

ATTACHMENT A

Pertinent Directive Guidance

The purpose of this list is to provide access to the pertinent directives on the Department's website that are needed as a resource for the LHCSA to develop a complete and comprehensive policy and procedure manual.

This is not a complete list of all Dear Administrator Letters (DALs) and directives and is not meant to be the sole source for guidance in development of the agency's policies and procedures. Each agency must develop policies and procedures which address their purpose, administration, staff and circumstances.

| DAL # | DATE | SUBJECT |
|--|----------------------|---|
| DHCBS 16-11 | 12/1/2016 | Emergency Preparedness Requirements for Home Care and Hospice Providers |
| DHCBS 16-05 | 5/4/2016 | Regulatory Changes for Home Care Agencies |
| DHCBS 16-02 | 03/3/2016 | Transportation Assistance Level Classification and Implementation for Home Care and Hospice Providers |
| DHCBS 16-01 | 02/3/2016 | Health Commerce System Requirements |
| DHCBS 15-02 | 3/1/2015 | Reminder about Requirements Health Screenings and Training |
| HCBS 14-03 | 02/14/2014 | Home Health Services in Managed Care Plans |
| HCBS 14-03 Attachment 2 | 02/14/2014 | Home Health Aide Scope of Tasks |
| HCBS 14-03 Attachment 3 | 02/14/2014 | Level 1 & 2 Personal Care Aide Scope of Functions and Tasks |
| Dear CEO/Administrator | 12/14/2011 | Palliative Care Access Act |
| HCBS 09-13 | 9/17/2009 | Chapter 594 of the Laws of 2008 |
| HCBS 08-17 | 9/30/2008 | Tuberculosis Screening |
| HCBC 06-11 | 08/04/2006 | Implementation of the Criminal History Record Check Program |
| Health Commerce System CHRC Application | Updated Dec. 2015 | Criminal History Record Check Program FAQs |



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

December 1, 2016

DAL: DHCBS 16-11
Subject: Emergency Preparedness
Requirements for Home Care
and Hospice Providers

Dear Administrator:

The purpose of this letter is to provide guidance to Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs), Hospices, and Licensed Home Care Services Agencies (LHCSAs), (agencies) in emergency preparedness requirements and guidance in developing an emergency preparedness plan. An emergency is any type of man-made (e.g. explosions, fires, chemical and biological attacks) or natural (e.g. floods, blizzards, pandemic, tornadoes and earthquakes) event. The event can be state or county wide, regional, local or limited to the agency operation (e.g. power outage, computer malfunction, illnesses, flooding). An emergency can be anything that may disrupt the normal ability of the agency to provide services or pose risks to staff and the agency.

Regulatory requirements

Regulations found in 10 NYCRR Sections 766.9(c) for LHCSAs; 763.11(a)(10) for CHHAs and LTHHCPs; 794.1(m) for Hospices; require that providers have an emergency preparedness plan that includes agency specific procedures to be followed to assure the health care needs of patients continue to be met. The governing authority or operator shall: “ensure the development of a written emergency plan which is current and includes procedures to be followed to assure health care needs of patients continue to be met in emergencies that interfere with delivery of services, and orientation of all employees to their responsibilities in carrying out the plan.”

Emergency Preparedness Plan

Each agency is required to have an emergency preparedness plan. The purpose of this plan is to ensure specific procedures are in place that will ensure the continued delivery of services to patients with minimum interruption during an emergency. Agencies should identify the types of emergencies that could impact their capacity to provide services to its patients in order to develop an effective preparedness plan. The plan must be reviewed at a minimum annually and as needed. All staff must receive training during orientation and annually to their roles and responsibilities when the plan is implemented.

The plan must address communications, resources, staff responsibilities, and patient activities and must include the following elements:

- Patient Roster: The agency must maintain a patient roster that is inclusive of all patients receiving services. The roster is used to facilitate rapid identification, and location of patients at risk.

The patient roster must contain at a minimum:

- patient name, address and telephone number;
 - emergency contact telephone number of family, caregiver and/or healthcare proxy;
 - Patient Classification Level (see attachment);
 - Transportation Assistance Level (TAL) (see attachment);
 - identification of patients dependent on a ventilator;
 - identification of patients dependent on the use of electricity for their health care needs; and
 - any other specific patient information that may be critical to first-responders.
- A “Call Down” list: A call down list is a staff roster with telephone numbers, and is used during an emergency to notify staff of the emergency and how/what they should do;
 - An emergency communications procedure if the telephone/computer network become disabled;
 - An up to date contact list of community partners that includes the local health department, local emergency management, emergency medical services, and law enforcement;
 - A procedure for how the agency will respond to requests for information by community partners in an emergency;
 - A procedure for participation in agency specific or community-wide disaster drills and exercises. The agency is required to conduct at least one drill/exercise annually;
 - A procedure staff should employ when a patient refuses to evacuate in an ordered evacuation. The procedure may include guidance for the staff to help them mitigate the situation including the use of approaches and reasoning for persuading the patient to evacuate; appropriate notifications; and education that staff must evacuate when ordered.

The goal of emergency preparedness is to maintain continuity of care to patients, maintain the agency’s ability to operate, ensure patient and staff safety, maximize resources, and ensure an orderly response to an emergency situation. Agencies should review and revise their emergency preparedness plans, and policies and procedures as appropriate to comply with the requirements outlined in this letter.

Health Commerce System

The Department uses the Health Commerce System (HCS) as the primary communication vehicle during emergencies for targeting communications and obtaining information. Agencies are required to establish and maintain a current HCS account. Agencies must have designated HCS coordinator(s) responsible for updating agency information and assigning and updating

roles in the agency's HCS Communication Directory. Agency HCS information should be reviewed at a minimum, on a monthly basis.

For the purpose of emergency preparedness, agencies are required to assign the following roles to appropriate staff:

- Administrator;
- Director of Patient Services;
- Emergency Response Coordinator; and
- HCS Coordinator.

In addition, current information must be maintained for the:

- 24/7 Facility Contact; and
- Office of the Administrator.

Emergency Response Drills

Agencies are required to participate in emergency response drills conducted by the Department through the HCS Health Emergency Response Data System (HERDS). The Department periodically conducts emergency response drills in order to:

- familiarize agencies with the communication methods used during an emergency;
- inform agencies about the information needed before, during and after an emergency event to help them develop systems to enable quick access to this information;
- familiarize agencies with the survey tools (HERDS) used to collect information; and
- allow the Department to test the communication and data collection systems prior to a real emergency event.

Home Care Emergency Response Surveys

HERDS surveys are the Department's primary means of collecting information from agencies during an emergency. Surveys will be used to collect information for the assessment of the status of the emergency response by home care agencies, identifying specific and general issues and working to resolve such issues. Agencies should be prepared to report the following information:

- agency contact information;
- agency's ability to serve current case load and surge capacity;
- anticipated staffing needs;
- total patient census with patient classification levels;
- number of patients dependent on electricity for their health care needs (*for example oxygen concentrators, wound vacuums, IV pumps, DME dependent on electricity to function*);
- number of patients dependent on a ventilator;
- patient census by county;
- patient census, classification level, TAL, reported by county only for patients in the evacuation area(s) if applicable; and
- evacuation and repatriation status if applicable.

Emergency preparedness trainings, tools, and resources that may be useful can be found on the Health Commerce System and at the following websites:

<http://homecareprepare.org/>

http://www.health.ny.gov/environmental/emergency/health_care_providers/

The Department appreciates your cooperation and efforts in ensuring effective Emergency Preparedness planning. If you have questions please email to: homecare@health.ny.gov.

Sincerely,

A handwritten signature in black ink that reads "Rebecca Fuller Gray". The signature is written in a cursive style with a large initial 'R'.

Rebecca Fuller Gray, Director
Division of Home & Community Based Services

Attachments

Home Health Agency Patient Classification Levels

LEVEL 1 - High Priority. Patients in this priority level need uninterrupted services. The patient must have care. In case of a disaster or emergency, every possible effort must be made to see this patient. The patient's condition is highly unstable and deterioration or inpatient admission is highly probable if the patient is not seen. Examples include patient requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care.

LEVEL 2 - Moderate Priority Services for patients at this priority level may be postponed with telephone contact. A caregiver can provide basic care until the emergency situation improves. The patient's condition is somewhat unstable and requires care that should be provided that day but could be postponed without harm to the patient.

LEVEL 3 - Low Priority The patient may be stable and has access to informal resources to help them. The patient can safely miss a scheduled visit with basic care provided safely by family or other informal support or by the patient personally.

TALS Guidance Document

Transportation Assistance Level (TAL) Scale

Purpose:

To provide a universally recognized scale for the rapid assessment of the transportation assistance needs of patients/residents during a non-emergent, **planned evacuation**.

Principle:

For the purpose of an evacuation, patients/residents shall be assessed for their transportation assistance needs and assigned a level [TAL]. TALs are intended for use by any healthcare professional familiar with transportation modalities. TALs can be useful for logistical planning and movement of transportation resources (e.g. buses, vans, ambulances) during evacuation of a healthcare facility or home-bound patient. TALs are subject to change over time, but their use facilitates the staging of estimated transportation resources.

Objectives:

TALs provide a scale that is recognized and used statewide during a **planned evacuation** for the rapid assessment of transportation assistance needs of patients or residents. The scale can be used for planning and just in time re-assessment of patient/resident transportation assistance needs. The scale is not a clinical triage scale, nor does it prescribe care mechanisms. The continuity of clinical care is an independent issue and should be addressed concurrently with transportation modality.

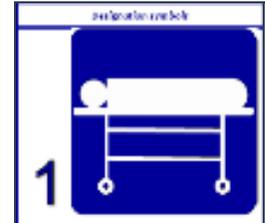
The potential for regional/local planning variations, while upholding the integrity of the core nomenclature, is recognized. This is particularly applicable to areas of the state that have diverse transportation issues such as rural environs as opposed to the more transportation rich suburban and metropolitan regions. Special circumstances will be considered and transportation complexity will be evaluated by individual healthcare facilities and/or regions.

Levels:

For the purposes of evacuation, patients/residents shall be categorized into one of three levels. The mobility level may influence the number of staff needed to transport the patient/resident, the type of movement device required, the loading area they are relocated to and the type of transportation asset required for evacuation. The following mobility levels shall be used:

Non-ambulatory [TAL-1]

Non-ambulatory patients/residents are those who require transport by stretcher. For emergency movement down stairs, they may be transferred to backboards, basket litters, or other appropriate devices, or rescue-dragged on their mattresses. **Note:** Rescue-drag is to be used as a last resort only. These patients/residents will be identified with a ‘gurney’ symbol when assessed for evacuation. These patients/residents are clinically unable to be moved in a seated position, and may require equipment ranging from oxygen to mechanical ventilators, cardiac monitors, or other biomedical devices to accompany them during movement. They may require clinical observation. These patients/residents may require one to two staff members (one clinical, one non-clinical) for movement, with additional staff as needed to manage life support equipment. Ambulance transport is required and in special circumstances (e.g. severe flooding) helicopter transport may be needed. These individuals must be accompanied by a clinical provider appropriate to their condition (e.g. EMT, paramedic, clinical staff member).



Wheelchair [TAL-2]

Wheelchair patients/residents are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen or a maintenance intravenous infusion during their relocation or evacuation. These patients/residents will be identified with a wheelchair symbol when evaluated for evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle (e.g. medical transport van or ambulette) with a single staff member or healthcare facility-designated person accompanying them.



Ambulatory [TAL-3]

Ambulatory patients/residents are those who are able to walk the distance at a reasonable pace from their in-patient location to the designated loading area without physical assistance, and without any likelihood of resulting harm or impairment. These patients/residents will be identified with a ‘walking figure’ when assessed for evacuation. Ambulatory patients/residents shall be escorted by staff members, but may be moved in groups led by a healthcare facility-designated person. The optimum staff-to-patient ratio is 1:5. They can be transported as a larger group in a passenger vehicle (e.g., bus, transport van, or private auto) with a healthcare facility-designated person accompanying them.





Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

May 4, 2016

DAL: DHCBS 16-05
Subject: Regulatory changes for Home Care Agencies

Dear Administrator:

The purpose of this letter is to inform certified home health agencies (CHHAs), long term home health care programs (LTHHCPs), and licensed home care services agencies (LHCSAs) of regulatory changes to New York Codes Rules and Regulations, Title 10 Sections 763 & 766 that were adopted by the Public Health and Health Planning Council on April 14, 2016, and become effective May 4, 2016. The regulations can be found at:

http://www.health.ny.gov/regulations/recently_adopted

The timeframe for agencies to obtain signed physician orders (written authorization) based on verbal orders is extended to provide consistency with payment rules for Medicaid and Medicare, and alleviate the adverse impact related to the provider's ability to bill and receive payment for services delivered based on verbal orders. This change does NOT affect the requirements to obtain orders or the frequencies by which they must be reviewed and/or revised. All other requirements are unchanged.

LHCSAs:

Section 766.4 Medical Orders was amended as follows:

- (d) Medical orders shall reference all diagnoses, medications, treatments, prognoses, need for palliative care, and other pertinent information relevant to the agency plan of care; and
- (1) shall be authenticated by an authorized practitioner within 12 months after admission to the agency; and
- (2) when changes in the patient's medical orders are indicated, orders, including telephone orders, shall be authenticated by the authorized practitioner within 12 months.

Please note that agencies are required to comply with all regulatory requirements pertaining to establishing and documenting medical orders, at the frequencies required for services provided to patients consistent with the agency plan of care.

