

## 19-13-D66. Definitions

**Licensure of Home Health Care Agencies****19-13-D66. Definitions**

As used in Sections 19-13-D66 to 19-13-D79 inclusive:

- (a) "Agency" means home health care agency as defined in Section 19a-490 (a) 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) "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 another facility;
- (f) "Contractor" means any organization, individual or home health care agency that provides services to patients of a primary agency as defined in paragraph (cc) of Section 19-13-D66 of these regulations;
- (g) "Chiropractor" means a person possessing a license to practice chiropractic in this state;
- (h) "Curriculum" means the plan of classroom and clinical instructions for training and skills assessment as a homemaker-home health aide;
- (i) "Dentist" means a person licensed to practice dentistry in this state;
- (j) "Department" means the Connecticut Department of Health Services;
- (k) "Direct service staff" means individuals employed by the agency or under contract whose primary responsibility is delivery of care to patients;
- (l) "Evening or nighttime service" means service provided between the hours of 5 p.m. and 8 a.m.;
- (m) "Full-time" means employed and on duty a minimum of thirty-five (35) hours per workweek on a regular basis;
- (n) "Full-time equivalent" means the total weekly hours of work of all persons in each category of direct service staff divided by the number of hours the agency's standard workweek. Full-time equivalents are computed for each category of direct service staff;
- (o) "Holiday service" means service provided on the days specified in the agency's official personnel policies as holidays;
- (p) "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;
- (q) "Licensed practical nurse" means a person with a license to practice practical nursing in this state;
- (r) "Non-visiting program" means services of the agency provided in sites other than a patient's home;
- (s) "Occupational therapist" means a person with a license to practice occupational therapy in this state;
- (t) "Occupational therapy assistant" means a person who has successfully completed a training program approved by the American Occupational Therapy Association and is currently certified by the said association;
- (u) "Patient care services" mean 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, direct patient care, communication/coordination with source of medical care and development/maintenance of patient's clinical record;
- (v) "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-D77;

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- (w) "Peer consultation" means a process by which professionals of the same discipline, who meet supervisory qualifications, meet regularly to review patient management, share expertise and take responsibility for their own and each other's professional development and maintenance of standards of service;
- (x) "Permanent part-time" means employed and on duty a minimum of twenty (20) hours per workweek on a regular basis;
- (y) "Pharmacist" means a person licensed to practice pharmacy in this state;
- (z) "Physical therapy assistant" means a person who has successfully completed an education program accredited by the American Physical Therapy Association;
- (aa) "Physician" means a doctor of medicine or osteopathy licensed either in Connecticut or in a state which borders Connecticut;
- (bb) "Podiatrist" means a person licensed to practice podiatry in this state;
- (cc) "Primary agency" means a home health care agency which hires or pays for the services of other organizations, agencies or individuals who provide care or services to its patients;
- (dd) "Primary care nurse" means a registered nurse licensed to practice nursing in this state who is the agency employee assigned primary responsibility for planning and implementing the patient's care;
- (ee) "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;
- (ff) "Quality care" means that the patients receive clinically competent care which meets professional standards, are supported and directed in a planned pattern toward mutually defined outcomes, achieve maximum recovery consistent with individual potential and life style, obtain coordinated service through each level of care and are taught self-management and preventive health measures;
- (gg) "Registered nurse" means a person with a license to practice as a registered nurse in this state;
- (hh) "Registered physical therapist" means a person with a license to practice physical therapy in this state;
- (ii) "Related community health program" means an organized program which provides health services to persons in a community setting;
- (jj) "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-D66 to 19-13-D79 of the regulations of Connecticut State Agencies.
- (kk) "Social work assistant" means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience; or a baccalaureate degree in a field related to social work with at least two (2) years of social work experience;
- (ll) "Social worker" means a graduate of a master's degree program in social work accredited by the Council on Social Work Education;
- (mm) "Speech Pathologist" means a person with a license to practice speech pathology in this state;
- (nn) "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 home health care agency;
- (oo) "Therapy services" means physical therapy, occupational therapy, or speech pathology services;
- (pp) "Weekend service" means services provided on Saturday or Sunday.  
(Effective March 29, 1990; Amended December 28, 1992.)

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- (a) The administrator of an agency shall be a person with one of the following:
  - (1) A master's degree in nursing with an active license to practice nursing in this state and at least one (1) year of supervisory or administrative experience in a health care facility program which included care of the sick; or

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- (2) A master's degree in public health or administration with a concentration of study in health services administration, and at least one (1) year of supervisory or administrative experience in a health care facility/program which included care of the sick; or
  - (3) A baccalaureate degree in nursing with an active license to practice nursing in this state and at least two (2) years supervisory or administrative experience in a health care facility/program which included care of the sick; or
  - (4) A baccalaureate degree in administration with a concentration of study in health services administration and at least two (2) years' supervisory or administrative experience in a health care facility/program which included care of the sick; or
  - (5) A physician licensed to practice medicine and surgery in the State of Connecticut who has had at least one (1) year supervisory or administrative experience in a health care facility/program which included care of the sick; or
  - (6) Employment as the administrator of a home health care agency in this state as of January 1, 1981, who has been so employed continuously for the five (5) years immediately preceding January 1, 1981; or
  - (7) Continuous employment as an administrator of a home health care agency as of January 1, 1979; except that on and after January 1, 1986, no person shall be employed as an administrator of a home health care agency pursuant to this subdivision unless such person additionally meets one of the requirements of subparagraphs (1) through (5) inclusive above.
- (b) An agency supervisor of clinical services shall be a registered nurse with an active license to practice nursing in this state, and shall have one of the following:
- (1) A master's degree from a program approved by the National League for Nursing or the American Public Health Association with a minimum of one year (1) full-time clinical experience in a home health agency or related community health program which included care of the sick at home; or
  - (2) A baccalaureate degree in nursing and a minimum of three (3) years of full-time clinical experience in nursing, at least (1)one of which was in a home health agency or community health program which included care of the sick at home; or
  - (3) A registered nurse who has been continuously employed in the position of supervisor of clinical services in a home health agency in this state since January 1, 1979; or
  - (4) A diploma in nursing or an associates degree in nursing and
    - (A) A minimum of three years of full-time or full-time equivalent clinical experience in nursing within the past five years, at least one year of which was in a home health care agency or community health program which included care of the sick at home; and
    - (B) Evidence of certification by the American Nurses' Association as a community health nurse or completion of at least six credits received within two years in community health nursing theory or six credits in health care management from an accredited college or university program or school of nursing.
- (c) An agency supervisor of physical therapy services shall be a registered physical therapist licensed to practice physical therapy in this state who has a minimum of three (3) years' clinical experience in physical therapy.
- (d) An agency supervisor of occupational therapy services shall be an occupational therapist licensed to practice occupational therapy in this state who has a minimum of three (3) years' clinical experience in occupational therapy.
- (e) An agency supervisor of speech pathology services shall be a speech pathologist licensed to practice speech pathology in this state who has a minimum of three (3) years' clinical experience in speech pathology.
- (f) An agency supervisor of social work services 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 three (3) years' clinical experience in social work.

