

Document: Emergency Rule

Source: November 1, 2000, Indiana Register, Volume 24, Number 2

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**TITLE 410 INDIANA STATE DEPARTMENT OF
HEALTH**

LSA Document #00-220(E)

DIGEST

Temporarily amends 410 IAC 17-5-1 concerning the requirements for plans of care prepared by home health agencies. Authority: IC 4-22-2-37.1(g). Effective September 16, 2000. *NOTE: IC 4-22-2-37.1 establishes the effectiveness of an emergency rule upon filing with the secretary of state. This document was filed with the secretary of state September 18, 2000.*

SECTION 1. (a) Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health needs can be adequately met by the agency in the patient's place of residence. Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, or podiatrist, as follows:

(1) The medical plan of care shall be developed in consultation with the agency staff and shall cover all pertinent diagnoses, including the following:

- (A) Mental status.
- (B) Types of services and equipment required.
- (C) Frequency of visits.
- (D) Prognosis.
- (E) Rehabilitation potential.
- (F) Functional limitations.
- (G) Activities permitted.
- (H) Nutritional requirements.
- (I) Medications and treatments.
- (J) Any safety measures to protect against injury.
- (K) Instructions for timely discharge or referral.
- (L) Any other appropriate items.

Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency, and duration. The therapist and other agency personnel shall participate in developing the medical plan of care.

(2) The total medical plan of care shall be reviewed by the attending physician, dentist, chiropractor, or podiatrist, and home health agency personnel as often as the severity of the patient's condition requires, but at least once ~~every two (2)~~ **ninety (90)** days. Agency health care professional staff shall promptly alert the person responsible for the medical component of the patient's care to any changes that suggest a need to alter the medical plan of care. A written summary report for each patient shall be sent to the physician, dentist, chiropractor, or podiatrist at least every two (2) months.

(3) Drugs shall be administered by appropriate agency staff only as ordered by the physician. Treatments shall be administered by appropriate agency staff only as ordered by the physician, dentist, chiropractor, or podiatrist. The registered nurse or therapist shall record and sign oral orders and obtain the signature of the physician, dentist, chiropractor, or podiatrist. Agency health care professional staff shall check all medicines a patient is known to be taking and promptly report any problems to the person responsible for the medical component of the patient's care including, but not limited to, changes in status, worsening in condition, and the development of additional medical problems.

(b) When there is a request from a patient, family member, or guardian for assistance with personal care, the registered nurse will determine, after completing a nursing assessment, if there are other health care needs requiring a medical plan of care. If there is no apparent need for a medical plan of care, then the registered nurse shall prepare a plan of care. The plan of care shall be developed after consultation with the patient, family, or guardian and shall include services to be rendered, the frequency of visits and hours of service, assignment of health care personnel, and method of intervention. The plan of care shall be reviewed and updated as necessary, but at least every two (2) months.

(c) Home health agency personnel shall promptly notify a patient's physician or other appropriate medical personnel and guardian,

if any, of any significant physical or mental changes observed or reported by the patient. In the case of a medical emergency, the home health agency must know in advance which emergency system to contact.

SECTION 2. SECTION 1 of this document expires December 1, 2000.

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Filed with Secretary of State: September 18, 2000, 2:21 p.m.