

STANDARDS  
FOR LICENSURE OF  
HOME HEALTH AGENCIES

New Jersey State Department of Health  
October 1977

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- 1.0 Definitions and/or Qualifications
- 1.1 Administrator An individual who:
  - 1.1.1 Has a master's degree in nursing, public health, public administration or health services administration, and at least two years of supervisory or executive experience in home health care or in a health care agency; or
  - 1.1.2 Has a baccalaureate degree in administration and four years of supervisory or executive experience in home health care or in a health care agency.
- 1.2 Branch Office A location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the home health agency and shares administration, supervision and services in a manner which renders it unnecessary for the branch to meet the licensure standards as an independent home health agency.
- 1.3 Bylaws or Equivalent A set of rules adopted by a home health agency for governing the agency's operation.
- 1.4 Clinical Note A dated, written and signed notation by each member of the health team of a contact with a patient, containing a description of signs and symptoms, treatment and/or drugs given, the patient's reaction and any changes in physical or emotional condition. Clinical notes are written the day service is rendered and incorporated into the patient's clinical record at least weekly.
- 1.5 Commissioner The New Jersey State Commissioner of Health.
- 1.6 Dentist A person who is licensed by the New Jersey State Board of Dentistry as a dentist, pursuant to N.J.S.A. 45:6 et seq.
- 1.7 Department The New Jersey State Department of Health.
- 1.8 Dietitian or Nutritionist May be either an ADA dietitian or a registered dietitian.

ADA Dietitian - A person who has a baccalaureate degree from an accredited college or university with courses meeting the academic standards of the American Dietetic Association, plus a dietetic internship or dietetic traineeship or master's degree plus six months of experience.

Registered Dietitian - An ADA dietitian who has met current requirements for registration.

Nutritionist - A person who has graduated from an accredited college or university, with a major in foods or nutrition or the equivalent course work for a major in the subject area, and two years of full time professional experience in nutrition.

Successful completion of a dietetic internship or traineeship in hospital or community nutrition approved by the American Dietetic Association, or completion of a master's degree in the subject area may be substituted for the two years of full time experience.

- 1.9 Governing Authority The organization, person or persons incorporated or functioning under N.J.S.A. 26:3-1 et seq. or N.J.S.A. 26:3A 1-1 et seq., designated to assume full legal responsibility for the policy determination, management, operation and financial viability of the home health agency.
- 1.10 Home Health Agency A public or private agency, organization or a subdivision of such an agency or organization, which is primarily engaged in providing professional nursing service directly, and in providing homemaker-home health aide services and physical therapy services either directly or through contract agreement. These services shall be provided in the patient's home. In addition, other therapeutic and related services may be provided, including but not limited to speech therapy, occupational therapy, nutritional and medical social services.
- 1.11 Homemaker-Home Health Aide A person who has completed a training program in personal care services approved by the Department.
- 1.12 Licensed Practical Nurse A person who is licensed by the State of New Jersey as a practical nurse, pursuant to N.J.S.A. 45:11-27 et seq.

- 1.13            Occupational Therapist    A person who:
  - 1.13.1            Is a graduate of an occupational therapy curriculum accredited jointly by the Council on Medical Education of the American Medical Association and the American Occupational Therapy Association; or
  - 1.13.2            Is eligible for certification by the American Occupational Therapy Association as an occupational therapist, registered; and
  - 1.13.3            Has one year of experience as an occupational therapist.
  
- 1.14            Parent Home Health Agency    The agency that develops and maintains administrative controls of branch offices.
  
- 1.15            Physical Therapist    A person currently registered by the New Jersey Board of Medical Examiners in accordance with the provisions of Chapter 169, P.L. 1963, and who:
  - 1.15.1            Has graduated from a physical therapy curriculum approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association; or
  - 1.15.2            Prior to January 1, 1966,
    - 1.15.2.1            Has been admitted to membership by the American Physical Therapy Association; or
    - 1.15.2.2            Has been admitted to registration by the American Registry of Physical Therapists; or
    - 1.15.2.3            Has graduated from a physical therapy curriculum in a four year college or university approved by a state department of education, is licensed or registered as a physical therapist, and where appropriate, has passed a state examination for licensure as a physical therapist; or
  - 1.15.3            Has two years of experience as a physical therapist and has achieved a satisfactory grade through the examination conducted by or under the sponsorship of the Public Health Service; or
  - 1.15.3.1            Was licensed or registered prior to January 1, 1966, and prior to January 1, 1970 had 15 years

of full time experience in the treatment of illness or injury through the practice of physical therapy in which the therapist rendered services upon the order of and under the direction of attending and referring physicians; or