CHHAs/LTHHCPs:

Section 763.7 Clinical records was amended as follows:

- (a) The agency shall maintain a confidential clinical record for each patient admitted to care or accepted for service to include:

(3) medical orders and nursing diagnoses to include all diagnoses, medications, treatments, prognoses, and need for palliative care. Such orders shall be:

(i) signed by the authorized practitioner within 12 months after admission to the agency, or prior to billing, whichever is sooner;

(ii) signed by the authorized practitioner within 12 months after issuance of any change in medical order or prior to billing, whichever is sooner, to include all written and oral changes and changes made by telephone by such practitioner; and

(iii) renewed by the authorized practitioner as frequently as indicated by the patient's condition but at least every 60 days;

Please note that agencies are required to comply with all state and federal regulatory requirements pertaining to establishing, developing, and reviewing written plans of care at the times and frequencies required.

LHCAs and CHHAs/LTHHCPs:

The only change that has resulted from these revisions is the timeframe to obtain written orders based on verbal orders. All other requirements are unchanged. If you have questions about these regulatory changes, please send an email to: homecare@health.ny.gov

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Fuller Gray".

Rebecca Fuller Gray, Director
Division of Home and Community Based Services



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 4, 2016

DAL: DHCBS 16-02
Subject: Transportation Assistance Level
(TAL) Classification
Implementation for Home Care
and Hospice Providers

Dear Administrator:

The New York State Department of Health's (NYSDOH) Office of Health Emergency Preparedness (OHEP), and Office of Primary Care and Health Systems Management (OPCHSM), work together to strengthen emergency preparedness and response for and by healthcare providers. This letter provides information about a new tool that all home care and hospice providers will be required to use during a planned evacuation that will enhance our collective ability to successfully respond to catastrophic events.

OHEP and OPCHSM have worked with preparedness partners, such as the Home Care Association of New York State (HCA), the New York State Association of Health Care Providers (HCP), the New York State Office of Emergency Management (NYS OEM) and the Fire Department City of New York (FDNY), to establish a system that is recognized and used throughout the state employing standardized Transportation Assistance Level (TAL) classifications. Use of the TALs classifications provides a universal tool to rapidly assess and identify home care and hospice patients during a planned evacuation, to ensure that appropriate transportation resources are deployed.

The NYSDOH Home and Community Based Care Program requires the statewide adoption of the TALs categorization system for homecare and hospice patients to standardize and streamline the evacuation process, particularly in a regional or statewide event involving external transportation resources.

TALs are intended for patient transport categorization by any healthcare professional familiar with transportation modalities. The TALs are not to be confused with the Home Health Agency Patient Classification Levels (Levels 1, 2, and 3, referenced in the Dear Administrator Letter issued on May 10, 2005) which are used to classify patient priority of care needs, but not to identify the transportation resources needed by each patient. TALs are intended for use during a planned evacuation and not intended for use during an emergent situation such as a fire.

Effective June 1, 2016, home care agencies and hospices will be required to incorporate the TALs status for each patient listed on the agency's patient roster. The current TALs category (TAL 1, 2, or 3) must be included for each patient listed and updated at the time of any change in status/reassessment.

Under the TALs categorization system, patients should be categorized into one of three mobility levels:

- Non-ambulatory (TAL-1) – those who require transport by stretcher.
- Wheelchair (TAL-2) – those unable to walk due to physical and/or medical condition.
- Ambulatory (TAL-3) – those who are able to walk without physical assistance.

The purpose, objectives and details of the TALs classification levels are described in the attached “TALS Guidance Document”. Information will be presented by OHEP and OPCHSM staff via webinar sessions during February and March 2016 on TALs and the Home Care Emergency Response Survey. Information for the dates and times of webinar sessions and availability or archived WebEx’s will be communicated through the Health Commerce System.

The NYSDOH considers the use of TALs to be critical in ensuring safe and timely evacuation of patients.

Please contact Katharine Logan, OHEP at (518) 474-2893 or katharine.logan@health.ny.gov with questions pertaining to TALs classifications. For questions related to Emergency Preparedness requirements, please contact the Division of Home and Community Based Services at 518-408-1638 or homecare@health.ny.gov.

Thank you in advance for participating in the ongoing commitment to emergency preparedness and patient safety.

Sincerely,



Michael J. Primeau
Director, Office of Health Emergency
Preparedness



Keith W. Servis
Deputy Director, Office of Primary Care &
Health Systems Management

Attachment

TALS Guidance Document

Transportation Assistance Level (TAL) Scale

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Principle:

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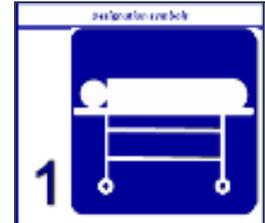
The potential for regional/local planning variations, while upholding the integrity of the core nomenclature, is recognized. This is particularly applicable to areas of the state that have diverse transportation issues such as rural environs as opposed to the more transportation rich suburban and metropolitan regions. Special circumstances will be considered and transportation complexity will be evaluated by individual healthcare facilities and/or regions.

Levels:

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Wheelchair [TAL-2]

Wheelchair patients/residents are those who are unable to walk due to physical or medical condition. They are stable, without any likelihood of resulting harm or impairment from wheelchair transport or prolonged periods of sitting, and do not require attached medical equipment or medical gas other than oxygen or a maintenance intravenous infusion during their relocation or evacuation. These patients/residents will be identified with a wheelchair symbol when evaluated for evacuation. They can be safely managed by a single non-clinical staff member. They may be transported as a group in a wheelchair-appropriate vehicle (e.g. medical transport van or ambulette) with a single staff member or healthcare facility-designated person accompanying them.



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Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 3, 2016

DAL: DHCBS 16-01
Subject: Health Commerce System Requirements

Dear Administrator:

The Health Commerce System (HCS) is the primary mechanism that the New York State Department of Health (Department) uses to communicate with health care providers in New York State. The importance of the HCS as the primary communication vehicle during emergencies, as well as for normal operational issues, regulations require that all licensed home care services agencies, certified home health agencies/long term home health care programs and hospice providers establish and maintain current HCS accounts, including provider contact information. The Department reminds providers that compliance with these regulations is a priority and that noncompliance will be appropriately enforced.

The HCS is used for a multitude of purposes, including targeting communications to providers during emergencies, providing access to applications such as the Criminal History Record Check, the Home Care Worker Registry, the Electronic Plan of Correction, collecting cost and statistical information from providers, and issuing guidance and communications such as Dear Administrator Letters (DALs).

Regulations require that all licensed home care services agencies, certified home health agencies/long term home health care programs and hospice providers obtain accounts for each agency it operates, ensure that sufficient and knowledgeable staff are available to maintain and keep their accounts current. These regulations are as follows:

- For licensed home care services agencies: Title 10 Parts 766.9 (o)(1),(2),(3),(4)
- For certified home health agencies: Title 10 Parts 763.11(f)(1),(2),(3),(4)
- For hospices: Title 10 Parts 793.1(n)(1),(2),(3),(4)

Compliance with these requirements continues to be problematic. Providers are expected to maintain appropriate policies and procedures to maintain HCS accounts consistent with regulations. The minimum procedures described below are necessary to achieve compliance. As stipulated in regulation, each licensed site must have an individual HCS account with sufficient and knowledgeable staff available to maintain and keep the account current.

1. The HCS should be accessed daily. This means the system should be checked at least once every 24 hours and more frequently during an emergency to check for news announcements, alerts and other Department communications.
2. The agency's HCS Communications Directory must be kept current and updated, reflecting changes in general information and staff role changes as soon as they occur.

This information should be reviewed at a minimum, on a monthly basis. An appropriate and applicable policy and procedure regarding this must be in place and reviewed at least annually.

3. Current contact information must be entered for:
 - a. 24 by 7 Facility Contact
 - b. Office of the Administrator
4. One or more appropriate staff members with an active HCS account must be assigned to each of the following roles:
 - a. Administrator
 - b. Director, Home Care Patient Services or Patient Services
 - c. Emergency Response Coordinator
 - d. HPN Coordinator
5. For agencies that employ Home Health Aides or Personal Care Aides, one or more appropriate staff members with an active HCS account must be assigned to each of the following roles:
 - a. Criminal History Record Check Authorized Person (CHRC AP)
 - b. Home Care Registry Agency Updater
 - c. Home Care Registry Agency Viewer
6. For agencies that operate a Home Health Aide Training Program (HHATP), one or more appropriate staff members with an active HCS account must be assigned to each of the Home Care Registry roles:
 - a. Home Care Registry Agency Updater
 - b. Home Care Registry Agency Viewer
 - c. Home Care Registry Certification Form Printer
 - d. Home Care Training Program Certificate Printer
 - e. Home Care Training Program Updater
 - f. Home Care Training Program Viewer

The Department will continually monitor these role assignments. Noncompliance with these regulations could adversely impact patient safety. A Statement of Deficiencies may be issued to agencies which do not meet all of the requirements set out in this letter and subsequent enforcement action may be taken for findings of noncompliance.

If you have any questions about these requirements or need assistance with assigning HCS roles, please call (518) 408-1638 or send an email to homecare@health.ny.gov. Thank you in advance for your cooperation in ensuring compliance with these important protections.

Sincerely,



Rebeca Fuller Gray, Director
Division of Home and Community Based Services



Department of Health

ANDREW M. CUOMO
Governor

**HOWARD A. ZUCKER, M.D.,
J.D.**
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

March 1, 2015

DAL: DHCBS 15-02

Subject: Reminder about Requirements
Health Screenings and Training

Dear Administrator:

The purpose of this letter is to remind you of the required personnel requirements related to health assessments and training for agency personnel. These requirements are found in (10) NYCRR Section 766.11 for LHCSAs, (10) NYCRR Section 763.13 for CHHAs and LTHHCPs, and 793.5 for Hospices.

All personnel who provide patient care must be licensed or certified and have documented pre-employment and annual health assessment screenings. This includes documentation of immunization against rubella, immunization against measles (for personnel born on or after January 1, 1957), pre-employment and annual tuberculosis screenings and annual vaccination against influenza or wearing of a surgical mask during the influenza season. In addition, home health aides are required to complete and document a minimum of 12 hours of in-service education on an annual basis.

Please review applicable (10) NYCRR Section 763.13, 766.11, or 793.5 regarding the qualification requirements related to employee health screenings and training, and ensure that all staff meet these qualification requirements. Additional information on Tuberculosis Screening is also provided in Dear Administrator Letter HCBS 08-17, which was issued on September 30, 2008.

Agencies should take this opportunity to review personnel records to ensure that documentation of all required screenings, trainings, certification and licensure is on file.

Department of Health staff will through its survey process, continue to review personnel records to verify compliance with these requirements and agencies will be cited for deficient findings. Continuous noncompliance with these requirements may result in enforcement action being taken by the Department.

These requirements are in place to ensure the health and safety of patients and health care provider staff. Your compliance is critical to meeting this goal.

If you have questions, please contact the Division of Home and Community Based Services at homecare@health.ny.gov.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca Fuller Gray". The signature is written in black ink on a white background.

Rebecca Fuller Gray, Director
Division of Home & Community Based Services

NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

February 14, 2014

DAL: HCBS 14-03
Subject: Home Health Services in
Managed Care Plans
****Clarification****

Dear Administrator:

The purpose of this letter is to provide clarification on the information included in DAL HCBS 14-01 (Home Health Services in Managed Care Plans) that was issued on January 24, 2014.

The attached document, prepared by the Division of Home and Community Based Services and the Division of Long Term Care, includes responses to several provider questions related to home health services in managed care settings.

We anticipate issuing another DAL in the near future to provide responses to questions that we received which require more detailed analysis.

For questions or clarification on the information in this DAL, please contact the Department of Health at mltcquestions@health.state.ny.us.

Sincerely,



Rebecca Fuller Gray
Director
Division of Home & Community Based
Services

Attachments

- (1) Questions and Answers Related to DAL 14-01
- (2) Home Health Aide Scope of Tasks
- (3) Level 1 and II Personal Care Aide Scope of Functions and Tasks

Questions and Answers Related to DAL 14-01 Home Health Services in Managed Care Plans

1. What are the home health services benefits that this guidance affects?

- a. The guidance affects home health services as defined in 42 CFR § 440.70(b) to include the following:
 - i. Nursing service, as defined in the State Nurse Practice Act, that is provided on a part time or intermittent basis by a home health agency;
 - ii. Home health aide service provided by a home health agency; and
 - iii. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency.

Assessments:

2. Who can perform the UAS-NY (Uniform Assessment System-New York) for eligibility determinations for long term care services?

Registered professional nurses who have been trained to perform the UAS-NY assessment must be used.

3. Can nurses employed by Licensed Home Care Services Agencies perform the UAS-NY assessment since completion of the assessment is a nursing service?

Yes. Although completion of the UAS-NY assessment is a nursing service as defined by the NYS Nurse Practice Act, this nursing service is not being provided “on a part-time or intermittent basis” within the meaning of 42 CFR § 440.70(b)(1). Licensed home care services agencies may thus perform the UAS-NY assessments.

Personal Care Services:

4. Do personal care services have to be provided by a certified home health agency as a result of this guidance?

No. Personal care services have never been required to be provided only by a certified home health agency, and this guidance does not change that. Personal care services are authorized by the managed long term care plan after an assessment is completed and a plan of care is developed for the individual. Personal care services may be provided by licensed home care services agencies.

5. If I use a certified home health aide to provide only personal care services rather than an individual who is certified only as a personal care aide, must I use a certified home health agency to provide these services?

No. A home health aide employed by a LHCSA can provide personal care services to an individual who needs only that level of care. Although an individual may be certified as a home health aide, the individual may provide personal care services to an individual who needs only personal care services. The type of services that are provided to an individual is based on the individual’s assessed need. An individual who is trained as a home health aide has the requisite training to provide personal care services. Please refer to the Scope of Tasks in Addendums I and II of this document.