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**19-13-D68. General requirements**

(Effective April 24, 1989; Amended August 31, 1998).

**19-13-D68. General requirements**

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

- (a) The agency shall be governed by a governing authority, maintain an active professional 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 periodically 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.
  - (1) 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 professional 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 to the commissioner annually;
    - (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 to the commissioner annually;
    - (C) Any change in ownership is reported to the commissioner within ninety (90) days;
    - (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.

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- (c) Professional Advisory Committee:
  - (1) There shall be a professional advisory committee, appointed by the governing authority, consisting of at least one physician, one public health nurse, one therapist representing at least one of the skilled therapy services provided by the agency and one social worker. Representatives appointed to the professional advisory committee 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 professional 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 professional advisory committee as ex officio members only, without voting power.
  - (2) The functions of the professional advisory committee shall be to participate in the agency's quality assurance program to the extent defined in the quality assurance program policies and to recommend and at least annually review agency policies on:
    - (A) Scope of services offered;
    - (B) Admission and discharge criteria;
    - (C) Medical and dental supervision and plans of treatment;
    - (D) Clinical records;
    - (E) Personnel qualifications;
    - (F) Quality assurance activities;
    - (G) Standards of care;
    - (H) Professional issues especially as they relate to the delivery of service and findings of the quality assurance program.
  - (3) The professional 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 professional 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
    - (C) Maintenance of ongoing liaison among the governing authority, its committees, the professional 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;
    - (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.

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- (3) An administrator's absence of longer than one month shall be reported to the commissioner.
  - (e) Supervisor of Clinical Services;
    - (1) An agency shall employ one full-time supervisor of clinical services for each fifteen (15), or less, full-time or full-time equivalent professional direct service staff.
    - (2) The supervisor of clinical services shall have primary authority and responsibility for maintaining the quality of clinical services.
    - (3) The supervisor's responsibilities include, but are not limited to:
      - (A) Coordination and management of all services rendered to patients and families by direct service staff under his/her supervision;
      - (B) Supervision of assigned nursing personnel in the delivery of nursing services to patients and families;
      - (C) Direct evaluation of the clinical competence of assigned nursing personnel and participation with appropriate supervisory staff in the evaluation of other direct service staff;
      - (D) Participation in or development of all agency objectives, standards of care, policies and procedures affecting clinical services;
      - (E) Participation in direct services staff recruitment, selection, orientation and inservice education;
      - (F) Participation in program planning, budgeting and evaluation activities related to the clinical services of the agency.
    - (4) The supervisor of clinical services may also serve as the administrator in agencies with six (6) or less full-time or full-time equivalent professional direct service staff.
    - (5) Any absence of the supervisor of clinical services for longer than one month must be reported to the commissioner. A registered nurse who has at least two (2) years' experience in a home health care agency, shall be designated, in writing, to act during any absence of the supervisor of clinical services whenever patient care personnel are serving patients.
- (Effective June 21, 1983)

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Services offered by the agency shall comply with the following.

- (a) Nursing Service:
  - (1) An agency shall have written policies governing the delivery of nursing service.
  - (2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse.
  - (3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record:
    - (A) Admission of patients for service and development of the patient care plan;
    - (B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services;
    - (C) Coordination of services with the patient, family and others involved in the care plan;
    - (D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained;
    - (E) Identification of patient and family needs for other home health services and referral for same when appropriate,
    - (F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff;
    - (G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other

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than those activities listed in section 19-13-D69 (d) (3) of these regulations, is delegated to a homemaker-home health aide, the patient's clinical record clearly supports that the primary care nurse or designated professional staff member has:

- (a) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and
- (ii) Determined that this activity can be delegated safely to a homemaker-home health aide.
- (H) Development of a written plan of care and instructions for homemaker-home health aide services;
- (I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary
- (J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequent than every four (4) weeks.
- (4) An agency may employ licensed practical nurses under the direction of a registered nurse to provide nursing care, to assist the patient in learning self-care techniques and to prepare clinical and progress notes.
- (b) Therapy Services:
  - (1) An agency shall have written policies governing the delivery of therapy services.
  - (2) All therapy services shall be provided by or under the supervision of a therapist licensed to practice in Connecticut.
  - (3) The responsibilities of each therapist within his/her respective area of practice include the following, which shall be documented in the patient's clinical record:
    - (A) Comprehensive evaluation of patient's level of function and participation in development of the total patient care plan;
    - (B) Identification of patient and family needs for other home health services and referral for same when needed;
    - (C) Participation in case management conferences;
    - (D) Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;
    - (E) Supervision of therapy assistants; and
    - (F) Supervision of homemaker-home health aides when such personnel are participating in the patient's therapy regime.
  - (4) A therapy supervisor shall be provided for each therapy service, except when therapy staff meet supervisory requirements. In such event, the agency shall provide peer consultation for that therapy staff.
    - (A) Each supervisor shall be employed directly by the agency, or as a contractor.
    - (B) When the direct service therapy staff is five (5) full-time or full-time equivalent persons, the agency shall provide a full-time supervisor for that therapy staff. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.
  - (5) Physical or occupational therapy assistants who function at all times under the direction of a registered physical therapist or occupational therapist, as appropriate, may be employed to carry out treatment regimes as assigned by the registered physical therapist or occupational therapist. The agency shall employ at least one (1) registered physical therapist or occupational therapist for every six (6) assistants or less.
    - (A) The responsibilities of the therapy assistant may include but not necessarily be limited to the following:
      - (i) After an initial visit has been made by the registered physical therapist or occupational therapist for evaluation of the patient and establishment of a patient care plan, the therapy assistant