- 1.15.4 If trained outside the United States,
  - 1.15.4.1 Has graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy; and
  - 1.15.4.2 Is a member of a member organization of the World Confederation for Physical Therapy; and
  - 1.15.4.3 Has completed one year's experience under the supervision of an active member of the American Physical Therapy Association; and
  - 1.15.4.4 Has successfully completed a qualifying examination as prescribed by the American Physical Therapy Association.
- 1.16 Physician A person who is licensed or authorized by the Board of Medical Examiners to practice medicine in the State of New Jersey, pursuant to N.J.S.A. 45:9-1 et seq.
- 1.17 Primary Home Health Agency The agency that is responsible financially and legally for the services rendered to patients and for implementation of the plan of treatment.
- 1.18 Progress Note A written, signed and dated notation by the professional providing care, summarizing the information about the care provided and the patient's response to the care during a given period of time.
- 1.19 Public Health Nurse A person licensed as a registered professional nurse, who has completed a baccalaureate degree program approved by the National League for Nursing for public health nursing preparation, or post-baccalaureate study which includes content approved by the National League for Nursing for public health nursing preparation.
- 1.20 \*Public Health Nurse Director A registered professional nurse who has completed:

- 1.20.1 A master's degree program accredited by the National League for Nursing with a nursing major in supervision, teaching, consultation or administration, and advanced study in a clinical specialty; or a master's program in public health in an institution accredited by the American Public Health Association; and
- 1.20.2 Five years of experience in public health nursing, one year of which shall have been in a supervisory capacity.
- 1.21 \*Public Health Nurse Supervisor A registered professional nurse who has completed:
  - 1.21.1 A baccalaureate degree program approved by the National League for Nursing for public health nursing preparation, or post-baccalaureate study which includes content approved by the National League for Nursing for public health nursing preparation; and
  - 1.21.2 Three years of experience in public health nursing under qualified nursing supervision.
- 1.22 Registered Professional Nurse A person who is licensed by the State of New Jersey as a registered professional nurse, pursuant to N.J.S.A. 45:11-26 et seq.
- 1.23 Social Worker A person who has a master's degree from a school of social work accredited by the Council on Social Work Education, and has one year of social work experience in a health care setting.
- 1.24 Speech Pathologist or Audiologist A person who:
  - 1.24.1 Meets the education and experience requirements for a Certificate of Clinical Competence in the appropriate area (speech pathology or audiology) granted by the American Speech and Hearing Association; or

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\*Any existing certified home health agency, prior to the adoption of these regulations, which has presently on its staff a public health nurse supervisor and/or director who does not meet the qualifications for the position as stated in the licensure standards, shall be permitted to retain that staff member for the duration of his/her employment with the agency. Upon termination of his/her employment, the agency shall be required to hire a director and/or supervisor who meets the requirements stated in 1.20 or 1.21.

- 1.24.2 Meets the educational requirements for certification and is in the process of accumulating the supervised experience required for certification.
- 1.25 Subdivision A component of a multi-functional health facility, such as the home care department of a hospital or the nursing division of a health department, which independently meets the licensure standards for home health agencies. A subdivision which has branches is regarded as a parent agency.
- 1.26 Summary Report A compilation of the pertinent factors from the clinical notes and progress notes regarding a patient, which is submitted as a summary report to the patient's physician at least every 60 days.
- 1.27 Supervising Physical Therapist or Coordinating Physical Therapist An individual who meets the qualifications of a physical therapist and has at least two years full time physical therapy experience and who preferably has also had one year of experience with an approved home health agency.
- 1.28 Supervision Authoritative procedural guidance by a qualified person for the accomplishment of a function or activity, consisting of initial direction and periodic review of the actual act of accomplishing the function or activity.

2.0 Licensure Procedure

2.1 Certificate of Need

2.1.1 According to Chapters 136 and 138, Laws of New Jersey, 1971, Health Care Facilities Planning Act, a home health agency shall not be instituted, constructed, expanded or licensed to operate except upon application for a receipt of a Certificate of Need issued by the Commissioner.

Application forms for a Certificate of Need and instructions for completion may be obtained from:

Division of Health Planning and Resources  
Development  
Review and Comment Unit  
New Jersey State Department of Health  
John Fitch Plaza  
P. O. Box 1540  
Trenton, New Jersey 08625

2.2 Newly Constructed or Expanded Facilities

2.2.1 A temporary permit may be issued to a newly constructed home health agency, for the first six months of operation, dependent upon the following conditions:

2.2.1.1 An office conference has taken place between the Licensing, Certification and Standards Program and the agency owner, administrator and appropriate administrative personnel for a comprehensive review of the conditions for licensure and operation;

2.2.1.2 Written approvals are on file with the Department from the local zoning, fire, health and building authorities;

2.2.1.3 Written approvals of the water supply and sewage disposal system by the Environmental Protection Agency and local health officials are on file for any water supply or sewage disposal system not connected to an approved municipal system;

