

# Home Care

## Standards of Excellence



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# Introduction

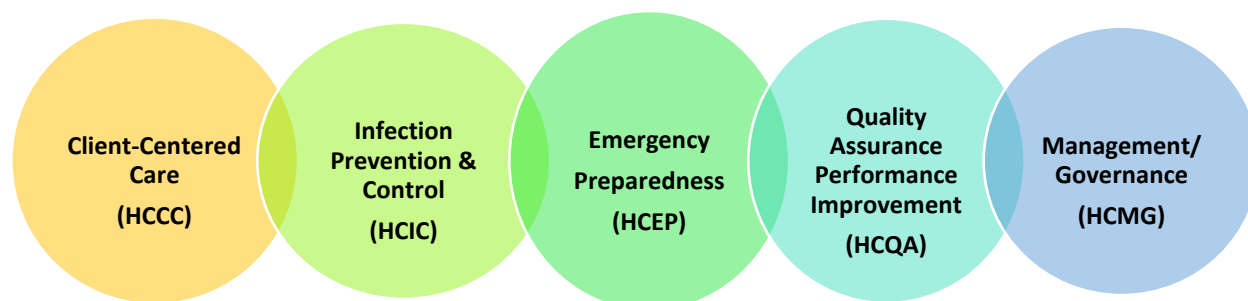
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The 2021 Home Care Standards replace the 2005 CHAP Private Duty Standards effective January 1, 2021. The Home Care Standards, much like the Private Duty Standards, address the variety of long-term care and services provided to enable children and adults with chronic illness or disabling conditions to live safely in their homes.

The Home Care Standards recognize the scope of support services currently provided by organized entities and paid for by a variety of funding sources – not solely out-of-pocket or “private pay.” These standards do not address care or services paid for under the Centers for Medicare and Medicaid (CMS) home health benefit or hospice benefit. The Home Care Standards speak to the quality of care and services delivered to support functions of daily living typically provided to clients long-term over days, months, or years.

The first five chapters of the Home Care Standards address areas of quality performance that apply to all Organizations seeking Home Care Accreditation. The three chapters that follow address the unique quality standards in the delivery of professional healthcare services, personal care services, and companion and environmental services.

An Organization seeking initial or renewal accreditation as a “Home Care” – previously “Private Duty” – provider is reviewed using all of the following five chapters.



Additional standards used during the site visit are based on the type(s) of care/services provided. An Organization may be accredited using one, two, or all three of these chapters as follows:

**Home Care Professional Services (HCPS):** Care and treatment provided by healthcare professionals within each discipline’s scope of practice and under the orders of a physician or other licensed practitioner.

**Home Personal Care Services (HCPC):** Services providing client “hands-on” assistance in activities of daily living such as bathing, dressing, toileting, eating, or meal preparation. Service can include light housekeeping and assistance with medications per state law or regulation.

**Home Companion and Environmental Services (HCCE):** Services engaging clients in social, physical, and mental activities, such as conversation, reading, as well as accompanying clients on walks, errands, or to appointments, monitoring their safety and well-being. These services also include providing housekeeping, meal preparation, managing medical appointments, or providing transportation. The services do not include “hands-on” support of the client.

The Home Care Standards are written broadly in recognition of the emerging standards of care/services in this – the most frequent – type of care/services provided in the home. The varying parameters of state law and regulation for these services are taken into account. The intent of the Home Care Standards and accreditation is to distinguish Organizations that have an established organization structure in place and standardized processes to ensure the quality delivery of these care/services to individuals in their homes.

# Client-Centered Care/Service (HCCC)

## KEY AREA OF PERFORMANCE:

Providing services in a client's home is based on established expectations of rights of the client, as well as the responsibilities of the Organization providing the care/services.

STANDARDS	EVIDENCE GUIDELINES
<div><b>HCCC.1</b></div> <p>The Organization has a Client Bill of Rights.</p> <p>The Bill of Rights addresses the following. The client has the right to:</p> <ol style="list-style-type: none"><li>1. Be involved in developing and revising the plan of care/service;</li><li>2. Receive information about the scope of care/services the Organization provides and any limitations on those services;</li><li>3. Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse or exploitation, and the misappropriation of client property by anyone furnishing services on behalf of the Organization;</li><li>4. Have their person and property treated with respect by anyone who provides services on behalf of the Organization;</li><li>5. Voice complaints to the Organization, CHAP, and the state;</li><li>6. Be ensured of a confidential record per state and federal privacy law and regulation;</li><li>7. Be informed of their financial liability at the start of care/services and changes in payment liability while receiving care/services, including healthcare plan coverage;</li><li>8. Refuse care/service; and</li><li>9. Other items per state law and regulation.</li></ol>	<p><b>Document Review:</b> Review the Rights statement. Does it address the standards listed?</p> <p><b>Guidance:</b> In reviewing the content of the Rights statement, the topic of each standard is addressed; the exact wording of the standard is not required.</p> <p><b>Observation/Interview:</b> Client interview indicates being informed of Rights.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCC.2</b></p> <p>The Client Bill of Rights statement is provided to the client and/or their representative.</p> <ol style="list-style-type: none"> <li>1. Additional statements required by law and regulation are also provided.</li> </ol> <p>There is evidence in the client record of having been provided the Client Bill of Rights and any other information mandated by state law or regulation prior to or at the time of initiating care/services.</p>	<p><b>Client Record Review:</b> Records include evidence that the Rights statement was provided prior to or at initiation of care/service.</p> <p><b>Observation/Interview:</b> Ask the client or representative about their understanding of their Rights, such as filing a complaint, refusing services, etc.</p> <p><b>Staff Interview:</b> Ask one or more staff member about their understanding of the Client Bill of Rights and when it is provided.</p>
<p><b>HCCC.3</b></p> <p>The Organization provides information to the client and/or representative that identifies:</p> <ol style="list-style-type: none"> <li>1. The scope of care/services available to clients;</li> <li>2. The business hours and contact information; and,</li> <li>3. How to contact the Organization after business hours, on weekends, and on holidays.</li> </ol>	<p><b>Observation/Interview:</b> Did the client receive information about the scope of services and contact information?</p> <p>What is the client's understanding of how to contact the Organization?</p> <p>Was the client able to reach the Organization when they called?</p> <p><b>Document Review:</b> Does the information provided address standards 1-3?</p>



STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCC.4</b></p> <p>The Organization determines and documents the client’s representative, if any, to be contacted in the event of an emergency or other circumstance in which the client cannot speak for themselves.</p>	<p><b>Staff Interview:</b> Ask staff how they identify who the client wants to act as their representative.</p> <p><b>Record Review:</b> There is documentation of the client’s representative or notation that the client states no person(s) is so recognized.</p>
<p><b>HCCC.5</b></p> <p>Organization policy and procedure defines staff reporting of any suspected mistreatment, neglect, abuse, exploitation, or injuries of unknown origin per state law and regulation.</p> <p>Any subsequent reporting complies with state law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure addresses reporting and response per the standard.</p> <p><b>Staff Interview:</b> Validate staff knowledge of when, how, and what to report.</p> <p><b>Tip:</b> Abuse includes verbal, mental, sexual, physical, or financial.</p>
<p><b>HCCC.6</b></p> <p>Policy and procedure defines a documented complaint management process that includes:</p> <ol style="list-style-type: none"> <li>1. The person responsible for receiving a complaint;</li> <li>2. The procedure and timeframe for initiating the investigation; and</li> <li>3. Documentation of the complaint and results of the investigation, including any action taken.</li> </ol> <p>There is evidence of implementation of the complaint process per policy and procedure.</p>	<p><b>Document Review:</b> Policy and procedure describes the complaint process and addresses standards 1-3.</p> <p><b>Document Review:</b> The record of complaints follows policy and procedure.</p> <p><b>Staff Interview:</b> Validate staff understanding of the complaint process.</p> <p><b>Observation/Interview:</b> Has the client made a complaint, and what was the resolution of the complaint?</p>

# Home Care Infection Prevention & Control (HCIC)

## KEY AREA OF PERFORMANCE:

Reducing the risk of acquiring or transmitting infectious disease to support the safety of the client and the Organization's staff.

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCIC.1</b></p> <p>Policy and procedure documents infection prevention and control processes and includes:</p> <ol style="list-style-type: none"><li>1. Use of standard precautions related to:<ol style="list-style-type: none"><li>a) Hand hygiene;</li><li>b) Use of gloves and how to safely put on and remove (i.e., don and doff);</li><li>c) Use of other personal protective equipment (PPE) appropriate to the service/care provided to the patient/client;</li></ol></li><li>2. Ongoing access to PPE;</li><li>3. Safe transport of equipment and supplies in and out of the client's home;</li><li>4. Cleaning of any equipment used client-to-client;</li><li>5. Client and caregiver teaching; and</li><li>6. Safe handling of:<ol style="list-style-type: none"><li>a) Equipment if contaminated with body fluids, secretions, or aerosolized droplets;</li><li>b) Soiled items (e.g., sheets, clothing, etc.);</li><li>c) Sharps (e.g., needles, lancets, etc.); and</li><li>d) Medical waste.</li></ol></li></ol>	<p><b>Document Review:</b> Review of policy and procedure for standards 1-6.</p>
<p><b>HCIC.2</b></p> <p>Organization staff receive infection control and prevention training appropriate to their assigned client(s) and the care/services they provide.</p>	<p><b>Personnel Record Review:</b> Does the personnel record or other documentation have evidence of infection control and prevention training appropriate to the care/services the staff provide and to assigned client(s)?</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCIC.3</b></p> <p>Organization staff have access to PPE and use standard precautions appropriate to:</p> <ol style="list-style-type: none"> <li>1. The assigned client(s);</li> <li>2. The care/service provided;</li> <li>3. Precautions recommended by the Centers for Disease Control (CDC); and</li> <li>4. Directives of the state or county health department.</li> </ol>	<p><b>Interview/Observation:</b> During home visits, are standard precautions used, as well as any current health department directives and CDC precautions?</p>
<p><b>HCIC.4</b></p> <p>There is a documented TB control plan that requires that staff be screened and tested per local or state law or regulation or per Organizational policy.</p> <p>In the absence of Organization-defined risk or applicable local or state law and regulation, the Organization screens and tests staff per current CDC guidelines.</p>	<p><b>Document Review:</b> The process for TB screening and testing is based on:</p> <ol style="list-style-type: none"> <li>1) Organization-defined risk; or</li> <li>2) local or state law or regulation; or</li> <li>3) the CDC.</li> </ol> <p><b>Personnel Health Record:</b> Employees are screened and tested for TB in compliance with Organization policy, state requirement, or CDC guidelines.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCIC.5</b></p> <p>Policy and procedure states:</p> <ol style="list-style-type: none"> <li>1. The protocol for staff infectious disease screening and testing;</li> <li>2. Follow up per CDC recommendations or state or local health department directives when infection is confirmed; and</li> <li>3. Reporting per state law and regulation.</li> </ol> <p>Staff screening, testing, and reporting comply with policy and procedure, CDC, or state or local health department directives, and reporting per state law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure addresses the three standards.</p> <p>Ask to review a report of confirmed infection, including employee follow up, intervention, and reporting.</p>
<p><b>HCIC.6</b></p> <p>The Organization has policy and procedure for the management of work-related staff exposure and post-exposure follow-up.</p> <p>Staff who experience work-related exposure are provided appropriate post-exposure follow-up as per policy.</p>	<p><b>Document Review:</b> Policy and procedure defines the reporting and response to an occupational exposure, including post-exposure follow up.</p> <p>Ask to review a report of work-related exposure and evidence of management and follow up.</p> <p><b>Tip:</b> Additional guidance about work-related exposure can be found in Occupational Safety and Health Administration (OSHA) directives.</p>

# Home Care Emergency Preparedness (HCEP)

## KEY AREAS OF PERFORMANCE:

Maintaining client access to care/services during disasters/emergencies, safeguarding human resources, and maintaining business continuity.

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCEP.1</b></p> <p>A written emergency preparedness plan identifies:</p> <ol style="list-style-type: none"><li>1. The staff responsible for implementing the emergency preparedness plan;</li><li>2. Anticipated natural and man-made emergencies/disasters in the geographic area served, including emerging infectious disease;</li><li>3. A process to evaluate a client's ability to access care/services in the event of an emergency;</li><li>4. A process to identify clients who:<ol style="list-style-type: none"><li>a) Cannot evacuate their home without assistance;</li><li>b) Depend on external resources to remain safely in the home (e.g., access to meals, etc.);</li><li>c) Have life-dependent equipment (e.g., ventilator, oxygen) in their home; and/or</li><li>d) Need multiple hours of care/services from external resources to remain safely in their home;</li></ol></li><li>5. A communication plan to identify the location and safety of clients, as well as scheduled staff, during and after the emergency;</li><li>6. The ways in which business functions can continue to operate; and,</li><li>7. State, local, or federal emergency preparedness officials to contact to advise of clients needing evacuation or clients/staff that the Organization has been unable to contact.</li></ol>	<p><b>Document Review:</b> The written plan addresses standards 1-7.</p> <p><b>Interview:</b> Ask responsible staff to walk through the plan. Is there an understanding of what to do to manage client care/services, as well as communicate with staff and clients and continue business operations?</p> <p><b>Guidance:</b> A communication plan can include names and contact information of staff, clients, and their emergency contacts.</p> <p>Primary and alternate means of communication with staff and emergency management agencies can be included, as well as how and what information can be shared with other providers who will assume responsibility for providing care/services (e.g., shelters, alternate residences, hospitals).</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCEP.2</b></p> <p>There is evidence that staff are trained in the emergency preparedness plan and understand their responsibilities.</p>	<p><b>Personnel Record Review:</b> Review the evidence of staff training.</p> <p><b>Interview:</b> Ask staff about their knowledge of what to do in the event of an emergency/disaster.</p>
<p><b>HCEP.3</b></p> <p>Written information is given to client and caregivers recommending:</p> <ol style="list-style-type: none"> <li>1. Preparations for and actions to be taken in the event of an emergency/disaster, including accessing state emergency directives; and</li> <li>2. The response of the Organization, including any interruption in the provision of care/services.</li> </ol>	<p><b>Document Review:</b> Review the current information provided to clients regarding preparation for and actions to be taken in the event of an emergency/disaster.</p> <p><b>Interview:</b> Ask staff providing care about what information is provided to clients and when.</p> <p><b>Observation/Interview:</b> Ask about the client's receipt of information about preparation and action in the event of an emergency/disaster.</p>

