisory committee, shall be an owner, stockholder, employee of the agency or related to same, including by marriage. However, provision may be made for employees to serve on the committee as ex-officio members only, without voting powers.
 - (2) The functions of the patient care advisory committee shall be to recommend and review at least annually agency policies on:
 - (A) Scope of service offered;
 - (B) Service policies;
 - (C) Admission and discharge criteria;
 - (D) Professional supervision and care plans
 - (E) Patient records;
 - (F) Personnel qualifications and training;
 - (G) Quality assurance activities;
 - (H) Patient care issues especially as they relate to the delivery of service and findings of the quality assurance program.
 - (3) The patient care advisory committee shall hold at least two (2) meetings annually.
 - (4) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the patient care advisory committee meeting. These minutes shall be available at any time to the commissioner.
- (d) Administrator:
 - (1) There shall be a full-time agency administrator appointed by the governing authority of the agency.
 - (2) The administrator shall have full authority and responsibility delegated by the governing authority to plan, staff, direct and implement the programs and manage the affairs of the agency. The administrator's responsibilities include, but are not limited to:
 - (A) Interpretation and execution of the policies of the governing authority;
 - (B) Program planning, budgeting, management and evaluation based upon community needs and agency resources;
 - (C) Maintenance of ongoing liaison among governing authority, its committees, the patient care advisory committee and staff;
 - (D) Employment of qualified personnel, evaluation of staff performance per agency policy, provision of planned orientation and inservice education programs for agency personnel;
 - (E) Development of a record system and statistical reporting system for program documentation, planning and evaluation, which includes at least the data specified in these regulations;
 - (F) Preparation of a budget for the approval of the governing authority and implementation of financial policies, accounting system and cost controls;
 - (G) Assurance of an accurate public information system;

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- (H) Maintenance of the agency's compliance with licensure regulations and standards;
- (I) Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the administrator;
- (J) Notification to the commissioner, within forty-eight hours, that the registered nurse supervisor is no longer employed by the agency.
- (3) An administrator's absence of longer than one month shall be reported to the commissioner.
- (e) Professional Supervision:
 - (1) An agency shall employ one (1) full-time registered nurse supervisor for each twenty-five (25) or less full-time or full-time equivalent homemaker-home health aides.
 - (2) Each homemaker-home health aide shall be assigned to and shall report to the same registered nurse supervisor to ensure clear lines of authority and delegation of patient care.
 - (3) A registered nurse supervisor shall be accessible by phone and available to make a home visit at all times when homemaker-home health aides are on assignment in a patient's home.
 - (4) Any absence of the registered nurse supervisor for longer than one month shall be reported to the commissioner. A registered nurse who has at least two (2) years experience in a home health care agency or related health care facility/program, which included care of the sick shall be designated, in writing, to act in any absence of the registered nurse supervisor.
 - (5) The registered nurse supervisor shall have primary authority and responsibility for maintaining the quality of homemaker-home health aide services provided to the patient. The responsibilities of the registered nurse supervisor shall be clearly delineated in the position description and shall include but not be limited to:
 - (A) Initial assessment of the patient and home situation and determination that the patient's status and care needs can be safely met by homemaker-home health aide service
 - (B) Referral of the patient at any time to a home health care agency or other appropriate level of care, when the patient's status and care needs require more than supportive services as defined in 19-13-D80 (z) of these regulations;
 - (C) Development and periodic review of a written plan of care which shall include the frequency of assessment and methods by which the patient's status and care needs are to be monitored between assessment visits in the home. The plan of care shall be reviewed and revised no less frequently than the plan for the registered nurse supervision of the homemaker-home health aide;
 - (D) Development and periodic review of the written instructions for the homemaker-home health aide; which shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and the name and telephone number of the registered nurse supervisor;
 - (E) Orientation of the homemaker-home health aide in the home, to the patient, family and plan for care;
 - (F) In situations when the homemaker-home health aide orientation cannot be done in the home prior to initiation of patient care activities, there shall be documentation in the patient's record identifying the circumstances which substantiate that the patient's safety was maintained;
 - (G) Determination, in the home, that the homemaker-home health aide is competent to carry out all assigned patient care activities;