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- may provide ongoing therapy services in accordance with the established plan.
        - (ii) At least every thirty (30) days, the therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record, and shall include a review of the current patient care plan and any appropriate modifications to the treatment regime.
        - (iii) The therapy assistant, with prior approval of the registered physical therapist or occupational therapist, may adjust a specific treatment regime in accordance with changes in the patient's status.
        - (iv) The therapy assistant may contribute to the review of the medical or dental plan of treatment required by subsection (b) of section 19-13-D73 of the regulations of Connecticut states agencies, pre-discharge planning and preparation of the discharge summary.
      - (B) A registered physical therapist or occupational therapist shall be accessible by phone and available to make a home visit at all times when the therapy assistant is on assignment in a patient's home.
- (c) Social Work Services:
  - (1) An agency shall have written policies governing the delivery of social work services.
  - (2) All social work services shall be provided by or under the supervision of a qualified social worker.
  - (3) Functions of the social worker include the following which shall be documented in the patient's clinical record:
    - (A) Comprehensive evaluation of psychosocial status as related to the patient's illness and environment;
    - (B) Participation in development of the total patient care plan;
    - (C) Participation in case conferences with the health care team;
    - (D) Identification of patient and family needs for other home health services and referral for same when appropriate;
    - (E) Referral of patient or family to appropriate community resources.
  - (4) A qualified social work supervisor shall be employed directly by the agency or as a contractor, except when social work's meet supervisory requirements. In such event, the agency shall provide peer consultation for social work staff. When the direct service social work staff is five (5) full-time or full-time equivalent persons, the agency must provide a full-time supervisor. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.
  - (5) Social work assistants who function at all times under the supervision of a qualified social worker may be employed to carry out the social work activities and assignments. The agency shall employ at least one (1) qualified social worker for every six (6) social work assistants or less.
- (d) Homemaker-Home Health Aide Service:
  - (1) An agency shall have written policies governing the delivery of homemaker-home health aide services.
  - (2) On and after January 1, 1993, no person shall furnish home health aide services on behalf of a home health care agency unless such person has successfully completed a training and competency evaluation program approved by the department.
    - (A) 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 training program shall include the



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following elements which shall be presented in both lecture and clinical settings:

- (i) Communication skills;
  - (ii) Observation, reporting and documentation of patient status and the care or services furnished;
  - (iii) Reading and recording temperature, pulse and respiration;
  - (iv) Basic infection control procedures;
  - (v) Basic elements of body function and changes in body function that must be reported to an aide's supervisor;
  - (vi) Maintenance of a clean, safe and healthy environment;
  - (vii) Recognizing emergencies and knowledge of emergency procedures;
  - (viii) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health care agency, including the need for respect for the patient, his or her privacy and his or her property;
  - (ix) 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;
  - (x) Safe transfer techniques and ambulation;
  - (xi) Normal range of motion and positioning;
  - (xii) Adequate nutrition and fluid intake;
  - (xiii) Any other task that the home health care agency may choose to have the homemaker-home health aide perform.
- (B) A trainee's successful completion of training shall be demonstrated by the trainee's performance, satisfactory to the qualified registered nurse designated in subparagraph (I)(i) 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.
- (C) 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 (A) (iii), (ix), (x), and (xi) of this subdivision shall be evaluated through observation of the aide's performance of the tasks. The other subject areas in subparagraph (a) of this subdivision shall be evaluated through written examination, oral examination or observation of a homemaker-home health aide with a patient.
- (D) 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.
- (E) A homemaker-home health aide is not considered to have successfully passed a competency evaluation if the homemaker-home health aide has an "unsatisfactory" rating in more than one of the required areas listed in subparagraph (A) of this subdivision.

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- (F) 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.
- (G) 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.
- (H) Home health care 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 and/or one or more condition of participation of title 42, part 484 of the code of federal regulations within any of the twenty-four (24) months before the training is to begin.
- (I) Qualifications of homemaker-home health aide training instructors
  - (i) 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.
  - (ii) 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 subparagraph (I) (i) of this subdivision. All trainers shall be licensed, registered and/or certified in their field.
  - (iii) Licensed practical nurses, under the supervision of the qualified registered nurse designated in subparagraph (I)(i) of this subdivision 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.
  - (iv) The training of homemaker-home health aides may be performed under the general supervision of the supervisor of clinical services. The supervisor of clinical services is prohibited from performing the actual training of homemaker-home health aides.
- (J) Upon satisfactory completion of the training and competency evaluation program the agency or educational facility identified in subparagraph (G) of this subdivision shall issue documentation of satisfactory completion, signed by the qualified registered nurse designated in subparagraph (I) (i) of this subdivision, 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.
- (K) On and after January 1, 1993, any home health care 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.
- (L) 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

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- related services for monetary compensation, such individual shall complete a new competency evaluation program.
- (M) 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 subdivision 19-13-D69 (d)(2) of the regulations of Connecticut State Agencies.
  - (N) 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.
  - (O) Any person who 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 subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.
  - (P) 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.
  - (Q) 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 section provided the home health care agency has sufficient documentation which demonstrates such individual has successfully completed a training program in accordance with subparagraph (2) (A) of this subsection. Such individual shall complete a homemaker-home health aide competency evaluation before the provision of homemaker-home health aide services.
  - (R) The home health care 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 home health care agency.
  - (S) 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.
- (3) When designated by the supervising primary care nurse, duties of the homemaker-home health aide may include:
- (A) Assisting the patient with personal care activities including bathing, oral hygiene, feeding and dressing;
  - (B) Assisting the patient with exercises, ambulation, transfer activities and medications that are ordinarily self administered;

**19-13-D70. Contracted services**

- (C) Performing normal household services essential to patient care at home, including shopping, meal preparation, laundry and housecleaning.
  - (4) Supervision of homemaker-home health aides.
    - (A) A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when homemaker-home health aides are on assignment in a patient's home.
    - (B) The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the homemaker-home health aide.
    - (C) An agency shall designate a full-time registered nurse, who may have other responsibilities, to be responsible for supervision of the homemaker-home health aide program and staff when that staff is twenty-four (24) or less persons, but when the number of homemaker-home health aides employed is twenty-five (25) or more persons, the agency shall employ a full-time supervisor whose primary responsibility shall be management of the homemaker-home health aide program. If this supervisor is not a registered nurse, the agency shall designate one full-time registered nurse, who may have other responsibilities, to assist with homemaker-home health aide program and staff supervision.
    - (D) An agency shall maintain at least the following staffing pattern during the regular workweek: One (1) full-time registered nurse for every fifteen (15), or less, full-time equivalent homemaker-home health aides on duty.
- (Effective June 21, 1983; Amended December 28, 1992; Amended August 29, 1996; Amended August 31, 1998).

