

PRIVATE HOME CARE PROVIDER APPLICATION REVIEW CHECKLIST

Please use the following checklist to ensure you include all the documents required for HFRD to review your application for a provisional PRIVATE HOME CARE PROVIDER license. Please use the Applicant Check column for your own review; to be sure all necessary documents are included. Under each document, you will see content which must be acceptable in order to pass review. **Be aware that your application packet may be considered incomplete and ineligible for review if all major documents are not included. It must be clear to the reviewer what each document is, so it is advisable to have them clearly marked.**

Be advised that these are the minimum documents necessary for review for your initial license, but it is not intended to be a complete list of all policies, procedures, forms, etc., which you will need to operate your Private Home Care Provider service effectively.

<i>Applicant Use</i>		<i>HFRD Office Use Only</i>			<i>Review Date:</i> _____
		<i>Acceptable</i>	<i>Not Accept.</i>	<i>Notes</i>	
_____	<u>290-5-54-.06</u>				
_____	1. A <i>completed</i> application for a license to operate as a private home care provider, signed and dated.	_____	_____	_____	_____
_____	2. Notarized Personal Identification Affidavit.	_____	_____	_____	_____
_____	3. Copy of Business License, or, if not required, evidence of such communication with local government.	_____	_____	_____	_____
_____	4. Copy of Certificate of Incorporation, if incorporated; or if not incorporated, listing of IRS Tax ID number.	_____	_____	_____	_____
_____	*5. Cashiers check or money order for application fee and license fee.	_____	_____	_____	_____
_____	*6. Please refer to memo concerning Private Home Care Fingerprinting Process Using COGENT/GAPS.	_____	_____	_____	_____

	<p><u>290-5-54-.09</u></p> <p>7. A description of services.</p> <p>Describes scope of services offered.</p> <p>Describes types of clients served.</p> <p>8. Copy of policy and procedures for Service Agreements, and a copy of the Service Agreement form.</p> <p>Requires written service agreement with each client.</p> <p>Requires timeline for completion of initial service agreement as required by .09(2)(b).</p> <p>Describes procedure for revision to the service agreement as needed, including appropriate documentation of revisions.</p> <p>Includes date of referral</p> <p>Includes date of initial client contact</p> <p>Requires description of services client claims are needed</p> <p>Requires description of services the provider agrees to provide</p> <p>Requires documentation of duration and frequency of services to be provided</p> <p>Requires documentation of charges for the services to be provided</p> <p>Requires documentation of the client's receipt of a copy of the clients' rights and responsibilities.</p>			
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	<p>Policy addresses the client's right to cancel the agreement and how charges will be handled upon cancellation.</p> <p>Includes a telephone number for the provider for the client to use to contact the provider for information, questions, or a complaint.</p> <p>Includes the telephone numbers for HFRD complaint line and for PHCP licensing information.</p> <p>Includes policy for obtaining authorization for use of client's funds or motor vehicle, if those services are provided.</p> <p>Requires signature of the client or the client's responsible party.</p>			
_____	<p>9. Name, qualifications and job description (including copy of professional license if applicable) of administrator.</p> <p>Includes evidence of having no history of misconduct as described in 290-5-54-.09(3)(a)1.</p> <p>Job duties include full authority and responsibility for the operation of the PHCP.</p> <p>Evidence of completion of orientation training.</p>			
_____	<p>10. A description of all elements to be included in each client's record, and copies of any forms to be used to record this information.</p> <p>Identification form to include documentation of name, address, telephone number, and responsible party.</p>			

	<p>Requirement to include the service agreement and service plan in the record.</p> <p>Form for recording clinical progress notes.</p> <p>Form for documentation at each visit of personal care tasks and companion or sitter tasks which are actually performed for the client at the time of that visit.</p> <p>Form for documentation of home supervisory visits performed for that client.</p> <p>Form for recording names, addresses, and telephone numbers for the client's personal physician(s).</p> <p>Entry for date of referral.</p>			
<p>_____</p>	<p>11. Written policies and procedures for maintenance and security of client records.</p> <p>Includes who (by position) supervises the maintenance of the records, who has custody of the records, to whom records may be released and for what purposes, and how long the records will be maintained (at a minimum, five years from the date of service provided).</p> <p>Explains how confidentiality of the records will be assured, and with whom employees may discuss client information (must be limited to the client, appropriate provider staff members, the client's responsible party, the client's physician or other healthcare provider, DCH, or others authorized in writing by the client or by subpoena).</p>			

_____	<p>12. Copy of forms for logging complaints and incidents, and description of procedures for management and documentation.</p> <p>Describes maintenance of such records for a minimum of five years.</p> <p>Requires documentation of actions taken by the provider in response to reports of incidents and to complaints.</p>	_____	_____	_____
_____	<p>13. List of current employees (administrator and at least one other employee required to open a PHCP) and copies of personnel records for those employees, and job descriptions and qualifications requirements of current and prospective employees.</p> <p>Includes appropriate types of employees for provision of services for which permit is requested.</p> <p>Includes statements, or forms for statements, as to history of abuse or neglect of others.</p> <p>Includes documentation of TB testing.</p> <p>Includes forms for documentation of identifying information and emergency contacts.</p> <p>Includes documentation of any employment history available.</p> <p>PCA qualifications require a GA-registered CNA, completion of the NLN exam on-line and assessment of competency for services to be performed, or completion of a provided 40-hour training curriculum and assessment of competency.</p>	_____	_____	_____