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- (H) Plan for registered nurse supervision of the homemaker-home health aide in the home including frequency and methods of insuring ongoing competence between assessment visits;
 - (I) Arranging supervision of a homemaker-home health aide by a physical therapist, occupational therapist, speech therapist or social worker, as appropriate;
 - (J) Plan for medical or other emergencies.
 - (K) When appropriate, communication with the patient's source(s) of medical care to secure or report information pertinent to the patient's care;
 - (L) Development and maintenance of the patient care record;
 - (M) Coordination of services rendered to the patient and family;
 - (N) Evaluation of homemaker-home health aide staff, including participation in orientation and inservice education, direct observation of the homemaker-home health aide's performance in patient care situations, review of the records and reports prepared by the homemaker-home health aide, case management conferences with the homemaker-home health aide, and a written performance evaluation of aides not less frequently than six (6) months after date of employment, and annually thereafter;
 - (O) Consultation with the agency administrator on all aspects of patient care;
 - (6) When appropriate, the registered nurse supervisor may delegate all or part of the professional supervision to a physical therapist, occupational therapist, speech therapist or social work supervisor. In such situations, the registered nurse supervisor shall review with designated supervisor the patient's plan of care at least every four (4) weeks;
 - (7) The registered nurse supervisor may also serve as the administrator in agencies with ten (10) or less homemaker-home health aides.
- (Effective September 20, 1978; Amended December 28, 1992).

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- (a) An agency shall have written policies governing the delivery of homemaker-home health aide services.
- (b) Homemaker-home health aide services shall be provided only by persons who meet one of the following:
 - (1) Are currently enrolled in or have completed a basic training program for homemaker-home health aides approved by the commissioner and conducted by the Connecticut state department of education, bureau of vocational technical schools or the regional community college program coordinated by Mattatuck Community College and are receiving or have completed ten (10) hours orientation and one hundred sixty (160) hours on-the-job training by the homemaker-home health aide agency; or
 - (2) Have completed:
 - (a) A minimum of fifteen (15) hours in-service training in the care of patients at home provided by the homemaker-home health aide agency and are receiving or have completed one hundred sixty (160) hours on-the-job training by the homemaker-home health aide agency, and
 - (b) On and after January 1, 1993, no person shall furnish homemaker-home health aide services on behalf of a homemaker-home health aide agency unless such person has successfully completed a training and competency evaluation program approved by the department.
 - (1) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide training program of not less than seventy-five (75) hours and competency evaluation program for homemaker-home health aides. The standard curriculum of the

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training program shall include the following elements which shall be presented in both lecture and clinical settings:

- (A) Communications skills;
- (B) Observation, reporting and documentation of patient status and the care or services furnished;
- (C) Reading and recording temperature, pulse and respiration;
- (D) Basic infection control procedures;
- (E) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;
- (F) Maintenance of a clean, safe and healthy environment;
- (G) Recognizing emergencies and knowledge of emergency procedures;
- (H) The physical, emotional, and developmental needs of and ways to work with the populations served by the homemaker-home health aide agency, including the need for respect for the patient, his or her privacy and his or her property;
- (I) Appropriate and safe techniques in personal hygiene and grooming that include: bath (bed, sponge, tub or shower), shampoo (sink, tub or bed), nail and skin care, oral hygiene, toileting and elimination;
- (J) Safe transfer techniques and ambulation;
- (K) Normal range of motion and positioning;
- (L) Adequate nutrition and fluid intake;
- (M) Any other task that the homemaker-home health aide agency may choose to have the homemaker-home health aide perform.

- (2) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (9) (A) of this subdivision of the elements required by the curriculum. Each agency that elects to conduct a homemaker-home health aide training program shall submit such information on its homemaker-home health aide training program as the commissioner may require on forms provided by the department. The department may re-evaluate the agency's homemaker-home health aide training program and competency evaluation program for sufficiency at any time.
- (3) The commissioner shall adopt, and revise as necessary, a homemaker-home health aide competency evaluation program to include, procedures for determination of competency which may include a standardized test. At a minimum the subject areas listed in subparagraph (1)(C), (I), (J), and (K) of this subdivision shall be evaluated through observation of the homemaker-home health aide's performance of the tasks. The other subject areas in subdivision (1) of this subsection shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.
- (4) A homemaker-home health aide is not considered competent in any task for which he or she is evaluated as "unsatisfactory." The homemaker-home health aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated "unsatisfactory" and passes a subsequent evaluation with a "satisfactory" rating.
- (5) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the aide has an "unsatisfactory" rating in more than one of the required subject areas listed in subdivision (1) of this subsection.