6. How often does a home health aide who is providing only personal care services to an individual enrolled in a managed care plan have to be supervised?

Supervision requirements are based on the type of services that are being provided. For personal care services, an individual must be supervised based on the MLTC requirements. For purposes of compliance with Title 10 NYCRR Part 766, an individual must have an annual evaluation.

7. Can licensed home care services agencies contract with managed long term care plans directly for the provision of personal care services?

Yes. The capability of a LHCSA to contract with MLTCPs to provide personal care services has not changed as a result of this guidance.

8. Must I use a home health aide instead of a personal care aide when an enrollee is receiving skilled nursing or therapies?

If the plan of care has incorporated the skills required by a home health aide, a home health aide must provide those skilled services. However, not all cases receiving skilled nursing or therapies require the services of a home health aide. The appropriate level of aide assignment depends on the plan of care and the tasks associated with implementing the plan of care. For a comprehensive listing of tasks associated with a personal care aide versus a home health aide, please refer to the Scope of Tasks in Addendums I and II of this document.

Private Duty Nursing

9. Can nurses employed by licensed home care services agencies be used to provide private duty nursing services?

Yes. Nurses who are employed by LHCSAs can be used to provide private duty nursing services. Private duty nursing is not a home health benefit as defined in 42 CFR §440.70 (b) because the nursing services are provided on more than a part-time or intermittent basis. A different federal regulation, 42 CFR § 440.80, applies to private duty nursing services.

Supervision

10. Can an entity that does not meet the Federal CoPs provide nursing supervision?

The entity not meeting the CoPs may provide nursing supervision to an individual in receipt of personal care services through a LHCSA. If home health aide services are being provided as part of a CHHA plan of care, the provision of the nursing supervision must be provided by the CHHA. Personnel requirements found in Title 10 763.13 and 766.11 continue to apply.

Contracts

11. What is the timeframe for allowing contract modifications to comply with the requirement?

Providers and plans should work together to modify contracts as necessary.

**LEVEL I AND II PERSONAL CARE AIDE
SCOPE OF FUNCTIONS AND TASKS**

**NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
Bureau of Long Term
Home Care Unit
40 North Pearl Street
Albany NY 12243-0001**

Amended 12/1/94

Please address all correspondence for Personal Care Aide Training to:

**NEW YORK STATE DEPARTMENT OF HEALTH
Office of Continuing Care
Bureau of Professional Credentialing
161 Delaware Avenue
Delmar NY 12054-1393**

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This listing indicates the full scope of practice for Level I and II Personal Care Workers. Each worker must demonstrate competency in performing the necessary skills and only perform those skills indicated on the plan of care. All Level I and II PCAs are required to observe, record and report their actions and findings when assisting the client with a specific function, task or procedure. Nursing supervision must assure that the client's needs are appropriately met and that the person providing such personal care services is competently and safely performing the functions and tasks specified in the patient's plan of care.

| ENVIRONMENTAL SUPPORT | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|------------------------|-------------------------|---|
| 1. Make and change beds a. Unoccupied b. Occupied | X | X X | I |
| 2. Dusting and vacuuming rooms used by patients | X | X | |
| 3. Light cleaning of kitchen, bedroom, bathroom | X | X | |
| 4. Dishwashing | X | X | |
| 5. Listing needed supplies | X | X | |
| 6. Shopping | X | X | |
| 7. Laundering, mending, ironing | X | X | |
| 8. Payment of bills and other errands | X | X | |

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| NUTRITIONAL SUPPORT | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|------------------------|-------------------------|---|
| <p>1. SIMPLE MODIFIED DIETS (Defined as a change in one nutrient, amount of calories or mechanically altered.) Examples include: Low fiber, low fat, low cholesterol, Low sugar, low sodium, low calorie, high fiber, high Calorie, high protein, bland, soft, liquid, chopped, Ground, pureed.</p> <p>a. Develop menu</p> <p>b. Prepare grocery list</p> <p>c. Grocery shopping</p> <p>d. Prepare bills</p> <p>e. Assist with feeding</p> <p>f. Measure and record intake</p> | | | |
| | | X | I |
| | X | X | |
| | X | X | |
| | X | X | |
| | | X | I |
| | | X | I |

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| NUTRITIONAL SUPPORT | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|--|------------------------|----------------------------|---|
| <p>2. DIABETIC, RENAL OR COMPLEX DIETS (Complex diet defined as when a change in more than one of the following is ordered; a nutrient, the calorie amount or mechanical alternation.)</p> <p>a. Develop menu</p> <p>b. Prepare grocery list</p> <p>c. Grocery shopping</p> <p>d. Prepare meals</p> <p>e. Assist with feeding</p> <p>f. Measure and record intake</p> <p>3. PREPARE NUTRITIONAL SUPPLEMENTS</p> <p>4. ASSIST WITH GASTRIC GAVAGE (TUBE FEEDING)</p> | <p>X</p> | <p>X</p> <p>X</p> <p>X</p> | <p>I AND II</p> <p>I AND II</p> <p>I AND II</p> <p>I</p> <p>I</p> <p>I AND II</p> <p>I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|---------------------|----------------------|---|
| 1. BATHING CLIENT a. In bed, tub or shower or sponge bath b. Pour premeasured medication into bath water | | X X | I I |
| 2. SKIN CARE a. Back rub b. Gentle massage to unbroken skin areas c. Lubricate unbroken skin with nonprescription Powder, lotion, cream d. Lubricate unbroken skin with prescription powder, Lotion, cream e. Foot and hand soaks (hot or cold) | | X X X | I I I I AND II I AND II |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|--|---------------------|----------------------|--------------------------------------|
| 3. GROOMING | | | |
| a. Shampoo (tub, shower, bed) | | X | I |
| b. Finger nails (ONLY clean and file for NON diabetic) | | X | I |
| c. Toe nails (ONLY clean and file for NON diabetic) | | X | I |
| d. Finger/toe nails of diabetic or PVD (clean, file or cut) | | | I AND II |
| e. Use of pumice stone | | | I AND II |
| f. Shave client | | X | I |
| g. Oral hygiene | | X | I |
| h. Denture care | | X | I |
| i. Assist with dressing | | X | I |
| j. Apply elastic stockings | | X | I |
| k. Apply ace bandage | | | I AND II |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|---------------------|----------------------|--------------------------------------|
| 4. TOILETING | | | |
| a. Assisting with use of bedpan, urinal, commode, or toilet | | X | I |
| b. Apply, remove adult diapers | | X | I |
| c. Apply condom catheter (Texas, external) | | X | I |
| d. Change bed and/or leg bag of <u>external</u> catheter | | X | I |
| e. Empty bed and/or leg bag of <u>external</u> catheter | | X | I |
| f. Empty bed and/or leg bag of <u>indwelling</u> catheter | | X | I |
| g. Change bed and/or leg bag of <u>indwelling</u> catheter | | | I AND II |
| h. Assist with daily catheter care (routine perineal care, empty bag, measure output) of external and indwelling catheter | | X | I |
| i. Assist with straight catheterization | | | I AND II |
| j. Measure and record output | | X | I |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|---------------------|---|---|
| <p>7. USING MEDICAL SUPPLIES AND EQUIPMENT (such as walkers, wheelchairs, etc.)</p> <p>a. Assist with brace, splint and/or sling</p> <p>b. Assist with prosthesis</p> <p>1. Artificial limbs (apply, clean, store)</p> <p>2. Artificial breasts (apply, clean, store)</p> <p>3. Hearing aids (including checking and And changing batteries, adjusting Volume, and assisting with placement In ear)</p> <p>4. Artificial eye</p> <p>4.1 Clean and store</p> <p>4.2 Remove from eye socket</p> <p>4.3 Clean eye socket</p> <p>c. Humidifiers (including adding water, adding tablets to prevent mineral buildup and washing the humidifier)</p> <p>d. TENS units (apply or adjust)</p> <p>e. Apply restraints</p> | | <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> <p>X</p> | <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I</p> <p>I AND II</p> <p>I AND II</p> <p>I AND I</p> <p>I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|--|---------------------|---|--|
| <p>8. WELL BABY</p> <ul style="list-style-type: none"> a. Bathe infant (sponge or tub) b. Bottle feeding (clean bottles, mix formula store formula, feed infant, burp infant) c. Solid food feeding d. Change diapers e. Apply nonprescription powder/lotion only to unbroken skin on buttocks f. Apply prescription powder/lotion to broken or unbroken skin on buttocks g. Infant nail care <ul style="list-style-type: none"> 1. Clean 2. Trim (only when necessary) h. Apply prescription and nonprescription medication to any reddened or open areas | | <p style="text-align: center;">X</p> | <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|--|---------------------|--|--|
| <p>9. ASSISTING WITH CHANGING A CLEAN DRESSING OF A STABLE WOUND. (A "stable wound" is defined as a closed area of skin which MAY be crusted or have a scab. The wound has NO drainage, is NOT infected and is NOT red or swollen. It is the responsibility of the nurse supervisor to determine if a wound meets these criteria.)</p> <ul style="list-style-type: none"> a. Remove old dressing b. Cleanse skin around wound with soap and water c. Apply prescription or nonprescription medication d. Apply new dressing (bandage, gauze) e. Assist with/apply sterile dressing | | <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> | <p style="text-align: center;">I</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|---------------------|---|---|
| <p>10. ASSISTING WITH SELF-ADMINISTRATION OF MEDICATION. “ASSISTING” includes reminding the client when to take medications, reading the label for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container, positioning the client for medication administration, providing appropriate liquids for swallowing medication, storing, cleaning and disposal of used supplies and equipment and storing medication properly. “SELF-DIRECTING” means that the client is capable of making choices about his/her activities of daily living, understanding the impact of the choice and assuming responsibility for the results of the choice OR the client has an individual, agency or other formal organization assuming responsibility for making the choices about activities of daily living. “SELF-ADMINISTRATION” means that the client directly swallows, applies, inhales, inserts or injects a medication into his or her own body.</p> <ul style="list-style-type: none"> a. Oral <ul style="list-style-type: none"> 1. Remove proper amount to make available to client 2. Place medication in client's mouth b. Intramuscular/Subcutaneous <ul style="list-style-type: none"> 1. Draw up or give medication 2. Dispose of insulin syringes 3. Dispose of other syringes | | <p style="text-align: center;">X</p> <p style="text-align: center;">X</p> | <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> <p style="text-align: center;">I AND II</p> <p style="text-align: center;">I</p> <p style="text-align: center;">I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|--|---------------------|----------------------|---|
| <p>11. ASSISTING WITH SELF-ADMINISTRATION OF MEDICATION. “ASSISTING” includes reminding the client when to take medications, reading the label for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container, positioning the client for medication administration, providing appropriate liquids for swallowing medication, storing, cleaning and disposal of used supplies and equipment and storing medication properly. “SELF-DIRECTING” means that the client is capable of making choices about his/her activities of daily living, understanding the impact of the choice and assuming responsibility for the results of the choice OR the client has an individual, agency or other formal organization assuming responsibility for making the choices about activities of daily living. “SELF-ADMINISTRATION” means that the client directly swallows, applies, inhales, inserts or injects a medication into his or her own body</p> <ul style="list-style-type: none"> c. Vaginal and Rectal (insert) d. Topical (apply prescription or nonprescription medication to a stable or unstable wound) e. Eye, Ear and Nose (instill) | | | <p>I AND II</p> <p>I AND II</p> <p>I AND II</p> |

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| PERSONAL CARE FUNCTIONS | PERMISSIBLE LEVEL I | PERMISSIBLE LEVEL II | NON-PERMISSIBLE LEVEL I AND LEVEL II |
|---|---|----------------------|--|
| <p>11. SIMPLE MEASUREMENTS</p> <ul style="list-style-type: none"> a. Weigh client b. Temperature, Pulse, Respirations c. Blood pressure d. Sugar and Acetone for urine e. Glucose test for diabetic | | X | <p>I</p> <p>I AND II</p> <p>I AND II</p> <p>I AND II</p> <p>I AND II</p> |
| <p>12. SAFETY AND ACCIDENT PREVENTION</p> <ul style="list-style-type: none"> a. Heimlich Maneuver b. Artificial Respiration c. CPR | <p>These are not routine aide level tasks. However, in an emergency situation and in accordance with the employing agency policy, properly trained aides may perform these tasks.</p> | | |

N: Home Health/Home Health Aide Scope of Tasks

HOME HEALTH AIDE SCOPE OF TASKS

**Guide to Home Health Aide Training
and Competency Evaluation**

and

MATRIX

**Permissible and Non-Permissible Activities
Home Health Aide (HHA) Services**



**NEW YORK STATE DEPARTMENT OF HEALTH
161 Delaware Avenue
Delmar, New York 12054**

**Office of Long Term Care
Division of Home and Community Based Services
Bureau of Home Care and Hospice Surveillance and Quality Indicators/Evaluation**

April 2006; January 2007; March 2009

**STATE OF NEW YORK
DEPARTMENT OF HEALTH
HOME HEALTH AIDE SCOPE OF TASKS**

The purpose of this document is to transmit to home care agencies and existing home health aide training programs: 1) the Department of Health requirements for home health aide training and competency evaluation; 2) the procedures for obtaining Departmental approval of a home health aide training program; and 3) a Matrix which lists the health related tasks home health aides are permitted to perform as well as those tasks which may not be performed by aides.

AIDE-LEVEL HEALTH RELATED TASKS

Title 10 of the New York Codes, Rules and Regulations, Section 700.2 (c) (15), defines the provision of home health aide services as "health care tasks, personal hygiene services, housekeeping tasks and other related support services essential to the patient's health."