# Home Care Quality Assurance and Performance Improvement (HCQA)

## KEY AREAS OF PERFORMANCE:

**Quality Assurance (QA):** A planned and systematic process is used to sustain and improve care/delivery and operations to meet accepted quality standards.

**Performance Improvement:** The Organization identifies an area(s) for improvement, sets a threshold of expected performance, monitors and assesses performance, and takes action to improve or sustain performance levels achieved.

STANDARDS	EVIDENCE GUIDELINES
<b>HCQA.1</b> The Organization documents area(s) for monitoring and improving performance and identifies: <ol style="list-style-type: none"><li>1. An expected threshold of performance;</li><li>2. How performance is assessed including the data source and frequency of measurement; and,</li><li>3. How action to improve is developed, approved, executed, and re-assessed if performance is below the expected threshold.</li></ol>	<b>Document Review:</b> Documentation reflects a specific area(s) to monitor performance, the performance threshold, as well as the data collection and the frequency to evaluate performance. A process is defined to take action if performance does not meet the expected threshold.  <b>Guidance:</b> Areas for improvement may include staffing, client service delivery, incident avoidance, or client satisfaction.
<b>HCQA.2</b> The Organization documents the analysis of data about the area(s) selected and at the selected frequency.  The findings are compared to the performance threshold. If the threshold is not achieved, the findings are used to identify, support, and document the implementation of at least one performance improvement annually.	<b>Document Review:</b> Does performance improvement activity reflect analysis of data to determine progress toward the selected threshold?  Did appropriate action take place in relation to the analysis?

# Home Care Management and Governance (HCMG)

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## KEY AREA OF PERFORMANCE:

There is effective oversight and efficient management of the day-to-day operations to sustain a viable organization in compliance with applicable law and regulation.

STANDARDS	EVIDENCE GUIDELINES
<b>HCMG.1</b> There is one or more person(s) who assumes full legal authority for the Organization, including accountability for: <ol style="list-style-type: none"><li>1. Overall management and operations;</li><li>2. Compliance with applicable local, state, and federal law and regulation;</li><li>3. Implementation of policy and procedure; and</li><li>4. Provision of care/services to current clients in accordance with current care/service plans and current standards of practice.</li></ol>	<b>Interview:</b> Identify and interview the person who has authority for governance of the Organization and ask how they manage operations to meet responsibility for standards 1-4.
<b>HCMG.2</b> There is evidence of current state licensure, as applicable.	<b>Document Review:</b> Per state or local requirements, review the licensure documents required.
<b>HCMG.3</b> There is a designated manager who is responsible for day-to-day operations and available to staff during hours of operation.	<b>Interview:</b> Identify and interview the manager; can they describe their role during hours of operation?



STANDARDS	EVIDENCE GUIDELINES
<p><b>HCMG.4</b></p> <p>An individual is designated as responsible for day-to-day operations in the absence of the manager.</p>	<p><b>Interview:</b> Do staff know who would be responsible or how to find out? Does the designated individual know their designation and scope of responsibility?</p> <p><b>Tip:</b> The designation is not required to be documented, but it is preferable.</p>
<p><b>HCMG.5</b></p> <p>A current organizational chart delineates the lines of authority and accountability of all personnel to the level client care/service.</p>	<p><b>Document Review:</b> Review the Organization chart; does it address the scope of services, as well as the responsibility and accountability of all positions to the level of the patient/client?</p>
<p><b>HCMG.6</b></p> <p>Resources are organized and managed to:</p> <ol style="list-style-type: none"> <li>1. Provide the care/services publicly represented as available;</li> <li>2. Ensure the availability of client care/services per their plan of care/service plan; and,</li> <li>3. Recruit, employ, and retain qualified staff to maintain staffing levels required by clients' plans of care/service plans.</li> </ol>	<p><b>Document Review:</b> Review the public statement of the services. Does it represent the scope of services currently available?</p> <p><b>Interview:</b> Ask management what processes are in place to ensure that client needs, including recruitment and staffing, are met?</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCMG.7</b></p> <p>Human Resource policy and procedure addresses the following:</p> <ol style="list-style-type: none"> <li>1. Job descriptions that include the scope, responsibilities, and qualifications, including any licensure and/or certification;</li> <li>2. Conditions of employment;</li> <li>3. Staff orientation and staff training, including related timeframes;</li> <li>4. Staff competency assessment, process, and frequency;</li> <li>5. Staff performance evaluation in accordance with state and federal law or regulation;</li> <li>6. Health reports, background checks, and other information as required by state or federal law and regulation; and</li> <li>7. Personnel and health record content, parameters for retention, and confidentiality.</li> </ol>	<p><b>Document Review:</b> Policy and procedure addresses standards 1-7.</p>
<p><b>HCMG.8</b></p> <p>Staff personnel records include evidence of:</p> <ol style="list-style-type: none"> <li>1. Meeting the qualifications of their job description;</li> <li>2. Orientation and training per policy timelines;</li> <li>3. Competency and evaluation per Organizational policy and procedure;</li> <li>4. Evidence of health reports, background checks, and other items as defined in policy and procedure.</li> </ol>	<p><b>Staff Record Review:</b> Staff records include evidence of standards 1-4 per Organization policy.</p>

STANDARDS	EVIDENCE GUIDELINES
<p data-bbox="199 258 380 325"><b>HCMG.9</b></p> <p data-bbox="199 331 711 409">The delivery of home care services is documented in a record for each client.</p> <p data-bbox="199 415 618 457">Policy and procedure addresses:</p> <ol data-bbox="240 464 792 1222" style="list-style-type: none"> <li>1. The content of each client record including, at a minimum, a record of:               <ol data-bbox="289 548 792 856" style="list-style-type: none"> <li>a) Assessment/evaluation of client needs;</li> <li>b) The client plan of care or service plan; and</li> <li>c) Care/services provided regardless of mode of delivery (i.e., in-person, audio/video, telephone);</li> </ol> </li> <li>2. The time frame and process for submitting documentation of care/services delivered by staff;</li> <li>3. Client record storage and retention; and</li> <li>4. Access, use, and protection of personal health information in compliance with federal and state law and regulation.</li> </ol>	<p data-bbox="820 279 1360 357"><b>Document Review:</b> Policy and procedure addresses standards 1-4.</p> <p data-bbox="820 384 1386 510"><b>Client Record Review:</b> There is a record for each client who receives care/services with minimum content per standard 1.</p>

# Home Care Professional Services (HCPS)

## KEY AREAS OF PERFORMANCE:

An assessment of an individual's professional service need is conducted by a healthcare professional in the location where services will be provided. Each client has a plan of care based on an assessment. The plan reflects the individual client's preferences, as well as services and treatments to be provided as authorized by the client's physician or other licensed practitioner. Professional healthcare services are coordinated and provided per each client's plan of care and in accordance with current standards of practice.