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- (6) The competency evaluation must be performed by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the provision of home health care.
- (7) The state department of education, the board of trustees of community-technical colleges and an adult continuing education program established and maintained under the auspices of the local or regional board of education or regional educational service center and provided by such board or center may offer such training programs and competency evaluation programs in accordance with this subsection as approved by the commissioner
- (8) Homemaker-home health aide agencies may offer such training programs and competency evaluation programs in accordance with this subsection provided that they have not been determined to be out of compliance with one (1) or more of the training and competency evaluation requirements of OBRA as amended within any of the twenty-four (24) months before the training is to begin.
- (9) Qualifications of homemaker-home health aide training instructors:
 - (A) The training of homemaker-home health aides must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, one (1) year of which must be in the provision of home health care.
 - (B) Qualified personnel from the health field may serve as trainers in the homemaker-home health aide training program under the general supervision of the qualified registered nurse identified in subdivision (9)(A) of this subsection. All trainers shall be licensed, registered and/or certified in their field.
 - (C) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subdivision (9)(A) of this subsection may serve as trainers in the homemaker-home health aide training program provided the licensed practical nurse has two (2) years of nursing experience, one (1) year of experience which must be in the provision of home health care.
 - (D) The training of homemaker-home health aides may be performed under the general supervision of the registered nurse supervisor. The registered nurse supervisor is prohibited from performing the actual training of homemaker-home health aides.
- (10) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subdivision (7) of this subsection shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subdivision (9)(A) of this subsection, as evidence of said training and competency evaluation. Said documentation shall include a notation as to the agency or educational facility that provided the training and competency evaluation program.
- (11) On and after January 1, 1993 any homemaker-home health aide agency that uses homemaker-home health aides from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate that the requirements of this subsection are met.
- (12) If, since an individual's most recent completion of a training and competency evaluation program or competency evaluation program, there has been a continuous period of twenty-four (24) consecutive months during none of which the individual performed nursing or nursing related services for monetary compensation, such individual shall complete a new competency evaluation program.
- (13) Any person employed as a homemaker-home health aide prior to January 1, 1993, shall be deemed to have completed a training and competency evaluation program pursuant to subsection 19-13-D83 (b) of the regulations of Connecticut State Agencies.

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19-13-D84. Contracted services

- (14) Any person who has successfully completed prior to January 1, 1993 the state-sponsored nurse assistant training program provided through the state department of education or through the Connecticut Board of Trustees of community-technical colleges shall be deemed to have completed a homemaker-home health aide training and competency evaluation program approved by the commissioner in accordance with this subsection.
- (15) Any person who has completed a nurses aide training and competency evaluation program as defined in section 19-13-D8t (a) of the Regulations of Connecticut State Agencies shall be deemed to have completed a training program as required in this section. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.
- (16) Any person who has successfully completed a course or courses comprising not less than seventy-five (75) hours of theoretical and clinical instruction in the fundamental skills of nursing in a practical nursing or registered nursing education program approved by the department with the advice and assistance of the state board of examiners for nursing may be deemed to have completed a homemaker-home health aide training program approved by the commissioner in accordance with this subsection. If the curriculum meets the minimum requirements as set forth in this subsection, such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.
- (17) On or after January 1, 1993 a homemaker-home health aide in another state or territory of the United States may be deemed to have completed a training program as required in this subsection provided the homemaker-home health aide agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subdivision (b)(1). Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.
- (18) The homemaker-home health aide agency shall maintain sufficient documentation to demonstrate that all the requirements of this subsection are met for any individual furnishing homemaker-home health aide services on behalf of the homemaker-home health aide health agency.
- (19) Any person who has been deemed to have completed a homemaker-home health aide training program in accordance with this subsection shall be provided with ten (10) hours of orientation by the agency of employment prior to the individual providing any homemaker-home health aide services.
(Effective April 22, 1982; Amended December 28, 1992; Amended August 31, 1998).