**19-13-D70. Contracted services**

Home health care agencies may hire other organizations, agencies or individuals to provide services to home health care agency patients. Services provided by the primary agency through arrangements with a contractor agency or individuals shall be set forth in a written contract which clearly specifies:

- (a) That the patient's contract for care is with the primary agency;
  - (b) The services to be provided by the contractor;
  - (c) The necessity to conform to all applicable primary agency policies, including personnel qualifications, supervisory ratios and staffing patterns;
  - (d) The responsibility for participating in developing the patient care plans;
  - (e) The procedures for submitting clinical and progress notes, scheduling visits, periodic patient evaluation, and determining charges and reimbursement;
  - (f) The procedure for annual assurance of clinical competence of all personnel utilized under contract;
  - (g) A term not to exceed one year.
- (Effective June 21, 1983)

**19-13-D71. 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) organizational structure of the agency;
    - (B) agency patient care policies and procedures;
    - (C) philosophy of patient care;
    - (D) description of client population and geographic area served;
    - (E) agency personnel policies and job description;
    - (F) applicable state and federal regulations governing the delivery of home health care services;

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- (G) The orientation dates, content, and name and title of the person providing the orientation shall be documented in the employee's personnel folder.
- (2) In-service education policy which provides an annual average of at least one (1) hour per month for each employee serving patients. The in-service education shall include current information regarding drugs and treatments; specific service procedures and techniques; recognized professional standards, criteria and classification of clients served. Agencies that employ homemaker-home health aides shall ensure that homemaker-home health aides attend in-service sessions. The in-service education program shall be provided under the supervision of the supervisor of clinical service or a designated 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. On and after January 1, 1993 any home health care agency that utilizes a homemaker-home health aide from a placement agency or from a nursing pool shall maintain sufficient documentation to demonstrate these requirements are met.
- (3) A policy and procedure for an annual performance evaluation, which includes a process for corrective action when an employee receives an unsatisfactory performance evaluation;
- (4) Position descriptions;
- (5) Physical examination, including tuberculin test and a physician's or his/her designee'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 health examinations.
- (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 documentation of clinical competence;
  - (2) Current licensure, registration or certification of each individual utilized by the 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 obtain, upon request, records on the education, training or related work experience of such persons.  
(Effective June 21, 1983; Amended December 28, 1992; Amended August 31, 1998).

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- (a) General Program Policies. An agency shall have written policies governing referrals received, admission of patients to agency services, delivery of such services and discharge of patients. Such policies shall cover all services provided by the agency, directly or under contract. A copy shall be readily available to patients and staff and shall include but not be limited to:
  - (1) Conditions of Admission:
    - (A) An agency shall accept a plan of treatment from a chiropractor for services within the scope of chiropractic practice as defined in Connecticut General Statutes Sec. 20-28, and an agency shall accept a

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plan of treatment from a podiatrist for service within the scope of podiatry practice as defined in Connecticut General Statutes Sec. 20-50. The agency shall have policies governing delivery of these services. Said policies shall conform to all applicable sections of these regulations;

- (B) A home assessment by the primary care nurse or, when delegated by the supervisor of clinical services, by other professional staff, to determine that the patient can be cared for safely in the home;
  - (C) The scope of agency, patient and, when appropriate, family and/or other participation in the home health services to be provided;
  - (D) Circumstances which render a patient ineligible for agency services, including but not limited to level of care needs which make care at home unsafe, kinds of treatments agency will not accept, payment policy and limitations on condition of admission, if any;
  - (E) Plan for referral of patients not accepted for care;
  - (F) 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;
  - (G) 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) Review of Patient Care Plans;
  - (B) Case management and monitoring at regular intervals based upon the patient's condition, but at least every sixty (60) days. The patient, family, physician or dentist and all agency staff serving the patient shall participate in case management;
  - (C) Summary reports to patient's physician or dentist of skilled services provided to patient, which shall be forwarded within ten (10) days of admission and at least every sixty (60) days thereafter;
  - (D) Coordination of agency services with all other facilities or agencies actively involved in patient's care;
  - (E) Referral to appropriate agencies or sources of service for patients who have need of care not provided by the agency;
  - (F) 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., hurricanes, snowstorms, etc.
- (3) Discharge from Service:
- (A) Agency policies shall define categories for discharge of patients. These categories shall include but not be limited to:
    - (i) Routine discharge--termination of service(s) when goals of care have been met and patient no longer requires home health care services;
    - (ii) Emergency discharge--termination of service(s) due to the presence of safety issues which place the patient and/or agency staff in immediate jeopardy and prevent the agency from delivering home health care services;
    - (iii) Premature discharge--termination of service(s) when goals of care have not been met and patient continues to require home health care services;
    - (iv) Financial discharge--termination of service(s) 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 primary care nurse, attending

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- physician, or dentist and other agency staff involved in patient's care, which shall be documented in patient's clinical record;
- (ii) A procedure through which the patient's physician or dentist is notified each time one or more services are terminated, and when the patient is discharged.
- (C) In the case of an emergency discharge the agency shall immediately take all measures deemed appropriate to the situation to ensure patient safety. In addition, the agency shall immediately notify the patient, the patient's physician, and any other persons or agencies involved in the provision of home health care services. Written notification of action taken, including date and reason for emergency discharge, shall be forwarded to the patient and/or family, patient's physician, and any other agencies involved in the provision of home health care services within five (5) calendar days.
- (D) In the case of a premature discharge the agency shall document that prior to the decision to discharge a case review was conducted which included patient care staff, supervisory and administrative staff, patient's physician, patient and/or patient representative, and representation from any other agencies involved in the plan of care.
- (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 or his/her 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 or his representative. A copy shall be placed in the patient's clinical record with copies sent to the patient and his or her physician.
  - (ii) Decision to discharge from service: If the case review results in an administrative decision to discharge the patient from agency services, the administrator shall notify the patient and/or family and the patient's physician 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 ensure patient safety until the effective day of discharge. The agency shall inform the patient of other resources available to provide health care services.
- (E) In the case of a financial discharge the agency shall conduct a:
- (i) Pre-termination Review: Whenever one or more home health services are to be 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 home health care by the patient, his family, the supervisor of clinical services, the patient's physician or dentist, primary care nurse 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 clinical record.
  - (ii) Post-termination Review: The clinical records of each patient discharged because of exhaustion of insurance benefits or financial resources shall be reviewed by the professional advisory committee or the clinical record review 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 any patient with continuing home health care needs.