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPS.1</b></p> <p>A registered nurse, social worker, physical therapist, occupational therapist, and/or speech language therapist assesses the client's needs:</p> <ol style="list-style-type: none"><li>1. In accordance with current standards of professional practice; and</li><li>2. Their scope of professional practice in the state in which the assessment is conducted.</li></ol> <p>The Organization may utilize other healthcare professionals to assess the needs of the client per the scope of their discipline's state practice law and regulation.</p>	<p><b>Client Record Review:</b></p> <p>Assessments are conducted by a healthcare professional whose scope of practice is appropriate to the client's needs.</p> <p><b>Guidance:</b> Professional services include a variety of healthcare disciplines whose scope of practice is defined by each state.</p>
<p><b>HCPS.2</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"><li>1. Referral intake and admission criteria;</li><li>2. Timing of the assessment in relation to the initiation of professional services; and</li><li>3. The assignment of one or more healthcare professional(s) to assess the client in the place where the client will receive services.</li></ol>	<p><b>Document Review:</b> Policy and procedure address elements 1-3 of the standard.</p> <p><b>Client Record Review:</b> The client meets admission criteria; the assessment timing and who completed it complies with policy.</p>

STANDARDS	EVIDENCE GUIDELINES
<div data-bbox="203 254 380 327" data-label="Section-Header"> <b>HCPS.3</b> </div> <p data-bbox="203 331 943 365">The professional services in a client’s assessment include:</p> <ol data-bbox="240 378 943 1438" style="list-style-type: none"> <li>1. Current health status, including medical conditions and behavioral health disorders;</li> <li>2. Primary and other pertinent diagnoses;</li> <li>3. Current symptoms and severity;</li> <li>4. Ability to communicate, understand, and participate in care;</li> <li>5. Functional status, including dependence on equipment and/or other assistance;</li> <li>6. Existing medical equipment and/or prosthetics;</li> <li>7. The ability to independently or with the assistance of a caregiver evacuate in the event of an emergency or disaster;</li> <li>8. In-home safety related to the client’s care needs;</li> <li>9. Allergies, including drug, food, or other;</li> <li>10. Current medications and biologicals, including over-the-counter medication;</li> <li>11. The ability of the client and/or caregiver to safely administer medications;</li> <li>12. Nutritional status and risk;</li> <li>13. Advance directives, if any;</li> <li>14. Emergency contact; and</li> <li>15. Other complications or risk factors that affect the delivery of professional healthcare service and/or care planning.</li> </ol>	<p data-bbox="979 281 1354 445"><b>Client Record Review:</b> Client records contain a current assessment that includes the standards.</p> <p data-bbox="979 474 1414 730"><b>Guidance:</b> The standards are topics to include in the assessment. The wording of an Organization’s evaluation is not required to match the wording of the standard.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPS.4</b></p> <p>A reassessment of a client’s need for professional health services occurs at least every 90 days, or more frequently when:</p> <ol style="list-style-type: none"> <li>1. Required by state law or regulation; or</li> <li>2. Indicated by a change in the client’s status; or</li> <li>3. Ordered by the client’s physician or other licensed practitioner.</li> </ol> <p>The reassessment identifies any changes in the client’s care needs.</p>	<p><b>Client Record Review:</b> Records include evidence of reassessment as defined in the standard.</p> <p><b>Staff Interview:</b> Staff interviews indicate understanding of when a reassessment can occur.</p> <p><b>Guidance:</b> The Organization may establish a more frequent reassessment timeframe.</p>
<p><b>HCPS.5</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"> <li>1. Who develops and documents the client’s plan of care based on the current assessment;</li> <li>2. How the client and the client’s physician or another licensed practitioner are involved in care planning;</li> <li>3. The minimum plan content to include: <ol style="list-style-type: none"> <li>a) The scope and frequency of care and intervention;</li> <li>b) Drugs and treatments to manage client symptoms;</li> <li>c) Medical equipment and supplies needed in care delivery;</li> <li>d) Education and training to facilitate the client’s and caregiver’s role and responsibilities in care, if any;</li> <li>e) Other items per law or regulation;</li> </ol> </li> <li>4. Communication with the client’s physician or other licensed practitioner to review, revise, and authorize the client’s plan of care: <ol style="list-style-type: none"> <li>a) As frequently as the client’s condition requires; or</li> <li>b) At least every 90 days or more frequently per state law or regulation.</li> </ol> </li> </ol>	<p><b>Document Review:</b> Policy and procedure addresses the standards.</p> <p><b>Client Record Review:</b> Evidence of the care plan including the standards.</p> <p><b>Client Record Review:</b> Evidence of communication with physician or another licensed practitioner.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPS.6</b></p> <p>Each client has a current plan of care based on an assessment authorized by their physician or other licensed practitioner in accordance with state law and regulation.</p>	<p><b>Client Record Review:</b> The client's plan of care reflects the most recent assessment and is authorized by the physician or other licensed practitioner within the state law or regulation.</p>
<p><b>HCPS.7</b></p> <p>Professional care services provided are consistent with:</p> <ol style="list-style-type: none"> <li>1. Accepted standards of professional practice;</li> <li>2. The client's plan of care;</li> <li>3. Orders of a physician or other licensed practitioner; and</li> <li>4. Applicable state law and regulation.</li> </ol>	<p><b>Client Record Review:</b> Documentation of services provided comply with standards 1-4.</p>
<p><b>HCPS.8</b></p> <p>The Organization designates one or more staff who is responsible for:</p> <ol style="list-style-type: none"> <li>1. Oversight of the implementation of the plan of care; and</li> <li>2. Coordinating services with the staff and the client, as well as other healthcare professionals and providers involved in the client's care.</li> </ol>	<p><b>Staff Interview:</b> Ask the staff designated how they provide oversight and coordination.</p> <p><b>Client Record Review:</b> Evidence of coordination with the client, staff, and other health professionals and providers.</p>
<p><b>HCPS.9</b></p> <p>Clients are accepted for care whose healthcare needs can be reasonably met by the Organization.</p>	<p><b>Client Record Review:</b> Records indicate consistent provision of care per the client plan of care.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPS.10</b></p> <p>The Organization has a process to meet the staffing needs of clients and a back-up plan to cover staff absences.</p>	<p><b>Staff Interview:</b> Ask staff about missed shifts or visits, and how they plan for staffing.</p> <p><b>Client Record Review:</b> Professional services are provided per the plan of care.</p>
<p><b>HCPS.11</b></p> <p>Organization policy and procedure defines the supervision process of healthcare professionals providing care per the applicable state practice law and regulation.</p> <p>The policy and procedure includes the:</p> <ol style="list-style-type: none"> <li>1. Defined process for oversight of the care provided by each professional discipline;</li> <li>2. Qualifications of the supervisor;</li> <li>3. Responsibilities of the supervisor;</li> <li>4. Frequency of supervision;</li> <li>5. Availability during all hours the professional discipline services are offered; and</li> <li>6. Documentation of supervision.</li> </ol>	<p><b>Document Review:</b> Policy and procedure includes the six standards and addresses the scope of professional services provided.</p> <p><b>Personnel Record Review:</b> The identified supervisor(s) meets qualifications per policy.</p> <p><b>Guidance:</b> Oversight or supervision of care can include direct observation of care, active participation in case conference, review of documentation, and client and/or caregiver feedback.</p>
<p><b>HCPS.12</b></p> <p>The designated supervisor of professional services staff is available and provides supervision at the frequency per policy and procedure and applicable state law and regulation.</p>	<p><b>Staff Interview:</b> Ask staff about the availability of the supervisor and oversight of their care, per policy.</p> <p><b>Record Review:</b> Client records or personnel records – per Organization policy – include evidence of supervision as defined in policy and procedure.</p>



STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPS.13</b></p> <p>Organization policy and procedure defines the content, frequency, and documentation of professional services staff:</p> <ol style="list-style-type: none"> <li>1. Orientation to Organization policy and procedure, including client rights, privacy, emergency management and infection control, including any CDC guidance or health department directive(s);</li> <li>2. Orientation to the client(s) and the client's plan of care;</li> <li>3. Competency assessment of unique skills required in the delivery of professional services to any assigned client prior to the initiation of services;</li> <li>4. Instruction addressing: <ol style="list-style-type: none"> <li>a) Emergency response, including advance directives, if any;</li> <li>b) Documentation of services provided; and</li> <li>c) Providing evidence of current licensure for verification, as well as any training or qualification relevant to the care staff provided per state law or regulation.</li> </ol> </li> </ol>	<p><b>Document Review:</b> Policy and procedure addresses the four standards.</p> <p><b>Personnel Record Review:</b> There is evidence of the standards per policy and procedure.</p> <p><b>Staff Interview:</b> Staff know what skills are competency-assessed before client assignment; they are familiar with any client advance directives and their role in an emergency, all per policy.</p> <p><b>Guidance:</b> Unique skills assessed can include those associated with the care of pediatric or geriatric or disabled clients, such as use of feeding tubes, etc.</p>
<p><b>HCPS.14</b></p> <p>Policy and procedure defines the process to end care delivery, whether client-requested or Organization-initiated, and includes documentation of:</p> <ol style="list-style-type: none"> <li>1. Informing the client of the reason and the date care will stop; and</li> <li>2. Communication with the ordering physician or other licensed healthcare practitioner.</li> </ol> <p>The policy and procedure complies with applicable state law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure addresses the standards.</p> <p><b>Client Record Review:</b> Evidence of clients being informed of stopping care, reason, and date, as well as communication with the ordering physician or other licensed practitioner per state law and regulation.</p>

# Home Personal Care Services (HCPC)

## KEY AREAS OF PERFORMANCE:

An evaluation of an individual's personal care or "hands on" care needs is conducted in the location where they receive services. A service plan reflects the individual's preferences and services to be provided. Instructions supplied to staff providing services, as well as staff competency, are based on the tasks in the service plan. Services are provided per the services plan, coordinated, and staff are effectively supervised.

STANDARDS	EVIDENCE GUIDELINES
<b>HCPC.1</b> A healthcare professional evaluates the client's personal care needs.  The qualifications of the staff conducting the evaluation: <ol style="list-style-type: none"><li>1. Are defined by the Organization; and</li><li>2. Comply with state practice law and regulation.</li></ol>	<b>Personnel Record Review:</b> Staff qualifications meet state practice law or regulations.  <b>Client Record Review:</b> Personal care services evaluations are completed by a healthcare professional.
<b>HCPC.2</b> The evaluation occurs at the site of care and prior to initiating, or at the initial delivery of, services. <ol style="list-style-type: none"><li>1. Organization policy and procedure defines:<ol style="list-style-type: none"><li>a) The healthcare professional conducting the evaluation;</li><li>b) Evaluation timing relative to the initiation of services, in particular when services are requested to begin:<ol style="list-style-type: none"><li>i. After business hours,</li><li>ii. On weekends or on holidays, or</li><li>iii. In response to an urgent need; and</li></ol></li><li>c) The mode of evaluation.</li></ol></li></ol>	<b>Document Review:</b> Policy and procedure addresses the standards.  <b>Client Record Review:</b> Evaluation occurs per policy and procedure.  <b>Interview/Observation:</b> Staff interviews confirm timing of evaluations and response to exceptions.  <b>Guidance:</b> The preferred mode of evaluation is in-person where the services will be delivered. Other modes can include two-way audio/video or telephone when in-person is not feasible.