2.2.1.4 Professional personnel are employed in compliance with staffing standards established by the Department;

- 2.2.1.5 No home health agency shall accept patients until the home health agency has the written approval and license issued by the Department.
- 2.3 Application for Licensure
- 2.3.1 Following acquisition of a Certificate of Need, any person, organization or corporation desiring to operate a home health agency shall make application to the Commissioner of Health for a license on forms prescribed by the Department. Such forms can be obtained by submitting a request to the Division of Health Facilities Evaluation, New Jersey State Department of Health, John Fitch Plaza, P. O. Box 1540, Trenton, New Jersey 08625.
- 2.3.2 The Department shall charge a non-refundable fee of \$50 for the filing of an application for licensure of a home health agency and each annual renewal thereof.
- 2.3.3 Any individual or individuals considering application for license to operate a home health agency should make an appointment for a preliminary conference at the Department with the Licensing, Certification and Standards Program.
- 2.3.4 No health care facility shall be owned or operated by a person convicted of a high misdemeanor relating adversely to his/her capability of owning or operating that facility unless that person is considered rehabilitated as stipulated in the Rehabilitated Convicted Offenders Act, N.J.S.A. 2A: 168A-1 et seq.
- 2.4 Surveys
- 2.4.1 When the written application for licensure is approved and the building is said to be ready for occupancy, a survey of the facility by representatives of the Department shall be conducted.
- 2.4.2 The findings of the survey with respect to adherence to the licensure standards shall be documented and a letter noting any deficiencies found forwarded to the home health agency.
- 2.4.3 Following receipt of the letter noting deficiencies, the home health agency shall notify the Department when the deficiencies have been corrected.
- 2.4.4 A resurvey of the home health agency, to be conducted by the Department following correction of the deficiencies, will be scheduled prior to occupancy as needed.

- 2.4.5 If, on the basis of the Departmental survey, the home health agency meets the licensure standards, the home health agency will be issued a temporary permit valid for six months.
- 2.4.6 Survey visits, including the review of all agency and patient records and conferences with patients, may be made to the home health agency at any time by authorized staff of the Department.
- 2.5 Full License
- 2.5.1 A full license shall be issued on expiration of the temporary permit, if periodic surveys by the Department have determined that the home health agency is operated in the manner required by Chapters 136 and 138 and by the rules and regulations pursuant thereto.
- 2.5.1.1 A license shall be granted for a period of one year or less as determined by the Department.
- 2.5.1.2 A license shall be conspicuously posted in the facility.
- 2.5.1.3 A license is not assignable or transferable. It shall be immediately void if the home health agency ceases to operate or if its ownership changes.
- 2.5.1.4 A license, unless sooner suspended or revoked, shall be renewed annually on date, or within 30 days of the original licensure date. The home health agency will receive a request for renewal fee 30 days prior to expiration of license. A renewal license shall not be issued unless the licensure fee is received by the Department.
- 2.6 Surrender of license
- 2.6.1 The home health agency shall directly notify each patient concerned or the patient's responsible relative, the patient's physician and any third party payors concerned at least 30 days prior to the voluntary surrender of a license, or as directed under an order of revocation or suspension of license. The license shall be returned to the Department.



3.0 General Requirements

3.1 The agency shall primarily provide professional nursing services, homemaker-home health aide services and physical therapy services. In addition, other therapeutic and related services may be provided including, but not limited to, speech therapy, occupational therapy, nutritional and medical social services.

3.2 The agency shall provide nursing services directly through agency employees, but may arrange with another individual, facility or organization to provide any additional services. (Hospital-based programs may contract for nursing services, but must provide one service directly).

3.3 The agency shall comply with applicable federal, state and local regulations and requirements including but not limited to:

3.3.1 Building;

3.3.2 Zoning;

3.3.3 Fire;

3.3.4 Safety;

3.3.5 Health; and

3.3.6 Civil Rights.

3.4 The agency shall comply with all applicable provisions contained in Chapters 136 and 138, Laws of New Jersey 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1 et seq.

3.5 All professional personnel shall be licensed or authorized under the appropriate laws or regulations of the State of New Jersey.

3.6 The agency shall have a recognized governing authority which is either incorporated or functioning under N.J.S.A. 26:3-1 et seq. or N.J.S.A. 26:3A 1-1 et seq.

3.7 The agency shall be so organized that clear lines of authority, responsibility and accountability are present and functioning so as to

ensure an integrated continuum of services for the patient. (An organizational chart shall be provided delineating the lines of authority for the delegation of responsibility down to the patient care level.)

- 3.8 A written narrative of the program shall be submitted by the governing authority to the Department describing the services provided, staffing patterns, functional space requirements, departmental relationships, and other basic information relating to the fulfillment of program objectives.
- 3.9 A procedure manual shall be developed as a guide for organization and operation of the agency. It shall be kept current utilizing the recommendations of supervisory staff and of individuals directly involved with the delivery of care. The manual shall include, but not be limited to:
  - 3.9.1 A description of the organization, structure and allocation of responsibility and accountability;
  - 3.9.2 A description of the services provided including standard medical/dental regimens recommended by the appropriate committee of the agency and approved by the governing authority;
  - 3.9.3 A description of the system for maintenance of patient records;
  - 3.9.4 A description of the process of agency evaluation;
  - 3.9.5 A description of the policies and procedures relating to personnel practices;
  - 3.9.6 A description of the policies and procedures relating to patient care practices; and
  - 3.9.7 A description of the policies and procedures for acceptance and discharge of patients.
- 3.10 The manual shall be available and readily accessible to all staff at the agency.
- 3.11 The agency shall have a designated public health nurse director and/or supervisor and

an administrator. The public health nurse director or supervisor may also act as administrator of the agency.