The attached Matrix entitled Permissible and Non-Permissible Activities: Home Health Aide (HHA) Services lists the health-related activities which a home health aide would be allowed to perform without violating Article 139 (Nurse Practice Act) of the State Education Law. The health-related tasks have been grouped to include the following areas:

1. preparation of meals in accordance with modified diets or complex modified diets;
2. administration of medications;
3. provision of special skin care;
4. use of medical equipment, supplies and devices;
5. change of dressing to stable surface wounds;
6. performance of simple measurements and tests to routinely monitor the patient's medical condition;
7. performance of a maintenance exercise program; and
8. care of an ostomy after the ostomy has achieved its normal function.

It should be noted that the health-related tasks identified on the Matrix build upon a knowledge base of personal hygiene and household tasks which home health aides are routinely allowed to perform.

TRAINING DISTINCTIONS AND PATIENT CHARACTERISTICS

The tasks arrayed on the Matrix are divided into three categories: permissible activities; activities permissible under special circumstances; and non-permissible activities. Activities included in each category are as follows:

1. Permissible activities are expected to be taught either in the basic home health aide training program or on-the-job in a home care agency. If a permissible task is not included in the home health aide basic training curriculum, it may be taught to the aide as an addition to the training program, or on a one-to-one basis by the home care agency utilizing or employing the aide. Once an aide has received training in a permissible task and has been evaluated as competent, the aide may perform this task for patients without being retrained in the task. The initial training should be documented and competency reassessed as appropriate.
2. Tasks which are permissible under special circumstances are not routinely taught in a home health aide training program. Since these tasks are complex, each aide must receive training in the exact skill and/or procedure to be performed with each patient. Training and competency evaluation in the performance of these tasks are not transferable from patient to patient. Additionally, a limited number of tasks have specific criteria that must be met in order to assign an aide to the performance of the task for a patient. Tasks permissible under special circumstances may only be performed for a patient whose characteristics and case situation meet all of the following criteria:
 - The patient is self-directing. A self-directing patient has the capability to make choices about activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.
 - The patient has a need for assistance with the task or activity for routine maintenance of his/her health.
 - The patient cannot physically perform the task or activity because of his/her disability.
 - The patient has no informal caregiver available at the time the task or activity must be performed or the caregiver is available but is unwilling or unable to perform the task or the caregiver's involvement is unacceptable to the patient.
3. Non-permissible activities may not be performed by a home health aide under any circumstances. The performance of such activities by the aide would be in violation of Article 139 of the Education Law (Nurse Practice Act).

SERVICE AGENCY RESPONSIBILITY

Regardless of whether a home health aide activity is taught within a training program or on-the-job, it is the responsibility of the home care agency utilizing the services of the aide to ascertain each aide's ability to perform the health-related tasks listed on the Matrix. The agency must also provide and document appropriate inservice education or on-the-job training and provide adequate supervision and evaluation to assure that each aide is competent to perform the tasks that are required for each patient.

HOME HEALTH AIDE TRAINING PROGRAM REQUIREMENTS

In order to provide home health aide services in New York State, a person must successfully complete a training and competency evaluation program or a competency program conducted by an approved home health aide training program. The attached Guide to Home Health Aide Training and Competency Evaluation clarifies for certified home health agencies (CHHAs), long term home health care programs (LTHHCPs), licensed home care services agencies (LHCSAs), and hospices, the New York State home health aide training and evaluation requirements and the procedures for obtaining Department of Health approval of home health aide training programs. The training and evaluation requirements and approval process set forth in this Guide are in accordance with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Codes, Rules and Regulations. The curriculum content referred to in the Guide, which home health aide training programs are required to teach, includes most of the permissible health-related tasks listed on the Matrix as well as instruction in other housekeeping and personal care activities.

Effective October 1, 2006, any organization seeking initial approval of a home health aide training program or any existing approved program seeking reapproval must comply with the requirements set forth in the Guide and this memorandum. These requirements supersede the requirements set forth in the New York State Department of Health's Department of Health Memorandum 92-24, Home Health Aide Scope of Tasks.

Questions regarding this document should be directed to the Home Care Program Director in the appropriate Area Office of the New York State Department of Health (see Attachment 2).

**GUIDE TO HOME HEALTH AIDE TRAINING
AND COMPETENCY EVALUATION**

Guide to Home Health Aide Training And Competency Evaluation

INTRODUCTION

The purpose of this Guide is to clarify for certified home health agencies (CHHAs), long term home health care programs (LTHHCs), licensed home care services agencies (LHCSAs), and hospices, hereafter referred to as home care agencies, the New York State home health aide training and evaluation requirements, and the process and procedures for Department of Health approval of home health aide training programs. Effective October 1, 2006, any applicant seeking initial approval of a home health aide training program or any existing approved program seeking reapproval must comply with the requirements set forth in this Guide. These requirements supersede the requirements set forth in the New York State Department of Health's Guide to Home Health Aide Training and Competency Evaluation (1992).

The training and evaluation requirements and approval process set forth in this guide are consistent with Part 484 of Title 42 of the Code of Federal Regulations (42 CFR) and Section 700.2 of Title 10 of the New York Code, Rules and Regulations (10 NYCRR). In order to provide home health aide services in New York State, a person must successfully complete a training and competency evaluation program or competency evaluation program only conducted by an approved home health aide training program.

TRAINING REQUIREMENTS

A home health aide training program must include classroom and supervised practical training. The aide trainee must receive a minimum of 75 hours of training including 16 hours of supervised practical training. Supervised practical training means training in a laboratory, patient's home or other health care setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse. At a minimum, fifty percent (50%) of each aide's supervised practical training must be provided in a patient care setting. The setting(s) used for practical training and the number of training hours provided should be based on each student's learning needs.

CURRICULAR CONTENT

Each home health aide training program must identify and clearly state its goals and objectives and must include measurable performance criteria specific to both the curricular subject material and clinical content required by the Department. We recommend that the curriculum be taught at a sixth grade reading level. The curriculum must include the content outlined below:

1. Orientation to home care and the role of home health aides;
2. understanding basic human needs of individuals and families including understanding the elderly, infants and children, persons with physical illnesses, persons with physical disabilities and persons with mental disabilities;
3. communication skills;
4. basic elements of body function;
5. patient rights and HIV confidentiality;
6. safety, accident prevention and responses to emergencies;
7. infection control and universal blood and body fluid precautions;
8. personal hygiene and grooming including bed, sponge, tub or shower baths; skin, tub or bed shampoos; nail and skin care; oral hygiene; toileting and elimination;
9. use of prescribed medical equipment and supplies;

10. rehabilitation including safe transfer techniques and ambulation; normal range of motion and positioning; assistance with use of crutches, walkers, and hoist lifts; and prescribed exercise programs;
11. nutrition and fluid intake, to include preparation of meals for simple and complex modified diets;
12. temperature, pulse, respiration, and blood pressure;
13. simple test and measurements;
14. maintaining a clean, safe environment;
15. assistance with medication administration;
16. special skin care;
17. simple dressing changes;
18. ostomy care;
19. handling patient's money; and
20. observing, reporting, and recording.

The training program's teaching staff may exercise discretion in determining the amount of time required to adequately teach each of the subject areas, however, the minimum training time required must be met for each subject area and the training hours must total a minimum of 75 hours.

STANDARDIZED TRAINING CURRICULA

In order to assure that all home health aide training programs are teaching comparable content, home health aide training programs are required to use this curricula as the basis for the home health aide training program.

The revised objectives and outline must be followed and all material must be covered.

The Home Care Core Curriculum (HCCC) and the Health Related Task Curriculum (HRTC) developed in 1992 by the State University College of Buffalo under contract with the State Department of Social Services (SDSS) may be used as an adjunct to the information contained in the revised objectives and outline. These curricula may be obtained from:

Health Education Services
P.O. Box 7126
Albany, NY 12224
(518) 439-7286 fax: (518) 439-7022
www.hes.org

Other resources may be used at the discretion of the Registered Professional Nurses supervising the approved Personal Care Aide/Home Health Aide Training Programs.

Training programs should supplement to standardized curricula with other training materials as necessary to provide adequate instruction in the curricular content outlined on pages 1 and 2 of this Guide. For example, the above curricula should be supplemented to address patient rights, HIV confidentiality and universal blood and body fluid precautions, (items 5 & 7 of the curricular outline). Therefore, training programs are required to use Part 63 or 10 NYCRR (Confidentiality of HIV-related information); Sections 763.2, 766.1, or 794.1 of 10 NYCRR, (Patient rights concerning CHHA; LTHHCP, LTHHCP and hospices respectively); and the Department of Health Memorandum 90-1 (Recommendations for the Prevention and Management of Bloodborne Disease Transmission in Home Care Settings) in the instruction of these topics.

COMPETENCY EVALUATION PROGRAM

The home health aide training program is also responsible for ensuring that each home health aide trainee is competent in each skill and procedure taught in the training program. Competency evaluation may be integrated throughout the training program or may be conducted subsequent to classroom and supervised practical training. Initial competency must be evaluated by a registered nurse using the following methods:

- written and/or oral examinations that demonstrate the aide's knowledge of the information presented in the classroom training; and
- observation and demonstration by the aide of his/her competency in performing skills in the laboratory or patient care setting. The tasks associated with personal hygiene, rehabilitation and vital signs (the subject areas listed in items 8, 10 and 12 of the curriculum outlined on page 2 of this Guide) must be evaluated after observation of the aide's performance of the task with a person in the laboratory or patient care setting during the supervised practical training.

To evaluate each home health aide trainee's competence in performing the minimally required number of home health skills, each home health aide training program should utilize the following:

- The written unit tests found on the Health Department's Health Provider Network; and
- The skills checklists found in the appendices of the Home Care Curriculum (HCC) and the Health Related Tasks Curriculum (HRTC).

A home health aide training program may also supplement the written unit tests and performance examinations contained in the HCC and HRTC with evaluation processes developed by training programs to assure that the aide is competent in the content and skills learned throughout the training program.

For each home health aide who has completed classroom and supervised practical training, all competencies must be documented on a competency evaluation form developed by the home health aide training program and approved by the Department of Health. The competency evaluation form must list the competencies which are subject to evaluation; the method of evaluation and the satisfactory or unsatisfactory outcome of the evaluation; and the identity, by name and license number, of the registered nurse who has evaluated the aide's performance of each task. Classroom and supervised practical training and competency evaluation must be completed within two months of each aide's entry into the training program.

COMPETENCY EVALUATION ONLY

In lieu of the standardized training and competency evaluation, the home health aide training program must make available to eligible individuals a competency evaluation program only. The competency evaluation program should be derived from the written unit tests and skills demonstration checklists included in the HCC and HRTC curricula. The written and skills demonstration portions of the competency evaluation program must contain sufficient content to assure that the aide is competent in the information and skills set forth in the curricular outline on pages 1 and 2 of this Guide. The subject areas listed in items 8, 10, and 12 of the curricular outline must be evaluated after observation of the aide's performance of the task with a person in the laboratory or patient care setting.

Individuals eligible to complete the competency evaluation program only, in lieu of training, include:

- A nursing assistant with one year of full time experience in a general hospital within the past five years;
- An individual with documented home health aide or nurse aide training and competency evaluation from an out-of-state training program;
- A home health aide with documented home health aide training and competency evaluation who has not been employed as a home health aide for 24 consecutive months;
- A nursing student who has completed fundamentals of nursing.

If a prospective home health aide demonstrates competency in some, but not all of the content and skills evaluated, the home health aide training program may provide additional training, as appropriate, and may reevaluate the aide's competency only in those areas requiring remediation.

It should be noted that a registered professional nurse or a licensed practical nurse currently licensed and registered in the State of New York may be employed as a home health aide and will be considered exempt from training and competency evaluation requirements.

PERSONAL CARE AIDE UPGRADING

Personal care aides (level II) are permitted to perform fewer health-related tasks than home health aides. Personal care aides, who have been adequately trained in approved personal care activities, are issued a certificate from a NYSDOH approved training program, which must offer a minimum of 40 hours of training.

To upgrade a personal care aide to a home health aide, home health aide training programs must provide the additional 35 hours of training outlined in the HRTC. This includes 19 hours of classroom and 16 hours of supervised practical training. Supervised practical training means training in a laboratory, patient's home or other health care setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse or licensed practical nurse. At a minimum, fifty percent (50%) of each aide's supervised practical training must be provided in a patient care setting. The setting(s) used for practical training and the number of training hours provided should be based on each student's learning needs.

The HRTC appendix indicates the 18 required performance standards, which need to be successfully demonstrated to and assessed by a registered nurse.

A personal care aide with a valid personal care aide certificate is not required to repeat training in the content and skills learned in the basic personal care aide training program. However, the home health aide training program must assure that the personal care aide is competent in such skills prior to providing additional training and issuing a home health aide certificate.

Documentation of the successful completion of the 35 hours of training must be kept in the personnel file of the trainee/home health aide along with proof of competency in the content and skills required by the personal care aide training program.

NURSE AIDE TRANSITIONING

Nurse aides employed in residential health care facilities (RHCF) provide personal care and health-related services, which are comparable to the activities and tasks performed by home health aides. A nurse aide who is employed in a RHCF is required to be certified in accordance with the provisions of Section

415.26 of Title 10 of NYCRR. In order to obtain nurse aide certification and be listed in the New York State RHCN Nurse Aide Registry, an individual must successfully complete a State approved RHCN nurse aide training program, which is a minimum of 100 hours duration, and pass the State authorized competency examination.

Home health aide training programs should have the capability to augment a nurse aide's training with classroom and supervised practical training in those skills not included in the nurse aide training program. Such skills include but are not limited to: assistance with medications; handling the patient's money; maintaining a clean, safe home environment; safety, accident prevention and responses to emergencies in the home; taking of blood pressure; and observing, recording and reporting. A nurse aide who is registered in the New York State Nurse Aide Registry is not required to repeat training in the content and skills learned in the nurse aide training program. However, the home health aide training program must assure that the nurse aide is competent in such skills prior to providing additional training and issuing a home health aide certificate.