19-13-D84. Contracted services

- (a) An agency may hire professional supervision for its homemaker-home health aide staff through contractual arrangements with other agencies or individuals. Supervision provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:
 - (1) That the patient's contract for care is with the primary agency;
 - (2) The services to be provided by the contractor;
 - (3) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;
 - (4) The authority and responsibilities of the supervisor;
 - (5) A term not to exceed one (1) year.
 (Effective September 20, 1978.)

19-13-D85. Personnel policies**19-13-D85. Personnel policies**

- (a) An agency shall have written personnel policies which include but are not limited to:
- (1) Orientation policy and procedure. An agency orientation policy for all employees shall include but not be limited to review of the following:
 - (A) Agency organization and philosophy of patient care;
 - (B) Agency patient care policies and procedures;
 - (C) Agency personnel policies and job description;
 - (D) Applicable state regulations governing the delivery of homemaker-home health aide services;
 - (E) Agency's procedure for the documentation of the orientation dates, content and name and title of person providing the orientation;
 - (2) Inservice education policy and plan which provides an annual average of at least one (1) hour per month for each homemaker-home health aide and a description of the content of each inservice education session. The in-service education program shall be provided by or under the supervision of the registered nurse supervisor;
 - (3) Performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation. The corrective action shall include that the homemaker-home health aide may not Perform any task rated as "unsatisfactory" without direct supervision by the registered nurse supervisor until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory." Each staff member shall review and sign a copy of his/her performance evaluation and the agency shall maintain copies of same in the employee's personnel file;
 - (4) Position descriptions;
 - (5) Physical examination, including a tuberculin test and a physician's statement that the employee is free from communicable diseases, must be prior to assignment to patient care activities.
- (b) For all employees employed directly or by contracts with individuals, the agency shall maintain individual personnel records containing at least the following:
- (1) Educational preparation and work experience;
 - (2) Current licensure, registration or certification;
 - (3) Written performance evaluations;
 - (4) Signed contract or letter of appointment specifying conditions of employment;
 - (5) Record of physical examination;
 - (6) Documentation of orientation
- (c) For persons utilized via contract with another agency not licensed as a home health care or homemaker-home health aide agency, the primary agency shall maintain records containing at least:
- (1) A written verification of compliance with health examination requirements and performance evaluation requirements;
 - (2) Current licensure, registration or certification of each individual utilized by primary agency;
 - (3) A resume of educational preparation and work experience for each individual utilized by the primary agency;
 - (4) The contract for services between the agencies.
- (d) For persons utilized via contract with another licensed home health care or homemaker-home health aide agency, the primary agency shall maintain records on the education, training and/or related work experience of such persons.
(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D86. Service policies

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- (a) An agency shall have written policies governing referrals received, admission of patients, delivery of services and discharge of patients. Such policies shall be applicable to services provided by the agency, directly or under arrangement. A copy shall be readily available to patients and staff and shall include but not be limited to:
- (1) Conditions of admission:
 - (A) An assessment of the patient and home shall be completed by the registered nurse supervisor to determine that the patient can be cared for safely in the home by a homemaker-home health aide;
 - (B) Plan for referral of patients not accepted for care;
 - (C) Following acceptance of a referral, any delay in the start of service shall require prior notification to the patient. Such notification shall include the anticipated start of service date and the agency's plan while the patient is on the waiting list;
 - (D) When circumstances require the services of a homemaker-home health aide prior to an assessment of the patient and home by a registered nurse supervisor, the factors necessitating delivery of services prior to an assessment and verification that the patient's safety is assured shall be documented in the patient's record. Such assessment shall be completed within twenty-four (24) hours of the initiation of services;
 - (E) Establishment of a plan of care;
 - (F) Definition of the scope of agency, patient and, when appropriate, family responsibilities for the services to be provided;
 - (G) Circumstances which render a patient ineligible for agency services, including factors which make home care unsafe, the kinds of treatments an agency will not accept, payment policy and limitations or conditions of admission, if any;
 - (H) The policies define agency responsibility, plan and procedures to be followed to assure patient safety in the event patient services are interrupted for any reason.
 - (2) Delivery of services:
 - (A) Frequency and nature of professional registered nurse supervision of patient situation;
 - (B) Review of original plan of care at least every sixty (60) days, or more often depending on patient's condition
 - (C) Coordination of agency services with all other facilities or agencies actively involved in patient's care;
 - (D) Referral to appropriate agencies or sources of service for patients who have need of care not provided by agency.
 - (E) Emergency plan and procedures to be followed to assure patient safety in the event agency services are disrupted due to civil or natural disturbances, e.g., as hurricanes, snowstorms, etc.
 - (3) Discharge from service:
 - (A) The agency shall have policies and plans which it shall follow for the following discharge categories:
 - (i) Routine discharge which means termination of services when patient no longer requires homemaker-home health aide service
 - (ii) Emergency discharge which means termination of services due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering homemaker-home health aide services;
 - (iii) Premature discharge which means termination of services when patient continues to require homemaker-home health aide services;