- 3.12 The facility shall establish and implement a system of staff pre-employment physical examinations and subsequent health examinations. The content and frequency of such examinations shall be documented in the facility policy manual.
- 3.13 Administrative functions shall not be delegated to another facility or organization.
- 3.14 All services not provided directly, including services provided through branch offices and subdivisions of the parent agency, shall be monitored and supervised by the primary home health agency.
- 3.15 THE COMMISSIONER, MAY, IN ACCORDANCE WITH THE GENERAL PURPOSES AND INTENT OF THIS DOCUMENT, WAIVER SECTIONS OF THE REGULATIONS NOTED, IF, IN THE OPINION OF THE COMMISSIONER, WAIVER OF SUCH REGULATIONS WOULD NOT ENDANGER THE LIFE, SAFETY OR HEALTH OF THE PATIENT. THE COMMISSIONER SHALL STATE IN WRITING THE REASONS FOR GRANTING A WAIVER TO A FACILITY.
- 3.16 A written contractual arrangement shall be made for the provision of services which are not provided directly by the agency. The written contract shall:
  - 3.16.1 Designate the services which are to be provided, the setting and the geographical area served. Services provided are to be within the scope and limitations set forth in the plan of treatment and may not be altered in type, amount, frequency or duration (except in the case of adverse reaction) by the individual under contract;
  - 3.16.2 Describe how the contracted personnel are to be supervised;
  - 3.16.3 Describe how services will be controlled, coordinated and evaluated by the primary agency;

- 3.16.4 Describe the procedure for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation;
- 3.16.5 Specify the method of determining charges and reimbursement by the primary agency for specific services provided under contract. Only the primary agency shall bill for service and collect the deductible or coinsurance;
- 3.16.6 Specify the period of time the contract is to be in effect and how frequently it is to be reviewed. The contract shall be reviewed at least annually and renewed when necessary;
- 3.16.7 Ensure that personnel and services contracted meet the requirements specified herein for home health agency personnel and services, including licensure, personnel qualifications, medical examinations, functions, supervision, orientation, inservice education and attendance at case conferences.
- 3.16.8 Provide for the acceptance of patients for home health services only by the primary home health agency. Patients shall not be admitted for home health service by a contracted individual without review of the case and acceptance of the patient by the agency in accordance with agency policies for acceptance of patients.

4.0 Governing Authority

4.1 The agency shall have a governing authority.

4.2 The governing authority shall assume full legal responsibility for the policy determination, management, operation and financial viability of the agency, personnel policies and employment.

4.3 The governing authority shall be responsible for:

4.3.1 Services provided by the agency and the quality of care rendered to patients;

4.3.2 Provision of a safe physical plant;

4.3.3 Adoption and annual review by the agency of written bylaws or an acceptable equivalent;

4.3.4 The holding of regular meetings at least quarterly and documentation of such meetings in minutes, including a record of attendance;

4.3.5 Selection and appointment of an administrator and public health nurse director;

4.3.6 Designation of the various committees of the governing authority and the function and responsibilities of these committees; and

4.3.7 Selection and appointment of an advisory group of professional personnel. (See sections 6.1)

4.3.8 The governing authority shall notify the Commissioner of any changes in the public health nurse director and/or supervisor, administrator or services offered.



- 5.0            Administration
- 5.1            An administrator shall be appointed. The public health nurse director and/or supervisor may also be the administrator.
- 5.2            The administrator shall be responsible for, but not limited to, the following:
- 5.2.1          Planning for an administration of the total program management, operational, fiscal and reporting components of the facility in accordance with policies established by the governing authority;
- 5.2.2          Assumption of responsibility for employment and placement of staff, arranging for staff orientation, continuing education, and agency evaluation.
- 5.2.3          Participation in policy and administrative decision-making;
- 5.2.4          Assumption of responsibility for the accuracy of public information materials and activities;
- 5.2.5          Acting as a liaison to the governing authority on behalf of the public health nurse director and/or supervisor, the staff and the patients; and
- 5.2.6          Implementation of an annual budget, accounting and reporting system.
- 5.3            The administrator shall be accountable to the governing authority.
- 5.4            An alternate shall be designated in writing to act in the absence of the administrator.
- 5.5            A registered professional nurse qualified as a public health nurse director or supervisor shall be appointed to supervise the facility's staff performance in providing home health services. In the event that an administrator is designated to administer the agency's services, the nursing services shall be under the direction of a registered professional nurse qualified as a public health nurse director or supervisor.

