

**Final Rule**

LSA Document #16-223(F)

DIGEST

Amends [410 IAC 17-12-2](#) to change the notice period home health agencies must provide when the agency will no longer be providing services to a patient from five calendar days to 15 calendar days. Effective 30 days after filing with the Publisher.

**[410 IAC 17-12-2](#)**

SECTION 1. [410 IAC 17-12-2](#) IS AMENDED TO READ AS FOLLOWS:

**[410 IAC 17-12-2](#) Quality assessment and performance improvement**

**Authority:** [IC 16-27-1-7](#)

**Affected:** [IC 16-27-1](#)

Sec. 2. (a) The home health agency must develop, implement, maintain, and evaluate a quality assessment and performance improvement program. The program must reflect the complexity of the home health organization and services (including those services provided directly or under arrangement). The home health agency must take actions that result in improvements in the home health agencies **agency's** performance across the spectrum of care. The home health agency's quality assessment and performance improvement program must use objective measures.

(b) The home health agency shall provide at least one (1) of the following services:

- (1) Nursing treatment and procedure.
- (2) Home health aide services.
- (3) Physical therapy.
- (4) Speech-language pathology.
- (5) Occupational therapy.
- (6) Social services.

(c) In all cases involving the provision of home health aide services, the home health agency shall provide case management by a health care professional acting within the scope of his or her practice. Such case management shall include an initial home visit for assessment of a patient's needs to determine the type, appropriateness, and adequacy of requested service, and the development of the patient care plan.

(d) If personnel under contracts are used by the home health agency, there shall be a written contract between those personnel and the home health agency that specifies the following:

- (1) That patients are accepted for care only by the primary home health agency.
- (2) The services to be furnished.
- (3) The necessity to conform to all applicable home health agency policies including personnel qualifications.
- (4) The responsibility for participating in developing plans of care.
- (5) The manner in which services will be controlled, coordinated, and evaluated by the primary home health agency.
- (6) The procedures for submitting clinical notes, scheduling of visits, and conducting periodic patient evaluation.
- (7) The procedures for payment for services furnished under the contract.

(e) Services furnished under arrangements are subject to a written contract conforming with the requirements specified in subsection (d). ~~of this rule.~~

(f) When contracting temporary services from another licensed home health agency, organization, or independent contractor, the personnel records shall be maintained at the office of the employer and shall be available to the home health agency upon two (2) hours' notice.

(g) All personnel providing services shall maintain effective communications to ~~assure~~ **ensure** that their efforts appropriately complement one another and support the objectives of the patient's care. The means of communication and the results shall be documented in the clinical record or minutes of case conferences.

(h) The home health agency shall coordinate its services with other health or social service providers serving the patient.

(i) A home health agency must develop and implement a policy requiring a notice of discharge of service to the patient, the patient's legal representative, or other individual responsible for the patient's care at least ~~five (5)~~ **fifteen (15)** calendar days before the services are stopped.

(j) The ~~five (5)~~ **fifteen (15) calendar** day period described in subsection (i) ~~of this rule~~ does not apply in **any of** the following circumstances:

(1) The health, safety, ~~and/or~~ or welfare of the home health agency's employees would be at immediate and significant risk if the home health agency continued to provide services to the patient.

(2) The patient refuses the home health agency's services.

(3) The patient's services are no longer reimbursable based on applicable reimbursement requirements and the home health agency informs the patient of community resources to assist the patient following discharge.

~~or~~

(4) The patient no longer meets applicable regulatory criteria, such as lack of physician's order, and the home health agency informs the patient of community resources to assist the patient following discharge.

(k) A home health agency must continue, in good faith, to attempt to provide services during the ~~five (5)~~ **fifteen (15) calendar** day period described in subsection (i). ~~of this rule~~. If the home health agency cannot provide such services during that period, its continuing attempts to provide the services must be documented.

*(Indiana State Department of Health; [410 IAC 17-12-2](#); filed Mar 18, 2002, 3:40 p.m.: 25 IR 2485; readopted filed Jul 14, 2008, 2:14 p.m.: [20080806-IR-410080322RFA](#); readopted filed Sep 10, 2014, 2:08 p.m.: [20141008-IR-410140299RFA](#); filed Dec 30, 2016, 9:47 a.m.: [20170125-IR-410160223FRA](#))*

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