19-13-D86. Service policies

- (iv) Financial discharge which means termination of services when the patient's insurance benefits and/or financial resources have been exhausted.
- (B) In the case of a routine discharge the agency shall provide:
 - (i) Pre-discharge planning by the registered nurse supervisor, which shall be documented in patient's record.
- (A) In the case of an emergency discharge, the registered nurse supervisor shall immediately take all measures deemed appropriate to the situation to assure patient safety. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or patient representative, patient's source of medical care as applicable, and any other agencies involved in the provision of home health services within five (5) calendar days.
- (B) In the case of a premature discharge, the agency shall document that prior to the decision to discharge, a case review was conducted by the registered nurse supervisor, administrator, patient's source of medical care as applicable, patient and/or patient representative and representation from any other agencies involved.
 - (i) Decision to continue service: If the decision of the case review is to continue to provide service, a written agreement shall be developed between the agency and the patient and/or patient representative to identify the responsibilities of both in the continued delivery of care for the patient. This agreement shall be signed by the agency administrator and the patient and/or patient representative. A copy shall be placed in the patient's record with copies to the patient and/or patient representative.
 - (ii) Decision to discharge from service: If the case review results in the decision to discharge the patient from agency services, the administrator shall notify the patient and/or patient representative, and the patient's source of medical care as applicable, and any other agencies involved in the provision of home health services, that services shall be discontinued in ten (10) days and the patient shall be discharged from the agency. Services shall continue in accordance with the patient's plan of care to assure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide homemaker-home health aide services. This discharge notice shall include the patient's right to appeal this decision within the ten (10) day notice of discharge. All patient appeals shall be reviewed by the agency's patient care advisory committee with ten (10) days of receipt of the appeal to advise on the appropriateness of the discharge or to recommend readmission and terms under which agency services will be provided.
- (C) In the case of a financial discharge, the agency shall conduct:
 - (i) Pre-termination Review: Whenever homemaker-home health aide services are terminated because of exhaustion of insurance benefits or financial resources, at least ten (10) days prior to such termination there shall be a review of need for continuing homemaker-home health aide services by the patient, his family and/or patient representative, the registered nurse supervisor, and the patient's source of medical care as applicable, and other staff involved in the patient's care. This determination and, when indicated the plan developed for continuing care shall be documented in the patient's record.

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19-13-D87. Plan of care

- (ii) Post-termination Review: The records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the patient care advisory committee at the next regularly scheduled meeting following the discharge. The committee reviewing the record shall ensure that adequate post-discharge plans have been made for each patient with continuing care needs.

(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D87. Plan of care

- (a) A written plan of care for homemaker-home health aide service shall be completed by the registered nurse supervisor in consultation with the patient, family and others involved in care to the patient, within seven (7) days of the patient's admission for services. The plan shall include, but not be limited to:
 - (1) Initial assessment and reassessment frequency;
 - (2) Documentation of patient's care needs;
 - (3) Goals of management;
 - (4) Written instructions for the homemaker-home health aide shall be completed before the homemaker-home health aide provides any service to the patient. These instructions shall include the scope and limitations of homemaker-home health aide activities, pertinent aspects of patient's condition to be observed and reported to the registered nurse supervisor, and name and telephone number of the registered nurse supervisor;
 - (5) Plan for medical or other emergencies;
 - (6) Frequency of review and revision of care plan;
 - (7) Frequency of registered nurse supervision;
 - (8) Plan for registered nurse supervision of the homemaker-home health aide including frequency and methods of insuring ongoing competence.
- (Effective September 20, 1978; Amended December 28, 1992.)