ISSUANCE OF CERTIFICATES

Within 30 days of successful completion of the training program and demonstration of satisfactory competence in all training program content and skills by the aide, or successful completion of the competency evaluation program only, the home health aide training program must issue an original certificate to the aide validating his/her training competency as a home health aide. A sample of the certificate (see Attachment 1), which must be used in conjunction with the new training requirements follows. If a training certificate was issued to a home health aide, who successfully completed a training program prior to implementation of the training requirements contained in this Guide, such certificate remains valid. The home health aide must also be provided with a copy of the completed competency evaluation form. The training program must maintain copies of each aide's training certificate and competency evaluation form for at least six years.

An individual who has successfully completed an approved home health aide training and initial competency evaluation program will not be considered qualified to provide home health aide services if the individual has not been employed as a home health aide within any consecutive 24 month period. In such cases, the aide's training certificate becomes null and void. The home health aide who wishes to be re-employed after a two-year lapse in employment as a home health aide will be considered qualified to take the competency evaluation program in lieu of a training program. After successful completion of the competency evaluation program, a new certificate will be issued to the home health aide by the training program administering the competency evaluation.

TRAINING PROGRAM APPROVAL REQUIREMENTS

A home health aide training program sponsored by an educational facility which is regulated by the New York State Education Department (NYSED) must meet the training and competency evaluation requirements established by the NYSED. Such requirements are consistent with the standards set forth in this Guide. An educational facility wishing to conduct home health aide training should submit its proposed home health aide training program plan for approval to:

New York State Education Department
Bureau of Proprietary School Supervision
Room 974, Education Building Addition
Albany, New York 12234
(518) 474-3969

A home care agency or other non-educational program sponsor that is not regulated by the NYSED must submit its proposed home health aide training program plan to the appropriate regional office Home Care Program Director (see attachment 2) for approval. Home health aide training programs operated by licensed, certified agencies and hospices and approved by the NYSDOH will be allowed to charge a participant fee, up to a maximum of \$100.00 (one hundred dollars) to recoup the cost of those items students are required to have (e.g., books, supplies, equipment) and that the individual student retains upon completion or separation from the program. Any program charging over \$100.00 in fees or tuition of any amount must apply to the NYSED for approval to operate and should not seek approval under NYSDOH.

Agencies must choose to operate home health aide training programs under the approval of either the NYSDOH or NYSED. Home health aide training programs can not be dually approved by both the NYSDOH and NYSED.

A description of the proposed home health aide training program must include the following:

Identification of the competency evaluation form to be used.

A copy of the competency evaluation form to be used to substantiate skills competency must be attached to the training program application.

A listing of faculty and their credentials

The home health aide training program must be provided by or under the direction of a registered nurse who has two years of nursing experience, at least one year of which must be in the provision of home health care services. The use of other individuals such as a therapist or a dietician is encouraged as long as such individuals provide instruction under the supervision of a registered nurse. The competency evaluation must be performed by a registered nurse.

Procedures for maintaining the confidentiality of the home health aide training program tests and examinations.

The unit test and performance examinations which are included in each of the standardized curricula, as well as the examination utilized in the training program's competency evaluation program must be kept strictly confidential.

Copies of signed contracts or letters of intent, if applicable, specifying those home care agencies, or other health care settings which will provide trainees with supervised practical training.

Contracts must include an agreement by the contracting agency to: 1) utilize qualified registered nurses to provide clinical instruction and competency evaluation; and 2) maintain adequate documentation of the skills competencies observed and evaluated during the supervised practical training using the competency evaluation form approved by the Department.

Procedures for screening training applicants.

Training programs are expected to develop procedures for screening for the appropriateness of training applicants. Applicants should be selected on the basis of such factors as sympathetic attitude toward the care of the sick; ability to read, write, and carry out directions; maturity and ability to deal effectively with the demands of the job. A minimum age of 18 is recommended but not required.

A description of the location, major equipment, and space to be utilized including a schematic (or floor plan), if available

At a minimum, the training site should include a classroom area for didactic presentation of curricular content and a laboratory area with equipment and supplies that enable trainers and trainees to adequately demonstrate clinical tasks.

Procedures for maintaining training records on all persons trained.

The home health aide training program must have a procedure to retain, for a period of at least six years, a training record on each person who has successfully completed home health aide training and/or competency evaluation, including copies of the training certificate and competency evaluation form.

After reviewing the training program description, a representative of the Department will approve the training program and may, prior to approval, make a site visit to examine the physical layout of the training site. Subsequent visits may also be made once approval is granted to observe classroom instruction and/or in conjunction with survey visits. Initial home health aide training program approval is granted for a period of up to three years.

REAPPROVAL OF HOME HEALTH AIDE TRAINING PROGRAM

In order to maintain ongoing approval, a training program must submit a written program update and a request for re-approval to the appropriate regional office ninety days prior to the expiration of the current three-year approval period. The program update must include a description of any changes in curriculum, faculty (with their current credentials), and physical layout/equipment. The program must also apprise the regional office of any changes in the agencies providing supervised practical training and submit revised contracts or letters of intent as appropriate. Upon receipt of the program description, the regional office will review the information submitted and will notify the program sponsor of Department approval to continue home health aide training. Until such re-approval is received, the home health aide training program may continue to train students unless otherwise notified by the regional office.

A home health aide training program must hold at least one full 75 hour training program within each three year approval period to be reapproved. Competency evaluation, personal care aide upgrading and/or certified nurse aide transitioning are not considered full programs.

If the training program makes any significant changes within the three-year program approval period, including changes in faculty or sites for supervised practical training, the program must notify the Area Office of such changes in writing.

The agency or other organization approved to provide training and initial competency evaluation is ultimately responsible for ensuring that every aspect of the home health aide training, including the supervised practical training, meets all federal and state regulatory requirements. Each trainee completing the home health aide training program must be competent to perform the home health aide tasks taught in the program.

RESCINDING APPROVAL OF THE HOME HEALTH AIDE TRAINING PROGRAM

The Department of Health may rescind approval of a home health aide training program if a training program is found to be out of compliance with the federal and state training and competency evaluation requirements. A home health aide training program may not be provided by a federally certified agency such as a CHHA, a LTHHCP or a hospice if, within the previous two years, the agency:

1. has been found out of compliance with the home health aide training and competency requirements set forth in the federal Conditions of Participation for Home Health Agencies (Title 42 of the Code of Federal Regulations Part 484);
2. has been found to permit an individual that does not meet the federal definition of home health aide to furnish home health aide services;
3. has been subjected to an extended or partial extended survey as a result of having been found to have furnished substandard (condition-level deficient) care;
4. has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;
5. has been found to have compliance deficiencies that endanger the health and safety of patients and has had a temporary management appointed to oversee the agency; or
6. has had all or part of its Medicare payments suspended.
7. has been found to be charging tuition or fees in excess of \$100.00 in exchange for home health aide training.

ADDITIONAL INFORMATION

Any questions regarding home health aide training and program approval requirements should be directed to the appropriate regional Home Care Program Director. (See Attachment 2)

Attachment 1

CERTIFICATE OF COMPLETION

This Certifies That

has successfully completed a training program approved by the New York State Department of Health and is qualified for employment as a home health aide.

Date of Completion

Name of Training Program/Sponsoring Agency

Signature and Title of Official Agency Designee

Attachment 2

New York State Department of Health

Home Care Program Directors

Bronx, Kings, New York, Richmond and Queens Counties; Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester Counties and Nassau and Suffolk Counties:

Home Care Program Director
New York State Department of Health
Metropolitan Area Regional Office
Home Health Aide Training Program
90 Church Street; 13th floor
New York, New York 10001
(212) 417-5888

Albany, Canton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Oswego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington Counties:

Home Care Program Director
New York State Department of Health
Capital District Regional Office
Home Health Aide Training Program
Frear Building
One Fulton Street
Troy, New York 12180
(518) 408-5413

Broome, Cayuga, Cortland, Chenango, Herkimer, Jefferson, Lewis, Madison, Oneida, St. Lawrence, Tioga and Tompkins Counties:

Home Care Program Director
New York State Department of Health
Central New York Regional Office
Home Health Aide Training Program
217 South Salina Street
Syracuse, New York 13202
(315) 477-8421

Alleghany, Cattaraugus, Chemung, Chataugua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Steuben, Seneca, Wayne, Wyoming and Yates Counties:

Home Care Program Director
Western Regional Office
Home Health Aide Training Program
584 Delaware Avenue
Buffalo, New York 14202
(585) 238-8185

MATRIX

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES HOME HEALTH AIDE (HHA) SERVICES

**PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES**

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HOME HEALTH AIDE (HHA) SERVICES**

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**PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES**

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INTRODUCTION

The Matrix delineates the activities associated with the provision of health related tasks by home health aides. Designations of permissible activities, permissible under special circumstances, and non-permissible activities are very specific and detailed to reflect the collaborative work and agreement by the State Education Department (SED) to clarify which activities that would be permissible by SED without violating the Nurse Practice Act and to assure that:

- there is a common understanding of all activities associated with each task; and
- the home care industry clearly understands which parts of the activity may be performed by the home health aide without violating the Nurse Practice Act in New York State (Article 139 of the State Education Law).

The language used in the listing of activities in the Matrix is not intended to imply that a home health aide providing services may make judgements about a patient's need for assistance with an activity. The patient's medical status must be reflected in a physician's order. A registered professional nurse must assess the functions, tasks, activities and degree of assistance needed by the patient. Permissible activities must be identified in the patient's plan of care. The home health aide must be supervised by a registered professional nurse or therapist and, where indicated, receive on-the-job training in the patient's home in performance of an activity.

A Glossary explaining selected terms found in the Matrix is presented on pages 6-7. The Glossary is intended to be used as a reference in conjunction with review and interpretation of the Matrix content. Page numbers are included in the Glossary to assist in the location of the terms within the body of the Matrix.

GLOSSARY

- ◇ **Activities Permissible Under Special Circumstances, General, pages 9-68:** activities which can only be provided in association with a patient whose characteristics and case situation meet all of the following criteria:
 1. The patient is self-directing: i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
 2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
 3. The patient cannot physically perform the task or activity because of his/her disability; and
 4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

- ◇ **Activities Permissible Under Special Circumstances, Administration of Injectable (Insulin Only) Medications, pages 20-22:** cleaning of the site for insulin injection, inspection of the site for evidence of infection and/or irritation and injection of a pre-filled insulin dose for a patient whose characteristics and case situation meet the above four criteria.

- ◇ **Activities Permissible Under Special Circumstances, Indwelling Catheter, pages 36-38 and page 57:** irrigation of the catheter, changing of a leg or bed urinary drainage bag and collection of a urinary specimen for testing purposes from the drainage bag for a patient whose characteristics and case situation meet the above four criteria and whose home care aide provides service exclusively to the patient within a particular day.

- ◇ **Activities Permissible Under Special Circumstances, Mechanical Ventilators, pages 45-46:** activities which can only be performed for a patient whose characteristics and case situation meet the above four criteria and by a home care aide with current certification in cardiopulmonary resuscitation (CPR).

- ◇ **Administration of Medications, pages 15-26:** activities performed to prepare for and complete the administration of prescription and/or non-prescription oral, topical intra-aural, nasal, ocular, rectal and vaginal medications. Removal of the proper amount of medication from the medication container and/or application, instillation, insertion, etc. of a medication by a home care aide can only be performed for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understand the impact of these choices and assume responsibility for the results of the choices.
- ◇ **Mature and Stable Ostomy, pages 62-68:** an ostomy that is now new or changing and for which a routine of care has been established.
- ◇ **Observe, Record and Report, General, pages 9-68:** to gather, write down and/or verbally convey information documenting:
 1. actions and findings of the home care aide when assisting the patient with a specific function, task or procedure assigned in the patient's plan of care;
 2. changes in the patient's behavior, physical environment and relationships with other caregivers which might affect the plan of care;
 3. effects of, or patient's reaction to, a procedure or treatment performed by the home care aide; and
 4. effects of, or problems developing from, a procedure or treatment performed by someone other than the home care aide.
- ◇ **Routine Skin Care, pages 28-29:** activities normally performed on a regular basis to maintain the skin's integrity, e. g. bathing and grooming.
- ◇ **Special Skin Care, pages 29-30:** activities performed as needed to protect a stable surface wound or to prevent the development of decubiti.
- ◇ **Stable Skin Surface, pages 18-20:** skin surface that may have a superficial wound but is not open, inflamed or infected.
- ◇ **Stable Surface Wound, pages 48-49:** a wound that is closed, crusted or scabbed over, non-draining and non-infected, but not necessarily healed.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function/Task: preparing meals in accordance with modified diets

and

preparing meals in accordance with complex modified diets

Page(s): 9-14

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria;