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- (b) Patient Care Standards:
  - (1) Infusion therapy may be provided to patients of a home health care agency provided services exclude the administration of blood and blood products and a program to monitor the effectiveness and safety of the infusion therapy is developed and implemented.
    - (A) Definitions
      - (i) "Infusion therapy" means intravenous, subcutaneous, intraperitoneal, epidural or intrathecal administration of medications, or solutions excluding blood or blood products.
      - (ii) "Care partner" means a person who demonstrates the ability and willingness to learn maintenance of infusion therapy and who, if not residing with the patient, is readily available to the patient on a twenty four (24) hours basis.
    - (B) Licensed registered nursing staff who are trained to perform infusion therapy shall be responsible for:
      - (i) Insertion or removal of a peripherally inserted central catheter (picc), upon the written order of a physician, provided the registered nurse has had appropriate training and experience in such procedures; and
      - (ii) Delivering of infusion therapy via existing epidural, intraperitoneal and intrathecal lines, monitoring, care of access site and recording of pertinent events and observations in the patient's clinical record.
    - (C) Licensed nursing staff trained in infusion therapy shall be responsible for:
      - (i) Performing a venipuncture for the delivery of intravenous fluids via a needle or intracath;
      - (ii) Withdrawal of blood from applicable infusion mechanisms for laboratory analysis; and
      - (iii) Delivering intravenous therapy via existing lines, monitoring, care of access site and recording pertinent events and observations in the patient's clinical record.
    - (D) Only a physician shall insert and remove central venous lines, epidural, intraperitoneal and intrathecal lines except as permitted in section (b)(1)(B)(i).
    - (E) A program to monitor the effectiveness and safety of the agency's infusion therapy services shall be developed, implemented and monitored.
    - (F) Infusion therapy services shall be provided in accordance with agency protocol, and practitioners orders and current standards of professional practice.
    - (G) Policies and procedures for infusion therapy shall be developed and implemented to address:
      - (i) Timely initiation and administration of infusion therapy;
      - (ii) Scope of infusion therapy services, therapeutic agents, staff credentials and training necessary to perform infusion therapy;
      - (iii) Training of patient or care partner to perform infusion therapy;
      - (iv) Infusion therapy orders, which shall include, type of access, drug, dosage, rate and duration of therapy, frequency of administration, type and amount of solution;
      - (v) Documentation of infusion therapy services in the patient's clinical record; and
      - (vi) Adverse reactions and side effects of infusion therapy.
    - (H) Current reference materials shall be available for staff relevant to infusion therapy services rendered by the agency.
  - (2) Hospice services delivered in a patient's home may be provided only by a home

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health care agency licensed pursuant to Section 19a-491 of the Connecticut General Statutes, with the approval of the Commissioner of Public Health. An agency shall make application for the provision of hospice services on forms provided by the Department of Public Health. Prior to the provision of hospice services, the Commissioner shall approve an agency to provide these services, if the agency meets all of the requirements of this subdivision, and shall note this approval on the license of the home health care agency.

## (A) Definitions

As used in Section 19-13-D72(b)(2) of the Regulations of Connecticut State Agencies:

- (i) "Attending Physician" means a doctor of medicine or osteopathy, licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, or licensed in a state which borders Connecticut, who is identified by the patient at the time of selection of hospice care as having the most significant role in the determination and delivery of the patient's medical care;
- (ii) "Bereavement Counselor" means a person qualified through education and experience to counsel patients and family members on issues relating to loss and grief. The hospice program shall define the qualifications necessary to address the unique needs of each population served;
- (iii) "Primary Caregiver" means a person who provides care for the patient and who, if not residing with the patient, is readily available to assure the patient's safety;
- (iv) "Case Management" means the coordination and supervision of all hospice care and services, to include periodic review and revision of the patient's plan of care and services, based on ongoing assessments of the patient's needs;
- (v) "Coordination of Inpatient Care Agreement" means an agreement between the agency and a contractor, which may include an inpatient setting or other health care professionals, for the provision of services during an inpatient admission by the contractor and which includes, but is not limited to, mechanisms for collaboration and coordination of care and sharing of information to meet the ongoing needs of the patient family;
- (vi) "Counseling Services" means medical social work, bereavement, spiritual, dietary and other counseling services as required in the plan of care;
- (vii) "Family" means group of two or more individuals related by blood, legal status, or affection who consider themselves a family;
- (viii) "Home" means the place where a hospice patient resides and may include but is not limited to a private home, nursing home, or specialized residence which provides supportive services;
- (ix) "Hospice Employee" means a paid or unpaid staff member of the hospice program;
- (x) "Hospice Interdisciplinary Team" means a specifically trained group of professionals licensed pursuant to Title 20 of the Connecticut General Statutes, and volunteers, including but not limited to a physician, a registered nurse, a consulting pharmacist and one or more of the following: a social worker, a spiritual, bereavement or other counselor, the volunteer coordinator, a volunteer with a role in the patient's plan of care, who work together to meet the physiological, psychological, social, and spiritual needs of hospice patients and their families;

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- (xi) "Hospice Program" means a program of the home health care agency that is the primary agency engaged in coordinating the provision of care and services to patients who are terminally ill from the time of admission to the hospice program throughout the course of the illness until death or discharge;
  - (xii) "Inpatient setting" means an institution; licensed in the state in which it is located, which includes a short-term hospital, general, a chronic and convalescent nursing home, or a short-term hospital, special, hospice. A rest home with nursing supervision may also be included for the provision of respite care only;
  - (xiii) "Medical Director" means a doctor of medicine or osteopathy, licensed pursuant to Chapter 370 or 371 of the Connecticut General Statutes, or licensed in a state which borders Connecticut, who assumes overall responsibility for the medical component of the hospice's patient care program and who is an employee of the hospice program;
  - (xiv) "Palliative Care" means treatment which enhances comfort and improves the quality of a patient's life;
  - (xv) "Patient Family" means the hospice patient, his or her family members or primary caregivers; the patient family is considered to be a unit and the recipients of hospice care;
  - (xvi) "Pharmaceutical Services" means pharmacy services provided directly or by contract to patients, primarily for the relief of pain and other symptoms related to the terminal illness, and consultation to the hospice interdisciplinary team;
  - (xvii) "Plan of Care" means a written, individualized plan of care developed for a hospice patient, in accordance with the wishes of the patient, with the participation of the patient family, attending physician, medical director and members of the hospice interdisciplinary team as appropriate;
  - (xviii) "Qualified Dietitian" means a dietitian who is registered by the Commission on Dietetic Registration or certified as a dietitian-nutritionist by the Department pursuant to Chapter 384b of the Connecticut General Statutes;
  - (xix) "Spiritual" means those aspects of a human being associated with the emotions and feelings, which are unique to each individual, as distinguished from the physical body;
  - (xx) "Spiritual Counselor" means a person who is qualified through education and experience to provide spiritual counseling and support. The hospice program shall define the qualifications necessary to address the unique needs of each population served;
  - (xxi) "Terminally Ill" means having a diagnosis of advanced irreversible disease, as attested to by a licensed physician;
  - (xxii) "Volunteer" means an unpaid associate of the hospice program who has successfully completed a training program in preparation for providing assistance to hospice patient families and assisting in the administrative activities of the hospice;
  - (xxiii) "Volunteer Coordinator" means an employee of the hospice program who has demonstrated skills in organizing, communicating with and managing people.
- (B) An agency shall develop and implement written policies and procedures for all hospice services provided which include:
- (i) A description of the objectives and scope of each service to be provided, both directly and by contract which assures the