19-13-D88. Patient records

- (a) An agency shall maintain a patient record system which includes, but is not limited to:
 - (1) A written policy on the protection of records which defines procedures governing the use and removal of records, conditions for release of information contained in the record and which requires authorization in writing by the patient for release of appropriate information not otherwise authorized by law;
 - (2) A written policy which provides for the retention and storage of records for at least seven (7) years from the date of the last service to the patient and which provides for records retention and storage of such records in the event the agency discontinues operation;
 - (3) A policy and procedure manual governing the records system and procedures for all agency staff;
 - (4) Maintaining records on the agency's premises in lockable storage area(s).
- (b) A record shall be developed for each patient which shall be filed in an accessible area within the agency and which shall include, but not be limited to:
 - (1) Identifying data (name, address, date of birth, sex, date of admission or readmission);
 - (2) Source of referral, including where applicable, name and type of institution from which discharged and date of discharge;
 - (3) Assessment of the patient and home;
 - (4) Plan of care and written instructions for the homemaker-home health aide;
 - (5) Name, address and phone number of patient's source of medical care;
 - (6) Pertinent past and current health history;

19-13-D89. Quality assurance program

- (7) Documentation of the registered nurse supervisor activities and, when appropriate, other professional supervisor(s) activities related to patient care;
 - (8) Documentation of coordination of services with the patient, family and others involved in the plan of care;
 - (9) Homemaker-home health aide notes which the registered nurse supervisor shall review, shall be incorporated in the patient's record no less often than every two (2) weeks;
 - (10) Discharge summary, if applicable.
- (c) All notes and reports in the patient's record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name, or first initial, surname and title.
(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D89. Quality assurance program

- (a) An agency shall have a written quality assurance program which shall include but not be limited to:
- (1) Program evaluation;
 - (2) Patient record review.
- (b) The governing authority, or a committee appointed by the governing authority and the patient care advisory committee shall conduct the program evaluation which shall include, but not be limited to:
- (1) The extent to which the agency's objectives, policies and resources are adequate to maintain programs and services appropriate to community, patient and family needs;
 - (2) The extent to which the agency's administrative practices and patterns for delivery of services achieve efficient and effective community, patient and family services in a five (5) year cycle.
- (c) At least quarterly, the professional members of the patient care advisory committee shall review a random sample of active and closed patient records. Each record review shall be documented on a record review form and shall include, but not be limited to verification, that:
- (1) Agency policies are followed in the provision of services to patients and families;
 - (2) Homemaker-home health aide services are utilized appropriately in relation to agency resources and patient or family resources;
 - (3) Services are provided only to patients whose level of care needs can be safely met by a homemaker-home health aide;
 - (4) Provision of care is coordinated within the agency and with other agencies involved in the care of the patient or family.
 - (5) Referral of the patient to a home health care agency when the patient's status and care needs are no longer limited to supportive services.
- (d) An agency's sampling methodology shall be defined in its quality assurance program policies and procedures. The sample of patient records reviewed each quarter shall be according to the following ratios:
- (1) Eighty (80) or less cases; eight (8) records;
 - (2) Eighty-one (81) or more cases; ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records.
- (e) An annual written report of the agency's quality assurance program shall summarize all findings and recommendations resulting from the quality assurance activities. This report and documentation of all actions or implementations on the findings or recommendations included in the report shall be available to the commissioner.
(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D90. Administrative organization and records