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| ----- | | | | |
| Preparing meals in accordance with modified diets | | | | |
| - low sugar | 1. plan meals in cooperation with patient and family. | x | | |
| - low salt | | | | |
| - low fat | 2. prepare shopping list. | x | | |
| - low residue | | | | |
| - calorie | 3. purchase foods. | x | | |
| - high calorie | | | | |
| - low cholesterol | 4. assemble/set up necessary equipment/utensils supplies for meal preparation. | x | | |
| - bland | | | | |
| - mechanically altered | | | | |
| - high residue | 5. prepare meals/foods. | x | | |
| - high protein | | | | |
| - soft | 6. serve meals. | x | | |
| - liquid | | | | |
| | 7. clean cooking area, equipment and utensils. | x | | |
| | 8. store uneaten foods properly. | x | | |
| | 9. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Preparing meals in accordance with complex modified diets. | | | | |
| - diabetic | 1. plan meals in cooperation with patient or family. | x | | |
| - nutritionally supplemented, involving measuring and mixing | 2. prepare shopping list. | | x | |
| - combination of two or more modified diets | 3. purchase foods. | | x | |
| | 4. assemble/set up necessary equipment/utensils/supplies for meal preparation. | | x | |
| | 5. prepare meals/foods. | | x | |
| | 6. add medication to foods: | | | |
| | a. hyperal imentation solutions; | | | x |
| | b. oral medications; | | | x |
| | c. vitamin supplements; | x | | |
| | d. stool softeners. | x | | |
| | 7. serve meals. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| ----- | | | | |
| Preparing meals in accordance with complex modified diets. | | | | |
| - diabetic, et al (cont.) | 8. clean cooking area, equipment and utensils. | x | | |
| | 9. store uneaten foods properly. | x | | |
| | 10. observe, record and report. | X | | |
| - tube feedings | 1. assemble necessary equipment and supplies. | x | | |
| - naso-gastric | 2. position patient for instillation of feeding. | x | | |
| | 3. insert tubes. | | | x |
| | 4. irrigate tubes. | | | x |
| | 5. instill feeding. | | | x |
| | 6. hand requested items to person instilling feeding. | x | | |
| | 7. dispose of used equipment and supplies. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Preparing meals in accordance with complex modified diets (cont.) | | | | |
| - tube feedings (cont.) | 8. clean reusable equipment and unused supplies. | x | | |
| | 9. store reusable equipment and unused supplies. | x | | |
| | 10. observe, record and report. | X | | |
| - total parenteral nutrition (TPN) | 1. dressing change to IV catheter site (see permissible activities related to changing of dressings involving sterile procedure, pages 50-51). | | | |
| | a. assemble necessary equipment and supplies; | x | | |
| | b. change dressing; | | | x |
| | c. clean reusable equipment; | | x | |
| | d. store equipment and unused supplies; | x | | |
| | e. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|---|--------------------|---|----------------------------|
| Preparing meals in accordance with complex modified diets (cont.) | | | | |
| - total parenteral nutrition | 2. mixing solutions: | | | |
| | a. assemble necessary equipment and supplies; | | | x |
| | b. check for names, dates, clarity of solution; | | | x |
| | c. attach tubing to solution bottles; | | | x |
| | d. prepare additives; | | | x |
| | e. inject additives into solution; | | | x |
| | f. store solution as directed; | | x | |
| | g. observe, record and report. | | | x |
| | 3. hooking up solutions: | | | |
| | a. assemble necessary equipment and supplies; | | | x |
| | b. hang solution on IV pole; | | | |
| | c. prepare additional equipment; | | | x |
| | d. prepare Heparin flush; | | | x |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA | |
|---|---|--------------------------|---|----------------------------|--|
| Preparing meals in accordance with complex modified diets (cont.) | | | | | |
| - total parenteral nutrition | e. inject Heparin into TPN catheter; | | | X | |
| | f. connect solution tubing to catheter; | | | X | |
| | g. set initial infusion rate; | | | X | |
| | h. adjust infusion rate; | | | X | |
| | i. Inject Heparin flush again; | | | X | |
| | j. perform sterile dressing change to IV catheter site; | | | X | |
| | k. clean reusable equipment; | | X | | |
| | l. store reusable equipment and unused supplies; | | X | | |
| | m. repair equipment; | | | X | |
| | n. observe, record and report. | | | X | |
| | 4. daily monitoring: | | | | |
| | | a. measure weight; | X | | |
| | | b. take temperature; | X | | |
| | | c. test urine for sugar; | X | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function/Task: administration of medications

Page(s): 16-26

Home Health aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task of activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|-------------------------------|--|--------------------|---|----------------------------|
| Administration of medications | | | | |
| - oral medications | 1. prompt patient of time to take medication. | x | | |
| | 2. read the label on the medication container to check: | | | |
| | a. the name of the person for who the medication is intended; | x | | |
| | b. the name of the medicine (may include both the generic and brand name); | x | | |
| | c. amount to be used at each application; | x | | |
| | d. frequency of the amount (i.e. QD, BID, etc.); | x | | |
| | e. expiration date for prescription medications; | x | | |
| | f. name, telephone number, address, and ID number of pharmacy; | x | | |
| | g. doctor's name; | x | | |
| | h. date prescription is filled; | x | | |
| | i. number of prescription. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---------------------------------------|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - oral medications (cont.) | 3. Bring the medication container and any necessary supplies and equipment to the patient. | x | | |
| | 4. open the medication container for the patient. | | x | |
| | 5. position the patient for medication administration. | | x | |
| | 6. *remove proper amount of medication from container. | | x | |
| | 7. *put /spray/spoon prescription or non-prescription medication in patient's mouth: | | | |
| | a. not pre-measured; | | x | |
| | b. pre-measured. | | x | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - oral medications (cont.) | 8. dispose of used supplies. | x | | |
| | 9. clean reusable equipment. | x | | |
| | 10. store medication properly. | x | | |
| | 11. observe, record and report. | X | | |
| - topical medications, for stable skin surface | 1. prompt patient of time to apply medication. | x | | |
| | 2. read the label on the medication container (see oral medications, page 16). | x | | |
| | 3. bring the medication container and any necessary supplies and equipment to the patient. | x | | |
| | 4. open the medication container for the patient. | | | |
| | 5. position patient for medication administration | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Administration of medications | | | | |
| - topical medications, for stable skin surface (cont.) | 6. *remove proper amount of medication from container | x | | |
| | 7. *apply prescription or non-prescription medications: | | | |
| | a. antibiotics; | x | | |
| | b. anesthetics; | x | | |
| | c. corticosteroids; | x | | |
| | d. vasodilators; | x | | |
| | e. protectives; | x | | |
| | f. antiparasitics; | x | | |
| | g. antifungals; | x | | |
| | h. antipruritics; | x | | |
| | i. antibacterials; | x | | |
| | j. rectal/vaginal preparations; | x | | |
| | k. antianginals. | | | x |
| | 8. dispose of used supplies. | x | | |
| | 9. clean reusable equipment and supplies. | x | | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Administration of medications | | | | |
| - topical medications, for stable skin surface (cont.) | 10. store medication properly. | x | | |
| | 11. observe, record and report. | x | | |
| - injectible medications | 1. prompt patient of time to inject medication. | x | | |
| | 2. read the label on the medication container (see oral medications, page 16). | x | | |
| | 3. bring the medication container and any necessary supplies and equipment to the patient. | x | | |
| | 4. open the medication container for the patient. | x | | |
| | 5. position the patient for injection of medication. | x | | |
| | 6. draw up solution (including reconstituting) or prepare prefilled dose. | | | x |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - injectible medications (cont.) | 7. cleanse site for injection of insulin. | | x | |
| | 8. inspect site for evidence of infection and/or irritation. | | x | |
| | 9. give injection: | | | |
| | a. intramuscular including Z track; | | | x |
| | b. intravenous; | | | x |
| | c. intracutaneous; | | | x |
| | d. subcutaneous; | | | x |
| | (1) prefilled insulin; | | | |
| | (2) other. | | x | x |
| | 10. dispose of used supplies. | x | | |
| | 11. dispose of needles used for: | | | |
| | a. insulin injection; | x | | |
| b. other types of injections. | | | x | |
| 12. clean reusable equipment and supplies. | | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - injectible medications (cont.) | 13. store medication properly. | x | | |
| | 14. observe, record and report. | X | | |
| - intra-aural, nasal and ocular medications. | 1. prompt patient of time to instill or apply medication. | x | | |
| | 2. read the label on the medication container (see oral medications, page 16). | x | | |
| | 3. bring the medication container and any necessary supplies and equipment to the patient. | x | | |
| | 4. open the medication container for the patient. | x | | |
| | 5. *remove proper amount of medication from container. | x | | |
| | 6. warm solution for medication instillation/application. | x | | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - intra-aural, nasal and ocular medications (cont.) | 7. position the patient for instillation or application of medication. | x | | |
| | 8. perform special cleansing of eyelids and eyelashes to remove secretion and crusts and prepare for instillation or application of ocular medication. | x | | |
| | 9. straighten ear canal and prepare for instillation or application of intra-aural medication. | x | | |
| | 10. *instill/apply/spray prescription or non-prescription medication. | x | | |
| | 11. dispose of used supplies. | x | | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - intra-aural, nasal and ocular medications (cont.) | 12. clean reusable equipment and supplies | x | | |
| | 13. store medication properly. | x | | |
| | 14. observe, record and report. | X | | |
| - rectal and vaginal medications | 1. prompt patient of time to insert medication. | x | | |
| | 2. read the label on the medication container (see oral medications, page 16). | x | | |
| | 3. bring the medication container and any necessary supplies and equipment to the patient. | x | | |
| | 4. open the medication container or package for the patient. | x | | |
| | 5. attach medication container to vaginal or rectal applicator. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - rectal and, vaginal medications (cont.) | 6. position the patient for insertion of medication. | x | | |
| | 7. *remove proper amount of medication from container. | | x | |
| | 8. *insert prescription or non-prescription medications: | | | |
| | a. creams, lotions; | | x | |
| | b. glycerine suppositories; | | x | |
| | c. medicated suppositories. | | x | |
| | 9. dispose of used supplies and equipment. | | x | |
| | 10. clean reusable supplies and equipment. | | x | |
| | 11. store medication properly | | x | |
| | 12. observe, record and report. | | x | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--------------------------------|--------------------|---|----------------------------|
| Administration of medications (cont.) | | | | |
| - medicated baths | 1. prompt patient of bath time | x | | |
| | 2. prepare bath water. | x | | |
| | 3. pour medication into water. | x | | |
| | 4. clean equipment. | x | | |
| | 5. store medication properly. | x | | |
| | 6. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): providing skin care; routine, special

Page(s): 28-30

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---------------------|---|--------------------|---|----------------------------|
| Providing skin care | | | | |
| - routine | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. use support equipment (e.g., sheepskin, cushions). | x | | |
| | 4. maintain clean environment: | | | |
| | a. clothing change; | x | | |
| | b. linen change; | x | | |
| | c. supportive equipment. | x | | |
| | 5. perform personal care: | | | |
| | a. bathing; | x | | |
| | b. backrub; | x | | |
| | c. apply cream/lotion; | x | | |
| | d. nail care: | | | |
| | (1) file; | x | | |
| | (2) cut. | | x | |
| | e. hair care; | x | | |
| | f. toileting. | x | | |
| | 6. inspect skin for signs of pressure/irritation. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--------------------------------|---|--------------------|---|----------------------------|
| ----- | | | | |
| Providing skin care (cont.) | | | | |
| - routine (cont.) | 7. dispose of used supplies. | x | | |
| | 8. clean reusable equipment. | x | | |
| | 9. store reusable supplies. | x | | |
| | 10. dispose of used supplies. | X | | |
| - special | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. *apply prescription or non-prescription topical medications to stable skin surface. | x | | |
| | 4. apply prescription or non-prescription topical medications to unstable skin surface. | | | x |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--------------------------------|--|--------------------|---|----------------------------|
| ----- | | | | |
| Providing skin care (cont.) | | | | |
| - special (cont.) | 5. perform dressing change on stable skin surface (see permissible activities related to changing dressings for stable surface wounds, pages 49-50). | | | |
| | 6. perform dressing change on unstable skin surface. | | | x |
| | 7. inspect skin for signs of pressure/irritation. | x | | |
| | 8. dispose of used supplies. | x | | |
| | 9. clean reusable equipment. | x | | |
| | 10. store reusable supplies. | x | | |
| | 11. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): using medical equipment, supplies and devices.