- 5.6 The public health nurse director or supervisor shall be responsible for planning, coordinating, and evaluating the patient care services performed by the staff employed directly or through contract by the agency.
- 5.7 The public health nurse director or supervisor shall be responsible for, but not limited to, the following:
- 5.7.1 Planning for and provision of patient care services and maintenance of the quality of patient care provided;
- 5.7.2 Planning for, participation in, and implementation of the policy objectives and provision of services of the agency;
- 5.7.3 Development and direction of an ongoing training program for staff professionals and para-professionals;
- 5.7.4 Development and maintenance of a system of audit and evaluation of patient care. This will include responsibility for maintenance of patient records; and
- 5.7.5 Establishment of effective collaborative relations with support services and community resources.
- 5.8 The public health nurse director or supervisor shall be responsible to the governing authority if acting as administrator. In agencies where there is both a director and a supervisor, the supervisor shall be responsible to the director, who in turn shall be responsible to the administrator.
- 5.9 Public health nursing supervision shall be available full time to each agency and to each of its branch offices. In this instance, full time is interpreted to mean assigned to the agency during all the hours of operation, including time in the field and out of the office on agency business.

- 6.0                    Organization and Delivery of Services
- 6.1                    An advisory group of professional personnel shall be established by the governing authority.
- 6.1.1                 The group shall include the following members:
  - 6.1.1.1             At least three physicians;
  - 6.1.1.2             A public health nurse director and/or supervisor;
  - 6.1.1.3             A representative of each therapeutic service offered by the agency;
  - 6.1.1.4             Representatives of other professional disciplines; and
  - 6.1.1.5             A lay person or persons knowledgeable in health affairs.
  - 6.1.1.6             At least one member shall be neither an owner nor an employee of the facility.
  - 6.1.1.7             The group shall meet at least four times a year and the meetings shall be documented by written, dated minutes.
- 6.1.2                 The group shall be responsible for, but not limited to, the following:
  - 6.1.2.1             Making recommendations to the governing authority for establishing and annually reviewing the agency's policies governing nursing and other therapeutic services offered, admission and discharge policies, medical supervision and plans of treatment, emergency care, clinical records, personnel qualifications and agency evaluation;
  - 6.1.2.2             Maintaining liaison with other health care providers in the community and in the agency's community information program; and
  - 6.1.2.3             Advising the agency on professional issues and participating in the evaluation of the agency's programs.
- 6.2                    The agency shall provide care for every patient by or under the direction or supervision of a public health nurse member of the staff.

- 6.3 Home care service for the patient shall be under the care of a physician/dentist as defined by agency written policies which have been reviewed and approved by the Department.
- 6.4 A written plan of treatment for each patient shall cover at least the following:
  - 6.4.1 All pertinent diagnoses, including mental status;
  - 6.4.2 Types of services and equipment required, frequency of visits, prognosis and rehabilitation potential, functional limitations, activities permitted, dietary requirements, medications and treatments, any safety measures to protect the patient against accident and injury, and instructions for continuing care, referral or discharge; and
  - 6.4.3 Orders for therapy services, including the specific procedures and modalities to be used and the amount, frequency and duration.
  - 6.4.4 Agency personnel involved in the care of the patient shall participate in developing the plan of treatment.
  - 6.4.5 The physician/dentist shall be consulted to approve additions and modifications to the original medical/dental orders.
- 6.5 Drugs and treatments shall be administered by agency staff only as ordered by the physician/dentist. The nurse or therapist shall immediately record and sign verbal orders and obtain the physician's/dentist's countersignature, in conformance with written agency policy. All orders shall be renewed in writing at least every 60 days.
- 6.6 Nursing Services
  - 6.6.1 The agency shall provide nursing services under the supervision of a public health nurse director or supervisor and in accordance with the plan of treatment.
  - 6.6.2 Duties of the registered nurse shall include, but not be limited to, the following:
    - 6.6.2.1 Assessment of needs of the patient at intervals defined in agency policy;

- 6.6.2.2 Planning for management of the patient care plan, and coordination of needed services;
- 6.6.2.3 Observation and monitoring of patient's response to care and treatment;
- 6.6.2.4 Teaching, supervising, and consulting with the patient and family members in methods of meeting the nursing care needs and other related problems of the patient at home;
- 6.6.2.5 Supervising and teaching other nursing service personnel;
- 6.6.2.6 Interpreting to the community the role of the nurse in the agency's program; and
- 6.6.2.7 Preparing clinical and progress notes.
- 6.6.3 Duties of the licensed practical nurse shall include, but not be limited to, the following:
  - 6.6.3.1 Providing services in accordance with agency policies;
  - 6.6.3.2 Assisting the physician/dentist and/or registered nurse in performing specialized procedures;
  - 6.6.3.3 Preparing equipment and materials for treatments, observing aseptic technique as required;
  - 6.6.3.4 Assisting the patient in learning self-care techniques; and
  - 6.6.3.5 Preparing clinical and progress notes.
- 6.7 Physical Therapy Services
  - 6.7.1 The agency shall provide or arrange for physical therapy services which shall be given by a physical therapist in accordance with the plan of treatment.
  - 6.7.2 Duties of a physical therapist shall include, but not be limited to, the following:
    - 6.7.2.1 Evaluating patients by applying muscle, nerve, joint and functional ability tests;
    - 6.7.2.2 Identifying patient's physical therapy needs and developing long and short term goals to meet these needs;