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continuity of care from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. Such services shall include coordination of inpatient care agreements for care as needed in inpatient settings;

- (ii) Admission criteria for accepting a patient family for hospice services which includes, but is not limited to, a statement of a physician's or the medical director's clinical judgment regarding the normal course of the individual's illness and a requirement that patients will not be discharged from the hospice program solely as a result of admission to an inpatient setting with which the hospice program has a coordination of inpatient care agreement;
  - (iii) Procedures for the provision of care and services to the patient family including advising the patient or legal representative of the nature of the palliative care offered. Palliative care includes pain control, symptom management, quality of life enhancement and spiritual and emotional comfort for patients and their caregivers; the patient's needs are continuously assessed and all treatment options are explored and evaluated in the context of the patient's values and symptoms;
  - (iv) Qualifications for all providers of care and services in accordance with State law and regulations;
  - (v) Availability of services;
  - (vi) Orientation and training for all providers of care and services to the hospice philosophy of patient care. The hospice program shall be responsible for educating all unlicensed personnel assigned to provide services to hospice patient families regarding hospice goals, philosophy and approaches to care;
  - (vii) For hospice employees, six hours of the annual in-service education requirements in accordance with Section 19-13-D71(a)(2) of these regulations shall address topics related to hospice care. The agency shall ensure, as part of its coordination of inpatient care agreement with an inpatient setting, that all direct service staff receive in-service education including two hours specific to hospice care. The in-service education shall include current information regarding drugs and treatments, specific service procedures and techniques, pain and symptom management, psychosocial and spiritual aspects of care, interdisciplinary team approach to care, bereavement care, acceptable professional standards, and criteria and classification of clients served;
  - (viii) The procedure for the disposal of controlled drugs maintained in the patient's home by the family or primary caregiver, when those drugs are no longer needed by the patient, in accordance with accepted safety standards.
- (C) A hospice program shall have a written quality improvement plan and program which guides the hospice program toward improving organizational performance and achieving the desired outcomes for patient families.
  - (D) In addition to the membership requirements set forth in Section 19-13-D68(c) of these regulations, a hospice program shall appoint a pharmacist, a volunteer and members of other professional disciplines as appropriate to the agency's Professional Advisory Committee.
  - (E) The hospice interdisciplinary team shall be composed of individuals who

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- have clinical experience and education appropriate to the needs of the terminally ill and their families. The team shall include:
- (i) The medical director, or physician designee;
  - (ii) A registered nurse, licensed pursuant to Chapter 378 of the Connecticut General Statutes;
  - (iii) A consulting pharmacist, licensed pursuant to Chapter 400j of the Connecticut General Statutes;
  - (iv) and one or more of the following, based on the needs of the patient:
    - I. A social worker, licensed pursuant to Chapter 383b of the Connecticut General Statutes;
    - II. A bereavement counselor;
    - III. A spiritual counselor;
    - IV. A volunteer coordinator;
    - V. A trained volunteer who is assigned a role in the patient's plan of care;
    - VI. A physical therapist, occupational therapist or speech-language pathologist.
- (F) Interdisciplinary team members shall participate, to the extent of the scope of services provided to a patient family, in:
- (i) The admission process and initial assessment for services;
  - (ii) The development of initial patient family plan of care, within 48 hours of admission;
  - (iii) Ongoing case management.
- (G) The plan of care shall be individualized and interdisciplinary, addressing the patient family. The plan for each service provided to the patient family shall include, but not be limited to, assessment of patient family needs as they relate to hospice services, goals of hospice management, plans for palliative intervention, bereavement care and identification of advance directives.
- (i) The hospice program shall assure coordination and continuity of the plan of care, 24 hours per day, seven days per week from the time of admission to the hospice program throughout the course of the patient's illness until death or discharge. A copy of the plan of care shall be furnished to providers in inpatient or other settings where the patient may be temporarily placed and shall include the inpatient services to be furnished;
  - (ii) The hospice supervisor of clinical services shall be responsible for coordination and management of all services, including those provided directly and by contract, to hospice patient families;
  - (iii) The plan of care for all hospice services shall be reviewed and revised by members of the interdisciplinary team as often as the patient's condition indicates, but no less frequently than every 14 days.
- (H) Assessments and plans of care shall be documented and retained in the clinical record. The clinical record shall also include progress notes from each involved discipline.
- (I) Case management shall be implemented based on the patient's condition, but occur no less frequently than every 14 days, and shall include the participation of the patient, family, physician and all members of the interdisciplinary team who are serving the patient family.
- (J) There shall be a full-time hospice program director, appointed by the governing authority of the home health care agency, who shall have responsibility to plan, staff, direct and implement the hospice program. The hospice program director shall either:

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- (i) Be qualified in accordance with Section 19-13-D67(a) of the Regulations of Connecticut State Agencies, but with hospice or home health care supervisory or administrative experience which included care of the sick, in lieu of experience in a health care facility or program; or
  - (ii) Possess a master's degree in social work and at least one year of supervisory or administrative experience in a hospice or home health care agency.
- (K) An agency offering a hospice program shall employ a medical director.
- (i) A hospice program medical director shall have a minimum of five years of clinical experience in the practice of medicine or osteopathy.
  - (ii) The medical director shall be knowledgeable about the psychosocial, spiritual, and medical aspects of hospice care;
  - (iii) The medical director's responsibilities shall include, but not be limited to:
    - I. Development and periodic review of the medical policies of the hospice program;
    - II. Consultation with attending physicians regarding pain and symptom control and medical management as appropriate;
    - III. Participation in the development of the plan of care for each patient admitted to the hospice;
    - IV. Serving as a resource for the hospice interdisciplinary team;
    - V. Acting as a liaison to physicians in the community;
    - VI. Assuring continuity and coordination of all medical services.
- (L) Medical care and direction shall be provided by the patient's attending physician or the hospice medical director. Orders to administer medications shall be written and signed by the patient's attending physician or the hospice medical director.
- (M) Nursing services shall be provided by qualified nurses licensed pursuant to Chapter 378 of the Connecticut General Statutes, employed by the hospice program and under the supervision of a primary care nurse.
- (i) In addition to the requirements of Section 19-13-D68(e) of these regulations, an agency providing a hospice program shall employ one qualified full-time registered nurse supervisor of clinical services for each ten or fewer, full-time or full-time equivalent professional direct service staff assigned to the hospice program, who shall manage and supervise the day to day activities of the hospice program, including coordination of the interdisciplinary team;
  - (ii) The supervisor of clinical services assigned to the hospice program may also serve as the hospice program director in programs with six or fewer full-time or full-time equivalent professional direct-services staff.
  - (iii) A registered nurse, serving as the primary care nurse, shall be responsible for the following:
    - I. Development and implementation of an individualized, interdisciplinary patient family plan of care;
    - II. Admission of patients for service and development of the initial patient family plan of care within 48 hours of admission with input from at least one other member of the hospice interdisciplinary team;