Page(s): 32-47

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

Additional requirements exist for provision of selected activities related to indwelling catheters and for assistance with the use of mechanical ventilators. Requirements are starred (*) and explained on the applicable pages of the Appendix. Requirements are also stated on pages 6-7 of the Glossary to the Appendix.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Using medical equipment, Supplies and devices. | | | | |
| - crutches | 1. bring the equipment/supply/ device to the patient. | x | | |
| - walkers | | | | |
| - braces/splints | 2. position the patient for use of equipment/device. | x | | |
| - arm | | | | |
| - leg | | | | |
| - neck | | | | |
| - back | 3. fit/adjust equipment/supply device. | | | x |
| - prosthetics | 4. put on/put in/remove/operate: | | | |
| - artificial limbs | a. braces/splints: | | | |
| - hearing aids | (1) arm; | x | | |
| - glasses | (2) leg; | x | | |
| - artificial eyes | (3) neck; | x | | |
| - dentures | (4) back; | x | | |
| - breasts | (5) traction. | | | x |
| - wheelchairs | | | | |
| - motorized | | | | |
| - unmotorized | | | | |
| - trapeze | b. prosthetics: | | | |
| - footboards/cradles | (1) artificial limbs; | x | | |
| - canes, all types | (2) hearing aids; | x | | |
| | (3) glasses; | x | | |
| | (4) artificial eyes; | | | x |
| | (5) dentures; | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Using medical equipment, Supplies and devices (cont.) | | | | |
| - hospital beds | 4. put on/put in/remove/operate | | | |
| - special mattresses (eggcrate, air, water) | (cont.): | | | |
| - cushions (water, air) | b. prosthetics (cont.) | | | |
| - pads (sheepskin) | (6) breasts; | x | | |
| - slings | (7) others. | | | x |
| - elastic support stockings | c. trapeze; | x | | |
| - ace bandages | d. hospital beds; | x | | |
| - backrests | e. slings; | x | | |
| - transfer/sliding boards | f. elastic support stockings; | x | | |
| | g. ace bandages | | x | |
| | 5. change/charge batteries of electrically/electronically operated equipment/devices. | x | | |
| | 6. dispose of used equipment/ supplies/devices. | x | | |
| | 7. clean reusable equipment/ supplies/devices. | x | | |
| | 8. store reusable equipment/ supplies/devices properly. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|---|--------------------|---|----------------------------|
| Using medical equipment, Supplies and devices (cont.) | | | | |
| | 9. repair equipment | | | x |
| | 10. observe, record and report. | X | | |
| - hydraulic lift such as hoyer | 1. assemble/set up necessary equipment. | x | | |
| - electric lift chair | 2. position patient to move into/out of equipment. | x | | |
| | 3. operate the equipment. | x | | |
| | 4. clean reusable equipment. | x | | |
| | 5. store equipment properly. | x | | |
| | 6. repair equipment. | | | x |
| | 7. observe, record and report. | X | | |
| - transcutaneous electrical nerve stimulator (TENS) | 1. assemble/set up necessary equipment. | | x | |
| | 2. prepare skin/electrodes. | | x | |
| | 3. apply/remove electrodes. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Using medical equipment, Supplies and devices (cont.) | | | | |
| - transcutaneous electrical nerve stimulator (TENS) (cont.) | 4. adjust electrode controls. | | x | |
| | 5. clean equipment. | | x | |
| | 6. store equipment properly. | | x | |
| | 7. repair equipment. | | | x |
| | 8. observe, record and report. | | x | |
| - catheters - external | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. cleanse skin around application site. | x | | |
| | 4. apply/remove catheter. | x | | |
| | 5. change leg or bed drainage bag. | x | | |
| | 6. empty leg or bed drainage bags. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - catheters - external (cont.) | 7. measure and record urinary output (see simple measurements and tests, pages 53-56). | x | | |
| | 8. dispose of used supplies. | x | | |
| | 9. clean reusable equipment | x | | |
| | 10. store reusable equipment properly. | x | | |
| | 11. observe, record and report. | x | | |
| - catheters - straight (intermittent) - indwelling (e.g. Foley) | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. cleanse skin around insertion site. | | | x |
| | 4. set up sterile field for insertion of catheter | | | x |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - catheters | 5. apply prescription or non-prescription medication around insertion site. | | | x |
| - straight (intermittent) | | | | |
| - indwelling (e.g. Foley) | 6. insert/remove catheter: | | | |
| (cont.) | a. straight; | | | x |
| | b. indwelling | | | x |
| | 7. *irrigate indwelling catheter. | | x | |
| | 8. clean skin and catheter tubing with soap and water. | x | | |
| | 9. *change leg or bed drainage bags. | | x | |

*This activity can only be provided for a patient whose characteristics and case situation meet all of the four special circumstances criteria on page 31 and whose home care aide provides services exclusively to his/her within a particular day.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - catheters | 10. empty leg or bed drainage bags. | x | | |
| - straight (intermittent) | | | | |
| - indwelling (e.g. Foley) (cont.) | 11. measure and record urinary output (see simple measurements and tests, pages 55-56). | x | | |
| | 12. dispose of used supplies. | x | | |
| | 13. clean reusable equipment. | x | | |
| | 14. store reusable equipment properly. | x | | |
| | 15. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - enemas | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient for task. | x | | |
| | 3. prepare soap solution. | x | | |
| | 4. administer: | | | |
| | a. commercially prepared; | | x | |
| | b. soap solution. | | | x |
| | 5. remove fecal impactions. | | | x |
| | 6. cleanse skin around enema site. | x | | |
| | 7. dispose of waste materials and used supplies. | x | | |
| | 8. clean reusable equipment. | x | | |
| | 9. store reusable equipment properly. | x | | |
| | 10. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - douches | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient for task. | x | | |
| | 3. prepare douche solution. | x | | |
| | 4. administer: | | | |
| | a. commercially prepared; | | x | |
| | b. douche solution. | | x | |
| | 5. cleanse skin around douche site. | x | | |
| | 6. dispose of waste materials and used supplies. | x | | |
| | 7. clean reusable equipment. | x | | |
| | 8. store reusable equipment properly. | x | | |
| | 9. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - hot and cold applications | 1. assemble necessary equipment and supplies. | | x | |
| - hot water bottles | 2. prepare equipment for application. | | x | |
| - heating pads | 3. position patient for task.. | | x | |
| - hot and cold compresses | 4. apply/immerse/remove: | | | |
| - ice bags | a. hot water bottle; | | x | |
| - foot and hand soaks | b. heating pad; | | x | |
| - sitz baths | c. hot and cold compress; | | x | |
| | d. ice bag; | | x | |
| | e. foot/hand soak; | | x | |
| | f. sitz bath; | | x | |
| | b. douche solution. | | x | |
| | 5. time application. | | x | |
| | 6. dispose of used supplies. | | x | |
| | 7. clean reusable equipment. | | x | |
| | 8. store reusable equipment properly. | | x | |
| | 9. observe, record and report. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - medication nebulizer | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. place in medication nebulizer: | | | |
| | a. normal saline solution; | x | | |
| | b. prescribed medications. | | x | |
| | 4. turn on the equipment. | x | | |
| | 5. time the treatment. | x | | |
| | 6. check to assure that patient is using equipment properly. | x | | |
| | 7. turn off the equipment. | x | | |
| | 8. clean reusable equipment. | x | | |
| | 9. store equipment properly. | x | | |
| 10. repair equipment. | | | | x |
| 11. observe, record and report. | x | | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - humidifier | 1. assemble necessary supplies. | x | | |
| | 2. fill with water. | x | | |
| | 3. clean equipment. | x | | |
| | 4. store equipment properly. | x | | |
| | 5. repair equipment. | | | x |
| | 6. observe, record and report. | x | | |
| - oxygen equipment | 1. assemble/set up necessary equipment. | x | | |
| - oxygen tank | 2. turn on the equipment. | x | | |
| - liquid oxygen reservoir | 3. set/regulate the oxygen flow rate. | | x | |
| | 4. check that flow rate is at setting prescribed on patient's care plan. | x | | |
| | 5. turn off the equipment. | x | | |
| | 6. clean equipment. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - oxygen equipment (cont.) - tank, reservoir | 7. store equipment properly. | x | | |
| | 8. repair equipment. | | | x |
| | 9. observe, record and report. | x | | |
| - oxygen concentrator | 1. assemble/set up necessary equipment. | x | | |
| | 2. turn on the equipment. | x | | |
| | 3. set/regulate the oxygen flow. | | x | |
| | 4. check that flow rate is at setting prescribed on patient's care plan. | x | | |
| | 5. turn off the equipment. | x | | |
| | 6. clean equipment. | x | | |
| | 7. store equipment properly. | x | | |
| | 8. repair equipment. | | | x |
| | 9. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - *mechanical ventilators, including IPPB | 1. assemble necessary equipment and supplies. | | x | |
| | 2. plug in equipment. | | x | |
| | 3. charge batteries. | | x | |
| | 4. check settings on gauges against prescribed settings on patient's plan of care. | | x | |
| *Assistance with use of this equipment requires current certification in cardiopulmonary resuscitation (CPR) | 5. set/regulate gauges. | | x | |
| | 6. assess: | | | |
| | a. chest/breath sounds; | | | x |
| | b. need for suctioning. | | | x |
| | 7. perform deep suctioning. | | | x |
| | 8. perform superficial suctioning: | | | |
| | a. nasal; | | | x |
| | b. nasopharyngeal; | | | x |
| c. staple tracheostomy; | | | x | |
| d. oral with bulb syringe. | | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - *mechanical ventilators, (cont.) | 9. unplug equipment. | | x | |
| | 10. clean reusable equipment and supplies. | | x | |
| | 11. store reusable equipment and supplies. | | x | |
| *Assistance with use of this equipment requires current certification in cardiopulmonary resuscitation (CPR) | 12. repair equipment. | | | x |
| | 13. maintain contents of emergency supply box. | | x | |
| | 14. perform emergency care as needed, e.g. CPR. | | x | |
| | 15. observe, record and report. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Using medical equipment, supplies and devices (cont.) | | | | |
| - equipment for sleep apneas; Continuous Positive Airway Pressure (CPAP) | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. turn on equipment. | x | | |
| | 4. apply/remove mask. | x | | |
| | 5. turn off equipment. | x | | |
| | 6. clean equipment. | x | | |
| | 7. store reusable equipment. | x | | |
| | 8. repair equipment. | | | x |
| | 9. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): changing of dressings involving clean procedure

and

changing of dressings involving sterile procedure

Page(s): 49-51

Home Health Aide, special circumstances: A term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|---|--------------------|---|----------------------------|
| Changing of dressings | | | | |
| - dressings involving clean procedure, for stable surface wounds -bandaid -gauze pads with tape | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. remove wrappings from new dressing. | x | | |
| | 4. cut tape. | x | | |
| | 5. remove old dressing. | x | | |
| | 6. dispose of old dressing. | x | | |
| | 7. clean skin with soap and water. | x | | |
| | 8. hand requested items to patient. | x | | |
| | 9. *apply prescription and non-prescription topical medication. | x | | |

*This activity can only be provided for a patient who is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|---|--------------------|---|----------------------------|
| Changing of dressings (cont.) | | | | |
| - dressings involving clean procedure (cont.) | 10. apply new dressing. | x | | |
| | 11. store unused supplies properly. | x | | |
| | 12. observe, record and report. | x | | |
| - dressings involving sterile procedure | 1. assemble necessary equipment and supplies. | x | | |
| | 2. sterilize instruments. | | x | |
| | 3. position patient. | x | | |
| | 4. set up sterile field. | | | x |
| | 5. remove wrappings from new dressing. | | | x |
| | 6. cut tape. | x | | |
| | 7. remove soiled dressing. | | | x |
| | 8. dispose of soiled dressing. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|---|--------------------|---|----------------------------|
| <hr/> | | | | |
| Changing of dressings (cont.) | | | | |
| - dressings involving sterile procedure (cont.) | 9. apply prescription or non-prescription medication to dressing. | | | x |
| | 10. apply new dressing. | | | x |
| | 11. apply reinforcement dressing if necessary. | | | x |
| | 12. clean equipment. | | x | |
| | 13. store unused supplies properly. | x | | |
| | 14. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): performing simple measurements and tests*

Page(s): 53-58

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

Additional requirements exist for testing of urine from an indwelling catheter. Requirements are starred (*) and explained on the applicable page of the Matrix. Requirements are also stated on page 6 of the Glossary to the Matrix.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|----------------------------------|--------------------|---|----------------------------|
| Performing simple measurements and tests to routinely monitor the patient's medical condition | | | | |
| - vital signs | 1. assemble necessary equipment. | x | | |
| | 2. position patient for task. | x | | |
| | 3. take blood pressure: | | | |
| | a. arm; | x | | |
| | b. other sites. | | | X |
| | 4. take temperature: | | | |
| | a. oral; | x | | |
| | b. axillary; | x | | |
| | c. rectal. | x | | |
| | 5. take pulse: | | | |
| | a. radial | x | | |
| | b. apical. | | x | |
| | 6. count respirations. | x | | |
| | 7. dispose of used supplies. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| ----- | | | | |
| Performing simple measurements and tests (cont.) | | | | |
| - vital signs | 8. clean equipment. | x | | |
| | 9. store equipment properly. | x | | |
| | 10. observe, record and report. | x | | |
| - specimen collection | 1. assemble necessary equipment and supplies. | x | | |
| - urine | 2. position patient for task. | x | | |
| - stool | 3. transfer specimen from commode or toilet or from bed pan or urinal to specimen container. | x | | |
| | 4. cleanse patient's skin. | x | | |
| | 5. dispose of used supplies. | x | | |
| | 6. label specimen container. | x | | |
| | 7. store specimen as directed.. | x | | |
| | 8. clean reusable equipment. | x | | |
| | 9. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| ----- | | | | |
| Performing simple measurements and tests (cont.) | | | | |
| - specimen collection (cont.) -sputum | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient for task. | x | | |
| | 3. encourage patient to cough expectorate into specimen container. | x | | |
| | 4. dispose of used supplies. | x | | |
| | 5. label specimen container. | x | | |
| | 6. store specimen as directed.. | x | | |
| | 7. clean patient's mouth. | x | | |
| | 8. observe, record and report. | x | | |
| - intake and output | 1. assemble necessary equipment and supplies. | x | | |
| | 2. pre-measure containers. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|---|--------------------|---|----------------------------|
| Performing simple measurements and tests (cont.) | | | | |
| - intake and output (cont.) | 3. measure amount of fluid intake and urinary output. | x | | |
| | 4. dispose of used materials. | x | | |
| | 5. clean reusable equipment. | x | | |
| | 6. store equipment properly. | x | | |
| | 7. observe, record and report. | x | | |
| - blood testing collection | 1. assemble necessary equipment and supplies. | | x | |
| - diabetic | 2. cleanse patient's fingertip. | | x | |
| | 3. obtain drop of blood from fingerprick. | | x | |
| | 4. place specimen on testing material. | | x | |
| | 5. time the test. | | x | |
| | 6. read and record text results. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Performing simple measurements and tests (cont.) | | | | |
| - blood testing (cont.) | 7. dispose of used equipment and supplies. | | x | |
| - diabetic (cont.) | 8. clean equipment | | x | |
| | 9. store unused equipment and supplies properly. | | x | |
| | 10. observe, record and report. | | x | |
| - urine testing | 1. assemble necessary equipment and supplies. | x | | |
| - diabetic | 2. position client for task. | x | | |
| - bacterial | 3. *collect specimen from: | | | |
| | a. commode, bedpan, urinal; | x | | |
| | *b. indwelling catheter. | | x | |