STANDARDS	EVIDENCE GUIDELINES
<div data-bbox="199 254 381 327" data-label="Section-Header"> <b>HCPC.3</b> </div> <p data-bbox="199 331 946 411">The evaluation for personal care services includes at a minimum:</p> <ol data-bbox="237 422 946 1577" style="list-style-type: none"> <li>1. The client’s degree of dependence on equipment and/or assistance in the following activities: <ol data-bbox="285 510 946 905" style="list-style-type: none"> <li>a) Ambulation and exercise;</li> <li>b) Bathing;</li> <li>c) Toileting;</li> <li>d) Dressing;</li> <li>e) Grooming;</li> <li>f) Transferring to and from the bed and a chair or sofa;</li> <li>g) Preparing meals; and</li> <li>h) Eating;</li> </ol> </li> <li>2. Activity restrictions, if any;</li> <li>3. The safety of the home environment;</li> <li>4. Equipment used in personal care activities, if any;</li> <li>5. Needed assistance with medications that are ordinarily self-administered;</li> <li>6. The ability to use a phone, communicate, and guide the personal care staff in tasks;</li> <li>7. Observed or reported confusion, forgetfulness;</li> <li>8. Identification of other support services requested, including shopping, meal preparation, laundry, etc.</li> <li>9. The client’s preferences in service delivery;</li> <li>10. Identification of an emergency contact;</li> <li>11. Advance directives, if any; and</li> <li>12. Other content per state law or regulation.</li> </ol>	<p data-bbox="963 281 1494 405"><b>Client Record Review:</b> Client records contain a current evaluation that includes the standards.</p> <p data-bbox="963 430 1494 642"><b>Guidance:</b> The standards are topics to include in the evaluation. The wording of an Organization’s evaluation is not required to match the wording of the standard.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPC.4</b></p> <p>A re-evaluation of a client’s need for personal care services occurs at least <b>every 12 months</b> or more frequently:</p> <ol style="list-style-type: none"> <li>1. When required by state law or regulation; or</li> <li>2. When requested by the client; or</li> <li>3. When indicated by reported changes in the client’s status.</li> </ol> <p>The re-evaluation identifies any changes in personal care need.</p>	<p><b>Client Record Review:</b> Client records include evidence of re-evaluation as defined in the standard.</p> <p><b>Staff Interview:</b> Staff interviews indicate understanding when a re-evaluation can occur.</p> <p><b>Guidance:</b> The Organization may establish a more frequent re-evaluation timeframe.</p>
<p><b>HCPC.5</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"> <li>1. Who develops and documents the personal care service plan based on the client evaluation or re-evaluation;</li> <li>2. How the client is involved in developing the plan;</li> <li>3. The minimum plan content, to include: <ol style="list-style-type: none"> <li>a) The types of personal care services to be provided;</li> <li>b) How often services are provided; and</li> <li>c) The length of time the staff member is present (e.g., hours/day or days/week, etc.); and</li> </ol> </li> <li>4. How consent to initiate or change services occurs and is documented.</li> </ol> <p>Service plan policy and procedure complies with applicable law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure addresses the standards.</p> <p><b>Client Record Review:</b> The service plan includes the standards.</p> <p><b>Guidance:</b> The items in service plan standards are addressed. Exact wording per the standard is not required.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPC.6</b></p> <p>Clients are accepted for services if their personal care needs can be reasonably met by the Organization.</p>	<p><b>Client Record Review:</b> Records indicate consistent provision of services per the personal care service plan.</p>
<p><b>HCPC.7</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"> <li>1. Who prepares and provides instructions for personal care staff per the service plan; and</li> <li>2. How the instructions are provided and when.</li> </ol>	<p><b>Document Review:</b> Policy and procedure includes the standards.</p>
<p><b>HCPC.8</b></p> <p>Personal care staff receive instruction for each client about services to provide, including:</p> <ol style="list-style-type: none"> <li>1. How often the service(s) is provided;</li> <li>2. Client activities restrictions, if any;</li> <li>3. Any advance directives and what action to take in the event of an emergency; and</li> <li>4. What changes in client status to report.</li> </ol> <p>The instruction complies with applicable law and regulation.</p>	<p><b>Interview/Observation:</b> Ask clients about the services being received and determine if these match their service plan.</p> <p><b>Staff Interview:</b> Do the instructions provided include the standards?</p> <p><b>Client Record Review:</b> Staff report changes per instructions, and staff instruction matches the current service plan.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPC.9</b></p> <p>Staff provide personal care services per the current service plan.</p> <p>Reasons for exceptions to the service plan are documented.</p>	<p><b>Client Record Review:</b> Services are provided per the service plan or noted exceptions.</p> <p><b>Interview/Observation:</b> Has the client experienced missed visits, shifts or other variances in service delivery? How did the Organization meet their needs?</p> <p><b>Guidance:</b> Trends in service exceptions do not place the client at risk for safety or injury.</p>
<p><b>HCPC.10</b></p> <p>The Organization designates one or more staff who is responsible for:</p> <ol style="list-style-type: none"> <li>1. Oversight of service plan implementation; and,</li> <li>2. Coordinating services with staff, the client, and other providers involved in the client's care.</li> </ol>	<p><b>Interview:</b> Ask the staff designated how they provide oversight and coordination.</p> <p><b>Client Record Review:</b> Coordination of services with staff, clients, and other providers is evident.</p> <p><b>Guidance:</b> Documented attempts to coordinate with third parties managing other services are accepted.</p>
<p><b>HCPC.11</b></p> <p>The Organization has a process to meet the staffing needs of clients accepted for service and a back-up plan to cover staff absences.</p>	<p><b>Interview:</b> Ask about missed shifts or visits, trends, and how the Organization plans for staffing.</p> <p><b>Client Record Review:</b> Client staffing needs are met per service plan.</p>

STANDARDS	EVIDENCE GUIDELINES
<p data-bbox="199 258 391 331"><b>HCPC.12</b></p> <p data-bbox="199 338 946 415">Policy and procedure defines the content, frequency, and documentation of personal care staff:</p> <ol data-bbox="240 426 938 1402" style="list-style-type: none"> <li>1. Orientation to policy and procedure, including client rights, privacy, emergency management, and infection control, including any CDC guidance or health department directive(s);</li> <li>2. Orientation to their assigned client(s), including their service plan, how instructions are provided, and reportable client changes in status;</li> <li>3. Competency assessment of skills required in delivery of services to an assigned client prior to initiating services;</li> <li>4. Instruction addressing:               <ol data-bbox="289 919 938 1402" style="list-style-type: none"> <li>a) Response to emergencies, who to contact and how, what to do, including addressing advance directives when documented;</li> <li>b) Maintenance of a clean, safe client environment when present, including the use of standard precautions;</li> <li>c) Documentation of personal care services provided; and</li> <li>d) Providing evidence of meeting state-defined personal care staff education and training requirements.</li> </ol> </li> </ol>	<p data-bbox="963 285 1382 405"><b>Document Review:</b> Policy and procedure addresses standards 1-4.</p> <p data-bbox="963 436 1398 556"><b>Personnel Record Review:</b> There is evidence of the standards per policy and procedure.</p> <p data-bbox="963 594 1398 804"><b>Staff Interview:</b> Staff are familiar with their client’s services, know what to do in an emergency, and if their clients have any advance directives.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCPC.13</b></p> <p>Organization policy and procedure defines personal care staff supervision, including:</p> <ol style="list-style-type: none"> <li>1. The qualifications of the supervisor;</li> <li>2. Responsibilities of the supervisor;</li> <li>3. Frequency of supervision;</li> <li>4. If supervision occurs on-site at the client's home or via another mode;</li> <li>5. If personal care staff is or is not present;</li> <li>6. Availability during all hours services are offered;</li> <li>7. Required documentation of supervision; and</li> <li>8. Compliance with state law and regulation.</li> </ol>	<p><b>Document Review:</b> Policy and procedure addresses standards 1-8.</p>
<p><b>HCPC.14</b></p> <p>The individual(s) providing supervision of personal care staff is available and provides supervision at the frequency and in the circumstances as defined in policy and procedure and applicable state law and regulation.</p>	<p><b>Staff Interview:</b> Ask personal care staff about the availability and accessibility of the supervisor.</p> <p><b>Record Review:</b> Client records or personnel records – per Organization policy – include evidence of supervision as defined in policy and procedure.</p>
<p><b>HCPC.15</b></p> <p>Policy and procedure defines the process to end personal care services, whether if client-requested or Organization-initiated, including documentation of the reason for stopping services and the date services are stopped.</p> <p>The policy and procedure complies with applicable state law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure meets the intent of the standard.</p> <p><b>Client Record Review:</b> Evidence of ending services per policy and procedure and any applicable law and regulation.</p>



# Home Companion and Environmental Services (HCCE)

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## KEY AREAS OF PERFORMANCE:

The evaluation of an individual's companionship and/or environmental support needs occurs in the location where services are provided. The service plan reflects the individual's preferences and services to be provided and is the basis of instructions provided to staff. Services are provided and coordinated per the service plan, and staff are effectively supervised.

