

Document: Emergency Rule

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**TITLE 410 INDIANA STATE DEPARTMENT OF
HEALTH**

LSA Document #00-221(E)

DIGEST

Temporarily amends 410 IAC 17-6-1 concerning the requirements for qualification of home health agency applicants and employees. 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) The home health agency shall provide nursing service by a registered nurse or a licensed practical nurse in accordance with the medical plan of care as follows:

(1) The registered nurse shall perform nursing duties in accordance with the Indiana Nurse Practice Act (IC 25-23-1-1.1). For purposes of practice in the home health setting, the registered nurse shall do the following:

- (A) Make the initial evaluation visit.
- (B) Regularly reevaluate the patient's nursing needs.
- (C) Initiate the plan of treatment and necessary revisions.
- (D) Provide those services requiring substantial specialized nursing skill.
- (E) Initiate appropriate preventive and rehabilitative nursing procedures.
- (F) Prepare clinical and progress notes.
- (G) Coordinate services.

(H) Inform the physician and other appropriate medical personnel of changes in the patient's condition and needs, counsel the patient and family in meeting nursing and related needs, participate in inservice programs, and supervise and teach other nursing personnel.

(2) The licensed practical nurse shall perform duties in accordance with the Indiana Nurse Practice Act (IC 25-23-1-1.2 through IC 25-23-1-1.3). For purposes of practice in the home health setting, the licensed practical nurse shall do the following:

- (A) Provide services in accordance with agency policies.
- (B) Prepare clinical and progress notes.
- (C) Assist the physician and/or registered nurse in performing specialized procedures.
- (D) Prepare equipment and materials for treatments observing aseptic technique as required.
- (E) Assist the patient in learning appropriate self-care techniques.

(b) Any therapy services (physical, occupational, or speech) offered by the home health agency directly or under arrangement shall be given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist in accordance with the medical plan of care. The qualified therapist shall assist the physician, chiropractor, or podiatrist in evaluating level of function, help develop the plan of care (revising as necessary), prepare clinical and progress notes, advise and consult with the family and other agency personnel, and participate in inservice programs. Therapy assistant services shall be provided as follows:

- (1) Services furnished by a qualified physical therapist assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist.
- (2) Speech therapy services shall be furnished only by or under supervision of a qualified speech pathologist or audiologist.

(c) If the agency furnishes medical social services, those services shall be given by a qualified social worker, or by a social work assistant under the supervision of a qualified social worker, and in accordance with the medical plan of care. The social worker shall do the following:

- (1) Assist the physician and other team members in understanding the significant social and emotional factors related to the health problems.
- (2) Participate in the development of the plan of care.
- (3) Prepare clinical and progress notes.
- (4) Work with the family.

- (5) Use appropriate community resources.
- (6) Participate in discharge planning and inservice programs.
- (7) Act as a consultant to other agency personnel.

(d) Home health aides shall be selected on the basis of such factors as ability to read, write, and carry out directions, and maturity and ability to deal effectively with the demands of the job. They are closely supervised to ensure their competence in providing care.

(e) The aide training program shall address each of the following subject areas through classroom and supervised practical training totaling at least seventy-five (75) hours, with at least sixteen (16) hours devoted to supervised practical training. The individual being trained shall complete at least sixteen (16) hours of classroom training before beginning the supervised practical training. The subject areas are as follows:

- (1) Communications skills.
- (2) Observation, reporting, and documentation of patient status and the care or service furnished.
- (3) Reading and recording temperature, pulse, and respiration.
- (4) Basic infection control procedures.
- (5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
- (6) Maintenance of a clean, safe, and healthy environment.
- (7) Recognizing emergencies and knowledge of emergency procedures.
- (8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property.
- (9) Appropriate and safe techniques in personal hygiene and grooming that include the following:
 - (A) Bed bath, sponge, tub, or shower bath.
 - (B) Shampoo, sink, tub, or bed.
 - (C) Nail and skin care.
 - (D) Oral hygiene.
 - (E) Toileting and elimination.
- (10) Safe transfer techniques and ambulation.
- (11) Normal range of motion and positioning.
- (12) Adequate nutrition and fluid intake.
- (13) Any other task that the home health agency may choose to have the home health aide perform.

(f) A home health aide training program may be offered by any organization except a home health agency that has been determined to be out of compliance with one (1) or more of the requirements of this section within any of the twelve (12) months before the training program is to begin.

(g) The training of home health aides during the supervised practical portion of the training must be performed by or under the general supervision of a registered nurse who possesses a minimum of two (2) years of nursing experience, at least one (1) year of which must be in the provision of home health care, and who has supervised home health aide services for at least six (6) months. Other individuals may be used to provide instruction under the supervision of a qualified registered nurse. The home health agency shall maintain sufficient documentation to demonstrate that the requirements of this document are met.

(h) An individual may furnish home health aide services on behalf of a home health agency only after that individual has successfully completed training ~~and~~ **or** a competency evaluation program. The home health agency shall be responsible for ensuring that the individuals who furnish home health aide services on its behalf meet the competency evaluation requirements of this section as follows:

- (1) The competency evaluation shall address each of the subjects listed in subsection (e) as follows:
 - (A) The home health agency shall complete a performance review of each home health aide no less frequently than every twelve (12) months.
 - (B) The home health aide shall receive at least twelve (12) hours of inservice training per calendar year. The inservice training may be furnished while the aide is furnishing care to patients.
- (2) A home health aide competency evaluation program and the inservice training may be offered by any organization except as specified in subsection (f) as follows:
 - (A) The competency evaluation shall be performed by a registered nurse, and the inservice training must be supervised by a registered nurse who possesses a minimum of two (2) years of nursing experience at least one (1) year of which must be in the

provision of home health care and who has supervised home health aide services for at least six (6) months.

(B) The subject areas listed in subsection (e)(3) and (e)(9) through (e)(11) must be evaluated after observation of the aide's performance of the tasks with a patient or pseudo-patient. The other subject areas under subsection (e) may be evaluated through written examination, oral examination, or after observation of a home health aide with a patient or pseudo-patient.

(3) A home health aide shall not be considered competent in any task for which he or she is evaluated as "unsatisfactory". The aide must not perform that task without direct supervision by a licensed nurse until after he or she receives training in the task for which he or she was evaluated as "unsatisfactory" and passes a subsequent evaluation with "satisfactory". A home health aide shall not be considered to have successfully passed a competency evaluation if the aide has an "unsatisfactory" rating in more than one (1) of the required areas.

(4) The home health agency shall maintain documentation which demonstrates that the requirements of this subsection and subsection (e) were met.

(i) The home health aide shall be assigned to a particular patient by a registered nurse. Written instructions for patient care shall be prepared by a registered nurse or therapist as appropriate. Duties may include the performance of simple procedures as an extension of therapy services or nursing service, personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's conditions and needs, and completing appropriate records.

(j) If a patient requires a medical plan of care, a registered nurse, or appropriate professional staff member (if other services are provided), shall make the initial visit to the patient's residence and make a supervisory visit at least every two (2) weeks, either when the home health aide is present or absent, to observe the care, to assess relationships, and to determine whether goals are being met.

(k) For patients not requiring a medical plan of care, supervisory visits or conferences shall be held as often as the condition of the patient and family situation require but at least every two (2) weeks. Every other supervisory visit or conference shall be a home visit.

SECTION 2. SECTION 1 of this document expires December 15, 2000.

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