

TITLE 175 HEALTH CARE FACILITIES AND SERVICES LICENSURE

CHAPTER 14 HOME HEALTH AGENCIES

14-001 SCOPE AND AUTHORITY: These regulations govern licensure of home health agencies. The regulations are authorized by and implement the Health Care Facility Licensure Act, Neb. Rev. Stat. §§ 71-401 to 71-462.

14-001.01 These regulations apply to all home health agencies. A home health agency must be primarily engaged in providing skilled nursing care or a minimum of one other therapeutic service, i.e., physical therapy, speech pathology, occupational therapy, respiratory care, home health aide service, social work service, intravenous therapy, or dialysis.

14-001.02 These regulations do not apply to in-home personal services agencies that provide attendant services to non-medically fragile persons, companion services, and homemaker services. In-home personal services agencies must not provide health care services as defined in 175 NAC 14-002. For purposes of providing in-home personal services:

1. A medically fragile person is one who may not be physically frail or physically fragile but whose medical condition is unstable;
2. Attendant services means services provided to nonmedically fragile persons, including hands-on assistance with activities of daily living, transfer, grooming, medication reminders, and similar activities;
3. Companion services means the provision of companionship and assistance with letter writing, reading, and similar activities; and
4. Homemaker services means assistance with household tasks, including but not limited to housekeeping, personal laundry, shopping, incidental transportation, and meals.

14-001.023 A home health agency must accept a patient only when it reasonably expects that the agency can meet the patient's needs. When a physician orders home health care for a patient, that patient's care must follow a written plan devised by a registered nurse or qualified professional of the appropriate discipline after an initial visit to the patient's residence. This plan must be approved by the patient's physician, reviewed as often as needed, but at least every 62 days by a registered nurse or other qualified professional of the appropriate discipline.

1. If the home health agency provides more than one service to a single patient, the home health agency is responsible for coordination of those services to assure that the services effectively complement one another and support the objectives outlined in the plans of care;
2. For each patient receiving any of the services in the home health agency, the agency must send a written summary report to the attending physician as

often as the severity of the patient's condition requires, but at least every 62 days;

3. Services provided under arrangement with another agency or with an individual must be subject to a written contract conforming to the requirements of 175 NAC 14-006.04;
4. A supervising registered nurse must be available or on call to the staff during all hours that skilled nursing care or home health aide services are provided; and
5. A home health agency providing respiratory care service must have a licensed physician to serve as the medical director required by Neb. Rev. Stat. § 71-1,229.

14-004.03 Effective Date and Term of License: A home health agency license expires on January 31st of each year.

14-004.04 License Not Transferable: A license is issued only for the premises and persons named in the application and is not transferable or assignable. Change of ownership (sale, whether of stock, title, or assets, lease, discontinuance of operations) terminates the license. A change in premises does not terminate the license of a home health agency.

14-004.05 (Reserved)

14-004.06 Change of Ownership: The licensee must notify the Department in writing ten days before a home health agency is sold, leased, or discontinued.

14-004.07 Notification: An applicant or licensee must notify the Department in writing, by mail, electronic mail, or facsimile:

1. To request a single license document;
2. To request simultaneous facility or service licensure inspections for all types of licensure held or sought;–
3. To request a change to or an addition of services provided;
4. Of changes in the geographical area served;
5. When the agency moves to a new location;
6. To request the addition and approval for a branch office; or
7. Within 24 hours if the home health agency has reason to believe that a patient death was due to abuse or neglect by staff.

14-004.08 Information Available to Public: The licensee must make available for public inspection, upon request, licenses, license record information, and inspection reports. This information may be displayed on the licensed premises.

14-004.09 Deemed Compliance

14-004.09A Accreditation: The Department may deem an applicant or licensee in compliance with 175 NAC 14-006 based on its accreditation as a home health agency by the:

1. Joint Commission on Accreditation of Healthcare Organizations (JCAHO);
2. Community Health Accreditation program (CHAP);
3. Accreditation Commission for Healthcare; or
4. Medicare or Medicaid certification program.

14-004.09A1 An applicant or licensee must request the Department to deem its facility in compliance with 175 NAC 14-006 based upon its accreditation. The request must be:

2. If the home health agency fails to submit and implement a statement of compliance, the Department will initiate disciplinary action against the home health agency license, in accordance with 175 NAC 14-008.

14-005.06 Re-inspections

14-005.06A The Department may conduct re-inspections to determine if a home health agency fully complies with the requirements of 175 NAC 14-006.

Re-inspection occurs:

1. After the Department has issued a provisional license;
2. Before a provisional license is converted to a regular license;
3. Before a disciplinary action is modified or terminated; or
4. After the Department receives a statement of compliance or a plan of correction for cited violations.

14-005.06B Following a re-inspection, the Department may:

1. Convert a provisional license to a regular license;
2. Affirm that the provisional license is to remain effective;
3. Modify a disciplinary action in accordance with 175 NAC 14-008.02; or
4. Grant full reinstatement of the license.

14-006 STANDARDS OF OPERATION, CARE, AND TREATMENT: Each home health agency must be organized in a manner consistent with the size, resources, and type of services to ensure patient health and safety. The major organizational structure must include a governing authority, an administrator, and staff.

14-006.01 Governing Authority: Each home health agency must have a governing authority that assumes legal responsibility for the total operation and maintenance of the agency. The governing authority must approve written policies and procedures and ensure the policies and procedures are followed so as to provide quality health care. The governing authority must maintain responsibility for all services furnished by the agency whether or not they are furnished under contract. Each home health agency must:

1. Have bylaws, rules, or equivalent which govern the operation of the agency and which must be updated as necessary;
2. Employ a qualified administrator as defined in 175 NAC 14-006.02;
3. Oversee the management and fiscal affairs of the agency;
4. Adopt, revise, and approve policies for the operation and administration of the agency as needed, including but not limited to:
 - a. Range of services to be provided;
 - b. Geographical areas to be served, which must encompass only counties that are located contiguously in the geographical area served;
 - c. Branch office(s), if applicable any, which need not be located in a county that is contiguous to the parent agency;
 - d. Personnel qualifications, policies, and job descriptions;
 - e. Criteria for admission, discharge; and transfer of patients; and
 - f. Patient care policies.