STANDARDS	EVIDENCE GUIDELINES
<b>HCCE.1</b> The Organization identifies one or more staff who conduct an evaluation or re-evaluation of a client's companionship and/or environmental support needs.	<b>Client Record Review:</b> Evaluations are conducted by the staff selected by the Organization.
<b>HCCE.2</b> The evaluation occurs at the site where services are delivered, prior to initiation or at the initial delivery of services. <ol style="list-style-type: none"><li>1. Organization policy and procedure defines:<ol style="list-style-type: none"><li>a) Evaluation timing relative to the initiation of services, in particular when services are requested to begin:<ol style="list-style-type: none"><li>i. After business hours;</li><li>ii. On weekends or on holidays; or</li><li>iii. In response to an urgent need; and,</li></ol></li><li>b) The mode of evaluation.</li></ol></li></ol>	<b>Document Review:</b> Policy and procedure addresses the standards. <b>Client Record Review:</b> Evaluation occurs per policy and procedure. <b>Interview/Observation:</b> Staff interviews confirm timing of evaluations and response to exceptions. <b>Guidance:</b> The preferred mode of evaluation is in-person where the services will be delivered. Other modes can include two-way audio/video or telephone when in-person is not feasible.

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCE.3</b></p> <p>The evaluation of a client’s companion and/or environmental support service needs includes at a minimum:</p> <ol style="list-style-type: none"> <li>1. Identification of specific services requested, including shopping, meal preparation, laundry, light housekeeping, driving to and from appointments, accompaniment to appointments, etc.;</li> <li>2. The client’s preferences;</li> <li>3. Evaluation of safety risks in the place where services are provided;</li> <li>4. Identification of an emergency contact; and</li> <li>5. Other content per state law or regulation.</li> </ol>	<p><b>Client Record Review:</b> Client records contain a current evaluation that includes the standards.</p> <p><b>Guidance:</b> The standards are topics to include in the evaluation. The wording of an Organization’s evaluation is not required to match the wording of the standard.</p>
<p><b>HCCE.4</b></p> <p>A re-evaluation of a client’s companionship and/or environmental support needs occurs at least <b>every 12 months</b> or more frequently:</p> <ol style="list-style-type: none"> <li>1. When required by state law or regulation; or</li> <li>2. When requested by the client; or</li> <li>3. When indicated by reported changes in the client’s status.</li> </ol> <p>The re-evaluation identifies any changes in personal care need.</p>	<p><b>Client Record Review:</b> Client records include evidence of re-evaluation as defined in the standard.</p> <p><b>Guidance:</b> The Organization may establish a more frequent re-evaluation timeframe.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCE.5</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"> <li>1. Who develops and documents the service plan based on the client evaluation or re-evaluation;</li> <li>2. How the client is involved in developing the plan;</li> <li>3. The minimum plan content to include:               <ol style="list-style-type: none"> <li>a) The types of services to be provided;</li> <li>b) How often services are provided; and</li> <li>c) The time the staff member is present (e.g., hours/day or days/week, etc.); and</li> </ol> </li> <li>4. How consent to initiate or change services occurs and is documented.</li> </ol> <p>Service plan policy and procedure complies with applicable law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure addresses the standards.</p> <p><b>Client Record Review:</b> The service plan includes the standards.</p> <p><b>Guidance:</b> The items in service plan standards are addressed. Exact wording per the standard is not required.</p>
<p><b>HCCE.6</b></p> <p>Clients are accepted for services whose needs can be reasonably met by the Organization.</p>	<p><b>Client Record Review:</b> Records indicate consistent provision of services per the plan.</p>
<p><b>HCCE.7</b></p> <p>Organization policy and procedure defines:</p> <ol style="list-style-type: none"> <li>1. Who provides instructions for staff per the service plan; and</li> <li>2. How the instructions are provided and when.</li> </ol>	<p><b>Document Review:</b> Policy and procedure includes the standards.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCE.8</b></p> <p>Staff receive instruction for each client about services to provide, including:</p> <ol style="list-style-type: none"> <li>1. How often the service(s) is provided;</li> <li>2. Client activities restrictions, if any;</li> <li>3. What action to take in the event of an emergency; and</li> <li>4. What changes in client status to report.</li> </ol> <p>The instruction complies with applicable law and regulation.</p>	<p><b>Interview/Observation:</b> Ask clients about the services being received and determine if these match their service plan.</p> <p><b>Staff Interview:</b> Do the instructions provided include the standards?</p> <p><b>Client Record Review:</b> Staff report changes per instructions, and staff instruction matches the current service plan.</p>
<p><b>HCCE.9</b></p> <p>Staff provide services per the current service plan.</p> <p>Reasons for exceptions to the service plan are documented.</p>	<p><b>Client Record Review:</b> Services provided per the service plan or noted exceptions.</p> <p><b>Interview/Observation:</b> Has the client experienced missed visits, shifts, or other variances in service delivery? How did the Organization meet their needs?</p> <p><b>Guidance:</b> Trends in service exceptions do not place the client at risk for safety or injury.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCE.10</b></p> <p>The Organization designates one or more staff who is responsible for:</p> <ol style="list-style-type: none"> <li>1. Oversight of service plan implementation; and</li> <li>2. Coordinating services with staff, the client, and other providers involved.</li> </ol>	<p><b>Interview:</b> Ask the staff designated how they provide oversight and coordination.</p> <p><b>Client Record Review:</b> Coordination of services with staff, clients, and other providers is evident.</p> <p><b>Guidance:</b> Documented attempts to coordinate with third parties managing other services are accepted.</p>
<p><b>HCCE.11</b></p> <p>The Organization has a process to meet the staffing needs of clients accepted for service and a back-up plan to cover staff absences.</p>	<p><b>Interview:</b> Ask about missed services, trends, and how the Organization plans for staffing.</p> <p><b>Client Record Review:</b> Client staffing needs are met per service plan.</p>