- 6.7.2.3 Applying physical therapy procedures such as the following to achieve identified goals:
  - 6.7.2.3.1 Therapeutic exercises;
  - 6.7.2.3.2 Physical agents including heat, cold, water, light, electricity, ultra sound and massage;
  - 6.7.2.3.3 Functional training and activities of daily living; and
  - 6.7.2.3.4 Prosthetic and orthotic training;
- 6.7.2.4 Observing, recording and reporting to the physician/dentist and agency personnel, the patient's reaction to treatment and any changes in the patient's condition;
- 6.7.2.5 Instructing other health team personnel and family members;
- 6.7.2.6 Participating in the planning and development of staff inservice educational programs;
- 6.7.2.7 Interpreting to the community the role of physical therapy in the agency's program;
- 6.7.2.8 Acting as a consultant to other agency personnel; and
- 6.7.2.9 Preparing clinical and progress notes.
- 6.7.3 When more than one therapist is providing services, the agency shall designate a supervising physical therapist who will be responsible for the professional aspects of the service.
  - 6.7.3.1 The supervising physical therapist shall be responsible for physical therapy service. He/she shall also be responsible for standards of care for the service, and administration of all personnel policies and procedures of the agency pertaining to the physical therapy service.
- 6.8 Speech Pathology or Audiology Services
  - 6.8.1 When the agency provides or arranges for speech pathology or audiology services, service shall be given by a speech pathologist or audiologist in accordance with the plan of treatment.

- 6.8.2 Duties of a speech pathologist shall include, but not be limited to, the following:
  - 6.8.2.1 Evaluating patients with speech, hearing or language disorders;
  - 6.8.2.2 Identifying patient's speech therapy needs and developing long and short term goals to meet those needs;
  - 6.8.2.3 Applying speech therapy procedures to achieve identified goals;
  - 6.8.2.4 Observing, recording and reporting to the physician/dentist and agency personnel, the patient's reaction to treatment and any changes in the patient's condition;
  - 6.8.2.5 Instructing other health team personnel and family members;
  - 6.8.2.6 Participating in the planning and development of staff inservice educational programs;
  - 6.8.2.7 Interpreting to the community the role of speech therapy in the agency's program;
  - 6.8.2.8 Acting as a consultant to other agency personnel; and
  - 6.8.2.9 Preparing clinical and progress notes.
- 6.9 Occupational Therapy Services
  - 6.9.1 When the agency provides or arranges for occupational therapy services, service shall be given by an occupational therapist in accordance with the plan of treatment.
  - 6.9.2 Duties of an occupational therapist shall include, but not be limited to, the following:
    - 6.9.2.1 Evaluating patients by applying diagnostic and prognostic tests and by reporting the findings in terms of problems and abilities of the patient;
    - 6.9.2.2 Identifying patients' therapy needs and developing long and short term goals to meet those needs;
    - 6.9.2.3 Treating patients for the purpose of attaining maximum functional performance through use of such procedures as:

- 6.9.2.3.1 Task-oriented therapeutic activities;
- 6.9.2.3.2 Activities of daily living;
- 6.9.2.3.3 Perceptual motor training and sensory integrative treatment;
- 6.9.2.3.4 Orthotics and splinting;
- 6.9.2.3.5 Use of adaptive equipment;
- 6.9.2.3.6 Prosthetic training;
- 6.9.2.3.7 Homemaking training;
- 6.9.2.3.8 Therapeutic activities for patients with a diagnosed psychiatric illness; and
- 6.9.2.3.9 Counseling with regard to levels of functional performance and the availability of community resources;
- 6.9.2.4 Observing, recording and reporting to the physician/dentist and agency personnel, the patient's reaction to treatment and any changes in the patient's condition;
- 6.9.2.5 Instructing other health team personnel and family members;
- 6.9.2.6 Participating in the planning and development of staff inservice educational programs;
- 6.9.2.7 Interpreting to the community the role of occupational therapy in the agency's program;
- 6.9.2.8 Acting as a consultant to other agency personnel;
- 6.9.2.9 Preparing the budget for required equipment, materials and supplies for program needs; and
- 6.9.2.10 Preparing clinical and progress notes.
- 6.10 Nutrition/Dietary Services
- 6.10.1 When the agency provides or arranges for dietary services, they shall be provided by a dietitian or nutritionist in accordance with the plan of treatment.