	<p>Nursing positions require a GA license.</p> <p>Companion or sitter positions require ability to read, write, and follow instructions and completion of training or pass competency assessment, as appropriate, for understanding needs of populations served, basic meal preparation, provision of transportation services, housekeeping, home safety, handling emergencies in the home, and infection control.</p>			
_____	<p>14. Copy of orientation curriculum and forms to document completion of each aspect of orientation.</p> <p>Includes instruction in the provider's policies and procedures, including client rights and the handling of complaints, TB exposure reporting, procedures for reporting client progress and problems to supervisors, procedures for handling emergencies, and review of the employees' job responsibilities.</p>	_____	_____	_____
_____	<p>15. A written description of whether the program will employ only certified nurse aides to perform personal care tasks or whether the program will be providing their own training curriculum for PCAs.</p>	_____	_____	_____
_____	<p>16. If the provider will be providing the 40-hour training program for PCAs, a copy of the training curriculum and forms for documenting the training and the observed competencies for those activities the PCA will be providing.</p>	_____	_____	_____

	<p>Includes:</p> <p>Ambulation, transfer, and positioning of clients; Assistance with bathing, grooming, shaving, dental care, dressing, and eating; Basic first aid and CPR; Meeting clients' special needs (as determined by assignment); Home management; Home safety and sanitation; Infection control in the home; Medically related activities including taking of vital signs; Proper nutrition.</p>			
<p>_____</p>	<p>17. Description of any contracted services, including procedures for supervision of such services and for determining qualifications of contracted individuals.</p> <p>Requires that the PHCP will assess competencies for contracted PCAs or companion or sitters, and will keep on site documentation of qualifications of each.</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>	<p><u>290-5-54-10</u></p> <p>18. If nursing services are to be provided, a copy of the description of nursing services.</p> <p>Requires that any nursing services provided are provided or supervised by an RN.</p> <p>Requires that for clients receiving nursing services, the nurse participates in the development and implementation of the service plan.</p> <p>Requires that for clients receiving nursing services, a nurse</p>	<p>_____</p>	<p>_____</p>	

	regularly reassesses the needs of the client.			
_____	<p>19. A description of how PCAs, nursing services, and companion or sitter services are to be supervised, and copies of forms, used to document supervision.</p> <p>Requires appropriate training for supervisors for each type of service.</p> <p>Requires that an RN be responsible for supervising any services provided for medically frail clients, and defines those types of clients appropriately.</p> <p>Requires that the supervisor annually assesses the performance of the supervisees, by direct observation or demonstration of the tasks they are assigned to perform.</p> <p>Requires and documents that the supervisor participates in the development and review of each client's service plan.</p> <p>Requires that for PCA services, the supervisor performs supervisory home visits to each client's residence at least every 92 days, and at least on some occasions when the aide is present and performing services.</p> <p>Requires that for companion and sitter services, the supervisor performs supervisory home visits to each client's residence at least every 122 days, and at least on some occasions when the employee is present and performing services.</p> <p>Forms reflect documentation by the supervisor at the time of the visit of assessment of the client's condition, vital signs, review of progress, any problems, the appropriateness of the current level of services and the client's satisfaction with services.</p>	_____	_____	_____

_____	<p>20. Copy of policies and procedures for documenting the services actually performed for each client each day, and the form(s) used for documenting such.</p> <p>Includes specific instructions for staff on how and what to record on the service delivery form, and how and when the forms will be incorporated into the client's record.</p>	_____	_____	_____
_____	<p>21. Description of the quality improvement program, including any forms, review sheets, etc. used in this program.</p> <p>Describes what methods the PHCP will use to monitor itself and client outcomes.</p> <p>Includes monitoring the reporting and resolution of complaints or problems with care and corrective actions taken.</p>	_____	_____	_____
_____	<p><u>290-5-54-.11</u></p> <p>22. Copy of policies and procedures for service planning and form used for the Service Plan.</p> <p>Includes collaboration of the client's physician if nursing services are to be provided, and how physician's orders are obtained and documented, including verification of verbal</p>	_____	_____	_____

	<p>orders, and signatures obtained.</p> <p>Specifies timeframe for completing the plan document (at least within seven days of the initial visit, integrating assessment findings).</p> <p>Specifies when the service plan is to be reviewed or revised (at least every 62 days for nursing services; for other services at least at every supervisory visit and whenever the condition or needs of the client change).</p> <p>Service Plan document includes the specific functional limitations of the client, the services required, the expected times and frequency of service delivery, duration of services, statements of goals and objectives of services, and discharge plans.</p> <p>Form provides for description of the how the specific tasks are to be performed (e.g. tub bath, bed bath, applying lotion to back, etc.) rather than just general itemization of services.</p> <p>If applicable to the client, the service plan can accommodate pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs.</p>			
<p>_____</p>	<p><u>290-5-54-12</u></p> <p>23. Copy of policies and procedures related to client rights and responsibilities and the handling and resolution of complaints.</p> <p>Requires notice to clients at the time the service agreement is completed.</p> <p>Notice includes: Right to be informed about the plan for services and to be</p>			

	<p>involved in the development of the plan.</p> <p>Right to be informed promptly about any changes in services (before the change).</p> <p>Right to accept or refuse services.</p> <p>Right to be informed of the charges for services provided.</p> <p>Right to be informed of the contact number(s) for the supervisory personnel.</p> <p>Right to be informed of complaint procedures.</p> <p>Right to confidentiality of client information.</p> <p>Right to have property and residence treated with respect.</p> <p>Right to written notice of the contact information for the state licensing authority.</p> <p>Right to a copy of the PHCP's most recent report from a licensure inspection.</p> <p>Responsibility of the client and/or responsible party to inform the provider of any changes in the client's condition.</p>			<hr/> <hr/> <hr/> <hr/> <hr/>

Reviewed by: _____

Date: _____