STANDARDS	EVIDENCE GUIDELINES
<p data-bbox="199 258 381 331"><b>HCCE.12</b></p> <p data-bbox="199 338 950 457">Policy and procedure defines the content, frequency, and documentation of companion and environmental services staff:</p> <ol data-bbox="240 470 950 1266" style="list-style-type: none"> <li>1. Orientation to Organization policy and procedure, including client rights, privacy, emergency management, and infection control including any CDC guidance or health department directive(s);</li> <li>2. Orientation to their assigned client(s), including their service plan, how instructions are provided, and reportable client changes in status;</li> <li>3. Any assessment of skills required in service prior to initiating services;</li> <li>4. Instruction addressing:               <ol data-bbox="289 919 933 1182" style="list-style-type: none"> <li>a) Response to emergencies, who to contact and how, what to do;</li> <li>b) Maintenance of a clean, safe client environment when present, including the use of standard precautions; and</li> <li>c) Documentation of services provided; and</li> </ol> </li> <li>5. Providing evidence of meeting Organization and applicable state-defined requirements.</li> </ol>	<p data-bbox="979 285 1388 405"><b>Document Review:</b> Policy and procedure addresses standards 1-4.</p> <p data-bbox="979 436 1409 556"><b>Personnel Record Review:</b> There is evidence of the standards per policy and procedure.</p> <p data-bbox="979 594 1409 762"><b>Staff Interview:</b> Staff are familiar with their client’s services, know what to do in an emergency and what safety precautions to take.</p>

STANDARDS	EVIDENCE GUIDELINES
<p><b>HCCE.13</b></p> <p>Organization policy and procedure designates one or more staff as a supervisor, defining:</p> <ol style="list-style-type: none"> <li>1. The supervisor's responsibilities;</li> <li>2. How and when routine supervision occurs;</li> <li>3. Accessibility to staff during all hours of operation; and</li> <li>4. Documentation of supervision.</li> </ol>	<p><b>Document Review:</b> Policy and procedure includes standards 1-4.</p> <p><b>Guidance:</b> The supervisor has the experience to address problems as they arise and can provide instruction to the staff member.</p>
<p><b>HCCE.14</b></p> <p>The individual(s) providing supervision is available and provides supervision at the frequency and in the circumstances as defined in policy and procedure and applicable state law and regulation</p>	<p><b>Staff Interview:</b> Ask staff about the availability and accessibility of the supervisor.</p> <p><b>Record Review:</b> Per Organization policy, there is evidence of supervision.</p>
<p><b>HCCE.15</b></p> <p>Policy and procedure defines the process to end companion or environmental support services, whether if client-requested or Organization-initiated, including documentation of the reason for stopping services and the date services are stopped.</p> <p>The policy and procedure complies with applicable state law and regulation.</p>	<p><b>Document Review:</b> Policy and procedure meets the intent of the standard.</p> <p><b>Client Record Review:</b> Evidence of ending services per policy and procedure and any applicable law and regulation.</p>

# Home Care Key Terms

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**Advance Directives:** A written statement of a client's wishes regarding medical treatment, often including a living will, made to ensure those wishes are carried out should the client be unable to communicate them to a doctor

**Aerosolized Droplets:** Tiny virus particles in the air

**CDC:** Centers for Disease Control

**Client:** The individual receiving home care services, inclusive of the family, caregiver, or representative per the client's designation

**Companion Services:** Engaging clients in social, physical, and mental activities, such as conversation, reading, as well as accompanying clients on walks, errands, or to appointments, monitoring their safety and well-being

**Emergency/Disaster:** An event that can affect the Organization's operations internally as well as the geographic area or the clients served. The impact requires a change from routine management and/or operations.

**Emerging Infectious Disease:** Infections that have recently appeared within a population or those whose incidence or geographic range is rapidly increasing or threatens to increase in the near future

**Environmental Services:** An emerging variety of services that enables a client to remain safely in their home, such as meal preparation, driving, light housework, managing finances, and arranging medical care, etc.

**Health Care Discipline:** A domain of knowledge, instruction, learning, or experience in health care. Nursing, medicine, physical therapy, and social work are examples of professional health disciplines. Each discipline most often has a scope of professional practices defined by the state that represents the diverse competencies that each profession possesses.

**Healthcare Professional:** An individual who is qualified by education, knowledge, and experience per state law and regulation to evaluate a client's personal care services needs or assess a client's healthcare needs

**Home:** The place in which the client receives care/services in a community

**Licensed Healthcare Practitioner:** An individual who is qualified by education, training, licensure/regulation (when applicable) or otherwise authorized by a state to provide healthcare services



**Medical Waste:** Any kind of waste that contains infectious material or material that is *potentially* infectious. Medical waste includes bodily fluids such as blood or client bandages, masks worn by the client, as well as eye protection, gowns, gloves, and masks worn by the staff providing care/services.

**Nutritional Status and Risk:** Nutritional status generally refers to whether or not the client is eating or otherwise intaking the correct amounts and types of nutrients. Nutritional risk factors are indicators of poor dietary intake due to disease process, eating fewer meals, or other factors including psychosocial and financial.

**Occupational Exposure:** A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties

**Other Potentially Infectious Materials (OPIM):** An OSHA term that refers to (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Occupational, Safety and Hazard Agency (OSHA):** Occupational, Safety and Hazard Agency (OSHA) is a part of the US Department of Labor that establishes, issues, and enforces national workplace safety regulations for private employers.

**Personal Health Information (PHI):** Individually identifiable health information as defined by applicable federal and state law and regulation

**Personal Protective Equipment (PPE):** Personal Protective Equipment (PPE) is used to reduce a staff member's expected exposure to hazards. In health care, wearing gloves is an example of PPE.

**Practice Act:** A state-defined law or regulation that sets the legal parameters for what a healthcare professional can and cannot do within their jurisdiction. The act most often addresses:

- Educational standards
- Standard and scope of practice
- Titles and licenses
- Protection of titles
- Requirements for licensure
- Grounds for disciplinary action, other violations, and possible remedies

**Protocol:** A set of instructions defining action that staff take in response to a presenting problem or event

**Provider:** An organized entity that provides the care/services addressed in the standards in this manual

**Routine Supervision:** Oversight of the performance of a staff member in their assigned duties and defined responsibilities at Organization-defined frequency. For healthcare professionals, routine supervision occurs within the defined scope of practice per state law and regulation.

**Scope of Practice:** A state-defined statement of the procedures, actions, and processes that a healthcare professional is permitted to undertake in keeping with the terms of their professional license (when applicable). The scope of practice is limited to that which the state law allows for specific education and experience and specific demonstrated competency.

**Sharps:** A medical term for devices with sharp points or edges that can puncture or cut skin. Sharps may be used at home, at work, and while traveling to manage the medical conditions of people or their pets (e.g., needles, lancets).

**Standard Precautions:** Common sense practices (i.e., hand hygiene, cough etiquette) and use of PPE to protect staff from infection and prevent the spread of infection from client to client