- 6.10.2 Duties of a dietitian or nutritionist shall include, but not be limited to, the following:
  - 6.10.2.1 Evaluating patient's nutritional needs as related to medical and socioeconomic status, home and family resources;
  - 6.10.2.2 Identifying patient's dietary needs and developing long and short term goals to meet those needs;
  - 6.10.2.3 Applying dietary procedures to achieve identified goals;
  - 6.10.2.4 Observing, recording and reporting to the physician/dentist and agency personnel, the patient's reaction to treatment and any changes in the patient's condition;
  - 6.10.2.5 Instructing other health team personnel and family members;
  - 6.10.2.6 Participating in the planning and development of staff in-service educational programs;
  - 6.10.2.7 Interpreting to the community the role of diet therapy in the agency's program;
  - 6.10.2.8 Acting as a consultant to other agency personnel; and
  - 6.10.2.9 Preparing clinical and progress notes.
- 6.11 Medical Social Services
  - 6.11.1 When the agency provides or arranges for medical social services, the service shall be given by a social worker in accordance with the plan of treatment.
  - 6.11.2 Duties of the social worker shall include, but not be limited to, the following:
    - 6.11.2.1 Identifying the significant social and psychological factors related to the health problems of the patient;
    - 6.11.2.2 Participating with other health team personnel in the development of the plan of treatment, including discharge planning;

- 6.11.2.3 Counseling the patient's family in understanding the patient and in his/her emotional care;
- 6.11.2.4 Counseling the patient in understanding, accepting and adjusting to health problems;
- 6.11.2.5 Preparing psychosocial histories, clinical and progress notes;
- 6.11.2.6 Observing, recording and reporting to the physician/dentist and agency personnel, the patient's and family's reaction to the treatment plan and any changes in the patient's condition or family's interrelationships which may adversely affect the patient's plan of care;
- 6.11.2.7 Utilizing and referring to appropriate community resources;
- 6.11.2.8 Participating in the planning and development of staff in-service educational programs;
- 6.11.2.9 Interpreting to the community the role of social work in the agency's program; and
- 6.11.2.10 Acting as a social work consultant to other agency personnel.
- 6.12 Homemaker - Home Health Aide Services
- 6.12.1 The agency shall provide homemaker-home health aide services.
- 6.12.2 The homemaker-home health aide shall have completed a training program in personal care services approved by the Department.
- 6.12.3 The homemaker-home health aide shall provide personal care and other related supportive services under the direction and supervision of a home health agency registered nurse and, in addition, of a professional therapist when the aide carries out simple procedures as an extension of physical, speech or occupational therapy.
- 6.12.4 A registered nurse shall assign the homemaker-home health aide to a particular patient in accordance with the physician's/dentist's plan of treatment and decide which personal care services are to be given.

- 6.12.5 The registered nurse shall prepare written instructions for the homemaker-home health aid, taking into consideration the abilities of the homemaker-home health aide, the amount and kind of supervision needed, the specific needs of the patient and the resources of the patient's family.
- 6.12.6 The registered nurse or professional staff member shall make a supervisory visit to the patient's residence, either when the homemaker-home health aid is present to observe and assist or when the homemaker-home health aide is absent, to assess relationships and determine whether goals are being met.
- 6.12.7 Duties of the homemaker-home health aid may include, but are not limited to, the following:
  - 6.12.7.1 Performing those household services required to keep the home running smoothly and the family unit intact;
  - 6.12.7.2 Planning and preparing nutritious food for the family, and marketing when indicated;
  - 6.12.7.3 Giving essential care to young children;
  - 6.12.7.4 Running important errands and accompanying the patient to the physician's/dentist's office or medical facility;
  - 6.12.7.5 Encouraging well members of the family to carry their share of the responsibility;
  - 6.12.7.6 Helping the patient with bath, care of mouth, skin and hair;
  - 6.12.7.7 Helping the patient to bathroom or in using bedpan;
  - 6.12.7.8 Helping the patient in and out of bed, assisting with ambulation;
  - 6.12.7.9 Helping the patient with prescribed exercise which the patient and homemaker-home health aide have been taught by professional personnel;
  - 6.12.7.10 Assisting patients in the use of special equipment such as walker, braces, crutches, wheelchair, etc., after thorough demonstration by the registered nurse or physical

therapist, with return demonstrations until the nurse or physical therapist is satisfied that the patient can use the equipment safely;

- 6.12.7.11 Rubbing the patient's back if not contraindicated by the physician;
- 6.12.7.12 Helping the patient relearn household skills;
- 6.12.7.13 Helping the patient with eating; preparing meals, including special diets for the patient;
- 6.12.7.14 Helping the patient participate in activities of daily living; and
- 6.12.7.15 Assisting with oral medication that can be self-administered.

- 7.0 Continuity and Coordination of Patient Care Services
- 7.1 A patient registration system shall be established. The dignity and personal privacy of the patient shall not be infringed upon by the registration system.
- 7.2 Fee schedules shall be made available to the patient upon registration.
- 7.3 The agency shall adopt written policies regarding the rights and responsibilities of patients. This document shall be made available to patients upon registration.
- 7.4 All personnel providing services shall maintain liaison to ensure that their efforts effectively complement one another and that provision of care is in accordance with the objectives established in the plan of treatment.
- 7.5 The clinical record or minutes of case conferences shall indicate that there is interchange, reporting and coordination of patient services.
- 7.6 When services are provided with other individuals or agencies, the written contractual arrangements shall indicate the working relationships that will be established and maintained, and ensure that the control of the provision of all services shall be retained by the primary home health agency.
- 7.7 The agency shall maintain working relationships with support services and community resources for the purpose of patient referral.