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- III. Coordination of services with the patient family, hospice interdisciplinary team members and all others involved in the plan of care and delivery of patient care services.
- (N) Social work services shall be provided by qualified social workers, licensed pursuant to Chapter 383b of the Connecticut General Statutes, employed by the hospice program. The social worker's functions shall include, but not be limited to:
  - (i) Comprehensive evaluation of the psychosocial status of the patient family as it relates to the patient's illness and environment;
  - (ii) Counseling of the patient family and primary caregivers;
  - (iii) Participation in development of the plan of care;
  - (iv) Participation in ongoing case management with the hospice interdisciplinary team.
- (O) Counseling shall include bereavement, spiritual, dietary, and any other counseling services that may be needed by the patient family while enrolled in a hospice program.
  - (i) Counseling shall be provided only by qualified personnel employed by the hospice;
  - (ii) Bereavement services shall include:
    - I. Ongoing assessment of the family and primary caregiver's needs, including the presence of any risk factors associated with the patient's impending death or death and the ability of the family or primary caregiver to cope with the loss;
    - II. A plan of care for bereavement services which identifies the individualized services to be provided;
    - III. The availability of pre-death grief counseling for the patient family and primary caregiver;
    - IV. Ongoing, regular, planned contact with the family and primary caregiver, offered for at least one year after the death of the patient, based on the plan of care;
  - (iii) A spiritual counselor shall provide counseling, in accordance with the wishes of the patient, based on initial and ongoing assessments of the spiritual needs of the patient family that, at a minimum, include the nature and scope of spiritual concerns or needs. Services may include:
    - I. Spiritual counseling consistent with patient family beliefs;
    - II. Communication with and support of involvement by local clergy or spiritual counselor;
    - III. Consultation and education for the patient family and interdisciplinary team members.
  - (iv) A qualified dietitian shall provide counseling based on initial and ongoing assessments of the current nutritional status of the patient, pre-existing medical conditions, and special dietary needs. Services may include:
    - I. Counseling of the patient family and primary caregiver with regard to the patient's diet;
    - II. Coordination of the plan of care with other providers of nutritional services or counseling.
- (P) The hospice program shall have volunteer services available to the hospice patient family. Management of the ongoing active volunteer program including orientation and education, shall be designated in writing to a full-time hospice employee, who may have other responsibilities in addition to those of volunteer coordinator.

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**19-13-D73. Patient care plan**

- (i) Volunteers may be utilized in administrative or direct patient family care roles;
  - (ii) The hospice program shall provide orientation, ongoing training and supervision of its volunteers consistent with the duties and functions to be performed;
  - (iii) Volunteers who are qualified to provide professional or homemaker-home health aide services shall meet all standards, licensing or credentialing requirements associated with their discipline.
- (Q) The hospice program, which shall serve as the patient's primary agency, may provide services by contract with an agency or individual and shall have legally binding written agreements for the provision of such contracted services in accordance with the requirements of Section 19-13-D70 of the Regulations of Connecticut State Agencies. If a hospice program enters into a coordination of inpatient care agreement with an inpatient setting, the written agreement shall include, but not be limited to, provisions for accommodations for family members to remain with the patient overnight, space for private patient and family visiting, homelike decor, and privacy for the family after a patient's death.
- (R) Pharmaceutical services, including consultation with hospice program staff regarding patient needs, shall be made available by the hospice program 24 hours a day, 7 days a week.

(Effective March 29, 1990; Amended effective December 28, 1992.; Amended effective December 23, 1997; Amended effective August 31, 1998; Amended effective December 12, 2001.)

**19-13-D73. Patient care plan**

- (a) Each medical or dental plan of treatment shall include, but not be limited to:
  - (1) All diagnoses or conditions, primary and secondary;
  - (2) Types and frequency of services and equipment required;
  - (3) Medications and treatments required;
  - (4) Prognosis, including rehabilitation potential;
  - (5) Functional limitations and activities permitted;
  - (6) Therapeutic diet.
- (b) The medical or dental plan of treatment shall be reviewed as often as the severity of the patient's condition requires, but at least every sixty (60) days for all patients receiving one (1) or more skilled services. The original plan and any modifications shall be signed by the patient's physician or dentist within twenty-one (21) days. Agency professional staff shall promptly alert the patient's physician or dentist to any changes in the patient's condition that suggest a need to alter the plan of treatment.
- (c) The plan for each service provided the patient and family shall include but not be limited to:
  - (1) Assessment of patient and family needs as they relate to home health services;
  - (2) Goals of management, plans for intervention and implementation.
- (d) The plan for each agency service shall be reviewed and revised as often as the patient's condition indicates and shall be signed by the primary care nurse and other service personnel at least every sixty (60) days.

(Effective September 20, 1978; Amended August 29, 1996.)

**19-13-D74. Administration of medicines**

- (a) Orders for the administration of medications shall be in writing, signed by the patient's physician or dentist, and in compliance with the agency's written policy and procedure.
  - (1) Medications shall be administered only as ordered by the patient's physician or dentist and in compliance with the laws of the State of Connecticut;

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**19-13-D75. Clinical record system**

- (2) Orders shall include at least the name of medication, dosage, frequency and method of administration.
- (3) All medications shall be administered only by registered nurses or licensed practical nurses licensed in accordance with Chapter 378 of the Connecticut General Statutes or other health care practitioners licensed in this state with statutory authority to administer medications.
- (b) Agency staff shall regularly monitor all prescribed and over-the-counter medicines a patient is taking and shall promptly report any problems to the patient's physician or dentist.  
(Effective October 26, 1984)

**19-13-D75. Clinical record system**

- (a) An agency shall maintain a clinical record system which includes, but 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 the retention and storage of such records in the event the agency discontinues operation;
  - (3) A policy and procedure manual governing the record system and procedures for all agency staff;
  - (4) Maintaining records on the agency's premises in lockable storage area(s).
- (b) A clinical 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) Patient care plans;
  - (4) Name, address and phone number of physician(s) or dentist(s) responsible for medical or dental care;
  - (5) Pertinent past and current health history;
  - (6) Clinical notes following each patient's contact with the staff members, incorporated no less often than weekly;
  - (7) Progress notes by professional staff and copies of summary or progress reports sent to physician or dentist;
  - (8) Documentation of all case management and monitoring activities, including sixty (60) day utilization review;
  - (9) Discharge summary, if applicable.
- (c) All notes and reports in the patient's clinical record shall be typewritten or legibly written in ink, dated and signed by the recording person with his full name or first initial and surname and title.  
(Effective September 20, 1978)

**19-13-D76. Quality assurance program**

- (a) An agency shall have a written quality assurance program which shall include but not be limited to the following components:
  - (1) Program evaluation;
  - (2) Quarterly clinical record review;
  - (3) Annual documentation of clinical competence;
  - (4) Annual process and outcome record audits.