19-13-D91. Patient's bill of rights and responsibilities

- (a) An agency shall not be eligible for licensure until it demonstrates to the satisfaction of the commissioner that complete authority and control of the agency's operations is vested in a corporation chartered in or properly qualified to do business in this state, or in a person or persons who will reside in this state during the period of licensure. When an agency provides services through more than one office, the organization, services, control and lines of authority and accountability between the central office and the other office(s) shall be defined in writing. The central office shall be licensed as a homemaker-home health aide agency in compliance with the regulations and standards governing homemaker-home health aide agencies. When patient care services are provided through other offices of the agency, each office shall be in compliance with the regulations and standards, as specified herein, governing registered nurse supervisor, services, service policies, plan of care, patient records, patient bill of rights and responsibilities, and facilities. Weekend, holiday, evening or night services may be provided through arrangement with one or more other agencies but there shall be a written description of the organization, services provided, lines of authority, responsibility and accountability between the agencies.
- (b) Whenever services as defined in C.G.S. Section 19a-490 (d) or (e) are being provided at the same time to the same patient by more than one agency licensed to provide such services, there shall be:
- (1) A written contract between the participating agencies which meets the requirements of Section 19-13-D84 of these regulations; or
 - (2) A written memo of understanding between the participating agencies or documentation in the patient's record of the plan established between the participating agencies which defines assignment of primary responsibility for the patient's care and methods of communication/coordination between the agencies so that all information necessary to assure safe, coordinated care to the patients is accessible and available to all participating agencies.
- (c) An agency shall maintain compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.
- (d) A copy of the policy and procedure manual shall be available to the staff at all times.
- (e) An agency shall prepare an annual statistical report on services rendered which shall be submitted to the commissioner within ninety (90) days after the close of the agency's fiscal year.
- (f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the service available, the fees for services and any conditions for acceptance or termination of services which may influence a consumer's decision to seek the services of the agency. The written information shall include that the agency is not certified for provision of medicare home health benefits.
- (g) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.
- (h) Administrative records, including all files, records and reports required by these regulations, shall be maintained on the agency's premises and shall be accessible at any time to the commissioner. These records shall be retained for not less than seven (7) years. There shall be a policy for retention and storage of these records in the event the agency discontinues operation.
- (i) An agency shall notify the commissioner immediately of an intent to discontinue operations. In such event, an agency shall continue operations, maintain a staff of administrator, registered nurse supervisor and essential homemaker-home health aide personnel and fulfill all patient care obligations until an orderly transfer of all patients to other sources of care has been completed to the commissioner's satisfaction.
(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D91. Patient's bill of rights and responsibilities

An agency shall have a written bill of rights and responsibilities governing agency services which shall be made available and explained to each patient and/or patient representative at the time of

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19-13-D92. Facilities

admission. Such explanation shall be documented in the patient's record. The Bill of Rights shall include but not be limited to:

- (a) A description of available services, unit charges, and billing mechanisms; any changes in such must be given to the patient orally and in writing as soon as possible but no later than fifteen (15) working days from the date the agency becomes aware of a change;
- (b) Policy on uncompensated care;
- (c) Criteria for admission to service and discharge from service;
- (d) Information in advance regarding the right to participate in the planning of the care to be furnished, the frequency of visits proposed and any changes in the care to be furnished, the name of the person supervising the patient's care and the manner in which that person may be contacted;
- (e) Patient participation in the implementation of the plan of care;
- (c) Right of the patient and/or patient representative to be fully informed of patient's health condition, unless contra-indicated by the patient's source of medical care in the clinical record;
- (d) Right of the patient to have his or her property treated with respect;
- (e) Explanation of confidential treatment of all patient information retained in the agency and the requirement for written consent for release of information to persons not otherwise authorized under law to receive it;
- (f) Policy regarding patient access to the patient record;
- (g) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding care provided or failed to be provided, or regarding the lack of respect for property by anyone providing agency services;
- (h) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding care provided or that fails to be provided and lack of respect for the patient's property by anyone providing agency services. Agency complaint log shall include date, nature and resolution of the complaint;
- (i) Procedure for registering complaints with the commissioner.
(Effective September 20, 1978; Amended December 28, 1992.)

19-13-D92. Facilities

- (a) An agency's central office or any other office(s) serving residents of Connecticut shall be located within the State of Connecticut and be accessible to the public.
- (b) An agency shall have a communication system adequate to receive requests and referrals for service, maintain verbal contact with health service personnel at all times when they are serving patients, receive calls from patients under the care of the agency and maintain contact as needed with the patients source of medical care as applicable and other providers of care.
- (c) The facilities shall provide adequate and safe space for:
 - (1) Staff to carry out their normal pre and post visit activities;
 - (2) Supervisory conferences with staff;
 - (3) Conferencing with patients and their families;
 - (4) Storage and maintenance of equipment and supplies necessary for patient care;
 - (5) Maintaining administrative records and files, financial records, and patient records in file cabinets which can be locked.(Effective September 20, 1978; Amended December 28, 1992.)