8.0 Clinical Records

- 8.1 Accurate and complete clinical records shall be kept on each patient and filed in an accessible area within the agency.
- 8.1.1 A complete clinical record is one which includes, but is not limited to, the following:
- 8.1.1.1 Identifying data (name, address, date of birth, sex, date of admission or readmission);
- 8.1.1.2 Original plan for nursing regimens and medical/dental regimen, where applicable, signed by the authorized physician/dentist responsible for the treatment plan;
- 8.1.1.3 Source of patient referral to the home health agency, including, where applicable, name and type of institution from which discharged and date(s) of discharge;
- 8.1.1.4 Medical/dental diagnosis and nursing assessment, therapeutic goal, prognosis and all conditions which the patient has which are relevant to the plan of treatment;
- 8.1.1.5 Therapist's plan of care, including assessment (evaluation) of patient, indicating needs and goals when individual medical/dental regimen includes orders for treatment by a physical, occupational, or speech therapist and/or the services of a nutritionist, a social worker, or other professional health care provider, or when such a consultation is needed to augment a nursing regimen;
- 8.1.1.6 Clinical notes following each patient contact by the staff member responsible for the contact;
- 8.1.1.7 Notation that the patient's plan of care, including standard medical/dental regimens, was reviewed by the agency nursing staff with evidence of revision of nursing regimen where indicated;
- 8.1.1.8 All changes in and reviews of the individual's medical/dental regimen, signed by the responsible physician/dentist at least every 60 days; and

- 8.1.1.9 A discharge summary prepared by the responsible member of the professional nursing staff or physician/dentist, including patient's progress, current conditions, date and reason for termination of home health agency service.
- 8.2 Copies of summary reports shall be forwarded to the physician/dentist at least every 60 days.
- 8.3 Clinical records shall be available to the various professional staff to permit review prior to visiting the patient.
- 8.4 All notes and reports in the patient's clinical record shall be typewritten or written in ink, legible, dated and signed by the recording person.
- 8.5 Clinical records shall be maintained by the agency for each individual and/or family served for a period of at least five years following the date of discharge.
- 8.6 Clinical record information shall be safeguarded against loss or unauthorized use. Written procedures shall govern the use and removal of records and conditions for release of information. The patient's written consent shall be obtained for release of information not required by law.
- 8.7 Upon transfer of a patient to another agency or institution, a summary of the patient's clinical record or an abstract thereof shall be sent to the receiving agency with the written consent of the patient. In the event of denial of permission, a copy of the patient's written denial shall be kept in the patient's clinical record at the agency.

- 9.0                    Patient Care Statistics
- 9.1                    The agency shall establish a system approved by the Department whereby patient care information shall be collected to assist in agency evaluation.
- 9.1.1                 The data to be collected shall include, but not be limited to, the following:
- 9.1.1.1              The total number of patient visits by each of the services offered;
- 9.1.1.2              The total number of patients and patient visits;
- 9.1.1.3              The number of discharges with or without a visit, the condition on discharge and reasons for discharge;
- 9.1.1.4              The number of new patients and the number of readmissions;
- 9.1.1.5              The number of patients and the number of visits by diagnosis, age group and geographical location;
- 9.1.1.6              The number of patients admitted by sources of referral;
- 9.1.1.7              The number of patients not accepted, with reasons;
- 9.1.1.8              The total staff days for each service offered; and
- 9.1.1.9              The number of patient visits by mode of payment.
- 9.1.2                 The agency shall collect the data at least monthly and submit annual reports to the Department.



10.0            Financial Data

10.1            Upon development of a uniform cost reporting system approved by the Health Care Administration Board, the agency shall adopt and maintain the uniform system of cost reporting from which reports will be prepared to meet the requirements of the Commissioner as stated in Chapters 136 and 138, Laws of New Jersey 1971, Health Care Facilities Planning Act, N.J.S.A. 26:2H-1, et seq.

10.2            An annual financial report shall be submitted to the Department which will include a statement of income and expenditures by unit of service.



11.0            Evaluation

11.1            A plan for overall evaluation of the agency's total program, including patient care, shall be developed by the agency and submitted in writing to the Department for review and approval. The plan shall specify the personnel to be involved in the evaluation process. It shall include monitoring of professional program activities and review of patients' clinical records. The evaluation plan shall include, but not be limited to, the following:

11.1.1        Annual review of professional staff qualifications;

11.1.2        Periodic review of educational programs in which professional staff participate;

11.1.3        Annual review of agency policies and administrative practices, including review of patient care statistics; and

11.1.4        Utilization review (clinical record review).

11.1.4.1      Utilization review shall be conducted by health professionals representing at least the scope of the agency program;

11.1.4.2      Utilization review shall be conducted at least quarterly;

11.1.4.3      Selection of cases for review shall be a random sample of both active and discharged cases, based on the agency's caseload;

11.1.4.4      Documentation of utilization review shall include:

11.1.4.4.1    Recording of deficiencies found;

11.1.4.4.2    Specific recommendations for correction of the deficiencies; and

11.1.4.4.3    Follow-up to ascertain if deficiencies have been corrected.