**19-13-D76. Quality assurance program**

- (b) The professional advisory committee or a committee appointed by the governing authority and at least one person from administrative or supervisory staff shall implement, monitor and integrate the various components of the agency's quality assurance program.
- (c) The committee and staff designated pursuant to regulation 19-13-D76 (b) shall:
  - (1) Annually analyze and summarize, in writing, all findings and recommendations of the quality assurance program;
  - (2) Present written reports of the findings of each component or a written summary report of the findings of the quality assurance program to the professional advisory committee and to the governing authority;
  - (3) Monitor implementation of the recommendations and actions directed by the governing authority based on said report(s);
  - (4) Within one hundred twenty (120) days of action on the report(s) by the governing authority, report in writing to the governing authority, administration and professional advisory committee the progress in implementation of the recommended actions;
  - (5) Ensure that a copy of the annual quality assurance report(s) and the progress report on implementation are maintained by the agency.
- (d) The program evaluation 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.
- (e) At least quarterly, health professionals in active practice, representing at least the scope of the agency's home health care services shall review a sample of active and closed clinical records to assure that agency policies are followed in providing services. No person involved directly in service to a patient or family shall participate in the review of that patient or family's clinical record.
  - (1) At least once in each calendar quarter, the agency shall select records for review by a random sampling of all therapeutic cases. The agency's sampling methodology shall be defined in its quality assurance program policies and procedures after approval by the commissioner. The sample of clinical records reviewed each quarter shall be according to the following ratios:
    - (A) Eighty (80) or less cases; eight (8) records;
    - (B) Eighty-one (81) or more cases, ten percent (10%) of caseload for the quarter to maximum of twenty-five (25) records. One review form describing the areas to be assessed shall be completed for each record reviewed.
- (f) Six (6) months after employment and annually thereafter, a written report shall be prepared on the clinical competence of each direct service staff member employed by or under individual contract to the agency by the employee's professional supervisor, which shall include but not be limited to:
  - (1) Direct observation of clinical performance;
  - (2) Patient and family management as recorded in clinical notes and reports prepared by the staff member;
  - (3) Case management conference performance;
  - (4) Participation in the agency's inservice education program;
  - (5) Personal continuing education;
  - (6) 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;
  - (7) Unsatisfactory performance of direct service staff shall require a plan for corrective action which shall be filed in the employee's personnel folder. In the

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**19-13-D77. Administrative organization and records**

case of a homemaker-home health aide, the corrective action shall include that the homemaker-home health aide may not perform any task rated as "unsatisfactory" without direct supervision by a registered nurse 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."

- (g) Effective January 1, 1982, an agency shall:
- (1) Include in its quality assurance program annual process and outcome audits of a sample of the clinical records of persons served during the previous twelve (12) months;
  - (2) Have defined outcome measures for at least two (2) of any diagnostic category representing five (5%) percent or more of its annual caseload. For each successive twelve (12) month period after January 1, 1982, the agency shall expand its outcome measures by one diagnostic category, until measures have been defined for each diagnostic category representing five (5%) percent or more of the agency's caseload; or
  - (3) Have received approval from the commissioner to use another patient classification system to define outcome measures.
- (Effective June 21, 1983; Amended December 28, 1992).

**19-13-D77. Administrative organization and records**

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 patient care 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 home health care agency in compliance with the regulations and standards governing home health care 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 supervisor of clinical services, services, patient care policies, patient care plan, administration of medicines, clinical record system, 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.

- (a) An agency shall be in compliance with all applicable laws and ordinances of the State of Connecticut, the federal government and the town(s) served by the agency.
- (b) A copy of the policy and procedure manual shall be available to the staff at all times.
- (c) An agency shall submit an annual statistical report of services rendered to the commissioner within ninety (90) days after the close of the agency's fiscal year.
- (d) An agency shall provide consumer participation in the annual program evaluation component of the quality assurance program.
- (e) An agency shall appoint a pharmacist to its professional advisory committee or to its clinical record review process.
- (f) An agency shall provide written information to the actual and potential consumers of its services which accurately describes the services 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. If a licensed home health care agency is not certified for provision of Medicare home health benefits, its written information shall state this clearly.
- (g) Whenever services as defined in C.G.S section 19-576 (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 participating agencies which meets the requirements of section 19-13-D70 of these regulations; or

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**19-13-D78. Patient's bill of rights and responsibilities**

- (2) A written memo of understanding between the participating agencies or documentation in the patient's clinical 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 patient is accessible and available to all participating agencies.
- (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, supervisor of clinical services and essential patient care 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 June 21, 1983)

**19-13-D78. 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 or representative at the time of admission. Such explanation shall be documented in the patient's clinical 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 thirty (30) 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 regarding the right to participate in the planning of the care to be furnished, the disciplines that will furnish care, the frequency of visits proposed and any changes in the care to be furnished, the person supervising the patients' care and the manner in which that person may be contacted;
- (e) Patient responsibility for participation in the development and implementation of the home health care plan;
- (f) Right of the patient or designated representative to be fully informed of patients' health condition, unless contraindicated by a physician in the clinical record
- (g) Right of the patient to have his or her property treated with respect;
- (h) 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;
- (i) Policy regarding patient access to the clinical record;
- (j) Explanation of grievance procedure and right to file grievance without discrimination or reprisal from agency regarding treatment or care to be provided or regarding the lack of respect for property by anyone providing agency services;
- (k) Procedure for registering complaints with the commissioner and information regarding the availability of the medicare toll-free hotline, including telephone number, hours of operation for receiving complaints or questions about local home health agencies;
- (l) Agency's responsibility to investigate complaints made by a patient, patient's family or guardian regarding treatment or 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.  
(Effective September 20, 1978; Amended December 28, 1992).

**19-13-D79. Facilities**

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**19-13-D79. Facilities**

- (a) An agency's central office or any offices 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 physicians 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 clinical records in file cabinets which can be locked.
- (Effective June 21, 1983)