*This activity can only be provided for a patient whose characteristics and case situation meet all of the four special circumstances criteria on page 52

and

whose home care aide provides services exclusively to him/her within a particular day.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Performing simple measurements and tests (cont.) | | | | |
| - urine testing (cont.) - diabetic - bacterial (cont.) | 4. administer the test. | x | | |
| | 5. time the test. | x | | |
| | 6. read and record test results. | x | | |
| | 7. dispose of used equipment and supplies. | x | | |
| | 8. store testing materials properly. | x | | |
| | 9. observe, record and report. | x | | |
| - weight | 1. bring scale to patient if necessary. | x | | |
| | 2. support patient on scale. | x | | |
| | 3. read the weight. | x | | |
| | 4. store scale properly. | x | | |
| | 5. observe, record and report. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): performing a maintenance exercise program

Page(s): 60

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Performing a maintenance exercise program | 1. assemble/set up necessary equipment. | x | | |
| | 2. position patient for exercise. | x | | |
| | 3. carry out: | | | |
| | a. passive range of motion; | x | | |
| | b. resistive range of motion; | x | | |
| | c. postural drainage; | x | | |
| | (1) percussion and vibration to the chest. | | | x |
| 4. count or time exercise. | x | | | |
| 5. store equipment properly. | x | | | |
| 6. repair/adjust traction equipment. | | | | x |
| 7. observe, record and report. | x | | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

FACE SHEET

Function(s)/Task(s): caring for an ostomy after the ostomy has achieved its normal function

Page(s): 62-68

Home Health Aide, special circumstances: a term used to define activities which can only be provided for a patient whose characteristics and case situation meet all of the following criteria:

1. The patient is self-directing; i.e. has the capability to make choices about the activities of daily living, understands the impact of these choices and assumes responsibility for the results of the choices;
2. The patient has need for assistance with the task or activity for routine maintenance of his/her health;
3. The patient cannot physically perform the task or activity because of his/her disability; and
4. The patient has no informal caregiver available at the time the task or activity must be performed, or the caregiver is unwilling or unable to perform the task, or the caregiver's involvement is unacceptable to the patient.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Caring for an ostomy after the ostomy has achieved its normal function | | | | |
| - Changing a colostomy or ileostomy appliance or dressing when the ostomy is mature and stable. | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. remove wrapping from disposable items. | x | | |
| | 4. measure stoma and cut faceplate to size. | x | | |
| | 5. remove/apply ostomy belt and/or bags. | x | | |
| | 6. apply prescribed medication, solvent, cleaning agent, wetting agent, etc. to applicator. | x | | |
| | 7. apply dressing (see permissible activities related to changing dressings for stable surface wounds, pages 49-50). | | | |
| | 8. empty bags. | x | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Caring for an ostomy (cont.) | | | | |
| - changing a colostomy or ileostomy appliance/dressing (cont.) | 9. dispose of used equipment and waste materials. | x | | |
| | 10. clean reusable equipment. | x | | |
| | 11. store reusable equipment properly . | x | | |
| | 12. observe, record and report. | x | | |
| - *irrigating a colostomy | 1. assemble necessary equipment and supplies. | x | | |
| | 2. position patient. | x | | |
| | 3. prepare prescribed irrigation solution. | x | | |
| | 4. pour irrigation solution into irrigation reservoir. | x | | |

*irrigating a colostomy can only be performed under the following circumstances:

- the ostomy is mature and stable;
- irrigation has been ongoing and a customary part of the patient's care;
- the patient can tolerate the irrigation on the toilet or commode; and
- the patient is fully able to direct the procedure.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|-----------------------------------|--|--------------------|---|----------------------------|
| Caring for an ostomy (cont.) | | | | |
| - *irrigating a colostomy (cont.) | 5. remove air from irrigation tubing. | x | | |
| | 6. attach tubing and irrigation reservoir and prescribed irrigation tip. | | x | |
| | 7. hang or hold irrigation reservoir at proper height. | | x | |
| | 8. insert/remove catheter and irrigate colon. | x | | |
| | 9. regulate flow of irrigation solution. | | x | |
| | 10. clean reusable equipment. | x | | |
| | 11. store reusable equipment and supplies properly. | | x | |
| | 12. observe, record and report. | x | | |

*irrigating a colostomy can only be performed under the following circumstances:

- the ostomy is mature and stable;
- irrigation has been ongoing and a customary part of the patient's care;
- the patient can tolerate the irrigation on the toilet or commode; and
- the patient is fully able to direct the procedure.

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|---|--|--------------------|---|----------------------------|
| Caring for an ostomy (cont.) | | | | |
| - caring for a tracheostomy when the ostomy is mature and stable. | 1. apply dressing (see permissible activities related to changing dressings for stable surface wounds, pages 49-50). | x | | |
| | 2. insert/remove: | | | |
| | a. inner cannula; | x | | |
| | b. outer cannula. | | | x |
| | 3. clean inner cannula. | x | | |
| | 4. cleanse skin around stoma. | x | | |
| | 5. change neck straps/ties. | x | | |
| | 6. dispose of used equipment and waste materials. | x | | |
| 7. store reusable equipment and supplies properly. | x | | | |
| 8. observe, record and report. | x | | | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| ----- | | | | |
| Caring for an ostomy (cont.) | | | | |
| - caring for a gastrostomy when the ostomy is mature and stable. | | | | |
| - changing dressing | 1. apply dressing (see permissible activities related to changing dressings for stable surface wounds, pages 49-50). | x | | |
| - assist with feedings | 1. assemble necessary equipment. | | x | |
| | 2. position patient for feeding. | | x | |
| | 3. add pre-mixed and pre-measured formula to feeding bag. | | x | |
| | 4. connect feeding bag tube to gastrostomy catheter. | | x | |
| | 5. turn on pre-set feeding pump. | | x | |
| | 6. turn feeding pump off after formula is completed. | | x | |
| | 7. disconnect feeding bag from gastrostomy catheter. | | x | |
| | 8. add specific amount of water to gastrostomy catheter. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Caring for an ostomy (cont.) | | | | |
| | 9. cleanse skin around stable ostomy and apply dressing (see permissible activities related to changing dressings for stable surface wounds. | | x | |
| | 10. dispose of used equipment and supplies. | | x | |
| | 11. clean and store reusable equipment. | | x | |
| | 12. store formula properly. | | x | |
| | 13. reposition patient one hour after feeding. | | x | |
| | 14. observe, record and report. | | x | |
| - changing a urinary diversion appliance or dressing when the ostomy is mature and stable. | 1. assemble necessary equipment and supplies. | | x | |
| | 2. position patient. | | x | |
| | 3. remove wrappings from disposable items. | | x | |

PERMISSIBLE AND NON-PERMISSIBLE ACTIVITIES
HOME HEALTH AIDE (HHA) SERVICES

| Functions/Tasks | Activities | Permissible HHA | Permissible Under Special Circumstances HHA | Non- Permissible HHA |
|--|--|--------------------|---|----------------------------|
| Caring for an ostomy (cont.) | | | | |
| - ureterostomy - ileal conduit - others | 4. remove/apply ostomy belt and/or bags. | | x | |
| | 5. apply prescribed medication, solvent, cleaning agent, wetting agent, etc. to applicator. | | x | |
| - changing a urinary diversion appliance or dressing (cont.) | 6. apply dressing (see permissible activities related to changing dressings for stable surface wounds, pages 49-50). | | x | |
| -ureterostomy -ileal conduit -others (cont.) | 7. empty bags. | | x | |
| | 8. dispose of used equipment and waste materials. | | x | |
| | 9. clean reusable equipment. | | x | |
| | 10. store reusable equipment and supplies properly. | | x | |
| | 11. observe, record and report. | | x | |

December 14, 2011

Dear CEO/Administrator:

On September 27, 2011, Public Health Law §2997-d (commonly known as the Palliative Care Access Act) became effective. It requires that hospitals, nursing homes, home care agencies, special needs assisted living residences, and enhanced assisted living residences provide access to information and counseling regarding options for palliative care appropriate to patients with advance life limiting conditions and illnesses. These providers and residences must also facilitate access to appropriate palliative care consultation and services, including associated pain management consultation and services, consistent with patient or resident needs and preferences. When the patient or resident lacks capacity to make medical decisions, the provider or residence must have policies so that access to such information and counseling will be provided to the persons who are legally authorized to make medical decisions on behalf of such patients or residents.

The Palliative Care Access Act (PCAA) expands upon the requirements of the Palliative Care Information Act (PCIA) which took effect on February 1, 2011. The PCIA requires physicians and nurse practitioners to offer information and counseling about palliative care to patients with a terminal illness.

The PCAA builds upon the PCIA in the following ways:

- It applies directly to health care facilities, home care agencies, enhanced assisted living residences, and special needs assisted living residences, whereas the PCIA applies to physicians and nurse practitioners;
- It applies to patients/residents with “advanced life-limiting conditions or illnesses who might benefit from palliative care” and not just those who are terminally ill; and
- It requires, not only an offer of information and counseling, but also that the covered health care provider or residence “facilitate access to appropriate palliative care consultation and services, including associated pain management consultations and services.”

Like the PCIA, the PCAA is intended to ensure that patients are fully informed of the options available to them when they are faced with a serious illness or condition, so that they are empowered to make choices consistent with their goals for care, wishes and beliefs, and to optimize their quality of life. The law is not intended to limit the options available to patients. Nor is it intended to discourage conversations about palliative care with patients who have distressing symptoms and serious conditions, but do not technically fall within the law’s requirements. Patients and providers should recognize that palliative care and disease-modifying therapies are *not* mutually exclusive. Patients may opt to pursue palliative care while also

pursuing aggressive treatment. Palliative care may be provided together with life-prolonging or curative care or as the main focus of care.

Additional information and resources, including Frequently Asked Questions, can be found on the department's website at:

http://www.health.ny.gov/professionals/patients/patient_rights/palliative_care/

Thank you for your prompt attention to this law and to those patients and residents with advanced life- limiting conditions or illnesses that might benefit from this information.

Sincerely,

A handwritten signature in black ink that reads "Richard M. Cook". The signature is written in a cursive style with a horizontal line underlining the name.

Richard M. Cook
Deputy Commissioner
Office of Health Systems Management



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

September 17, 2009

DAL: HCBS 09-13
SUBJECT: Chapter 594 of the Laws of 2008

Dear Administrator:

Chapter 594 of the Laws of 2008 establishes the Home Care Registry (HCR), a web-based registry of all personal care and home health aides who have successfully completed a personal care or home health aide training program approved by either the New York State Department of Health (DOH) or State Education Department (SED). The goal of this statute is to protect vulnerable New Yorkers by ensuring that only properly trained and certified individuals who are suitable for employment in home care are employed by home care services agencies to provide home care.

The registry does not affect the ability of home health aide trainees to complete the required portion of their supervised practical training in a patient care setting. Home health aide trainees must continue to demonstrate their skills on patients in the home or other appropriate health care setting under supervision for the required 8 hours. Authorized training activities are not considered to be "services" requiring listing on the registry.

The attached preliminary guidance outlines the statute's requirements, as well as proposed regulatory requirements, and applies to both SED and DOH approved training programs and home care services agencies licensed under Article 36 of the Public Health Law. Covered agencies include licensed home care services agencies, limited licensed home care services agencies, certified home health agencies and long term home health care programs.

Training programs and home care agencies are the source for most of the information in the HCR on specific aides. Training programs and home care agencies must submit the required information on trainees and aides to the HCR through the Health Provider Network/Health Commerce System (HPN/HCS). All home care agencies and SED training programs should have HPN accounts and HPN Coordinators. Home care agencies and their associated training programs (and DOH-approved training programs that are not associated with a home care agency) that do not have HPN accounts, or who are unsure whether they have an account, should contact Rick Kubis at (518) 408-1245. SED approved training programs that do not have an HPN account, or who are unsure whether they have an account, should phone Robin Tice at (518) 473-6617.

HPN Coordinators should assign new HPN/HCR roles to staff. When finalized, these roles will be available and defined on HPN/HCS and training programs and agencies will be notified. Only an authorized person may submit the required information on trainees and aides to the HCR. Each training program and home care agency must designate at least two authorized persons to access and enter data in the HCR and must submit the names, positions and contact information for each authorized person to the Department through the training program's or home care agency's HPN account. Personal care aides and home health aides or trainees may submit information to an authorized person for inclusion in the registry.

The DOH is currently providing information sessions on the HCR, its requirements, and how to enter the required information on classes, trainees and aides. Consult the HCR Alert(s) posted on the HPN for dates, locations and instructions on how to register for the training sessions. Additional educational materials on how to use the HCR will also be posted on the HPN.

The attached guidance document is preliminary and provides training programs and home care services agencies information on their responsibilities. You are strongly urged to register for one of the informational sessions which are being held by the Department. Please check the HPN daily for additional information.

Thank you for your attention to this important initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark L. Kissinger". The signature is written in a cursive style with a horizontal line at the end.

Mark L. Kissinger
Deputy Commissioner
Office of Long Term Care

Attachment

PRELIMINARY GUIDANCE ON THE HOME CARE REGISTRY

The Home Care Registry will be implemented on September 25, 2009. As of this date, the following requirements apply to all DOH and SED training programs and to all home care agencies:

1. General requirements for all DOH and SED approved training programs:

- Each training program must designate at least one “certifying official”. The certifying official is a senior official with oversight responsibility for the training program who is authorized to execute a legally binding instrument on behalf of the operator of the program. The certifying official may be the operator if appropriate.
- The certifying official is required to sign a written sworn statement, made under penalty of perjury, certifying that each person entered into the registry by the training program has in fact successfully completed the identified training, identifying each person by name, address, date of birth, and date on which such training was successfully completed, and describing the nature of the education or training covered in the program.
- The written sworn statement is generated by the Department of Health through the HCR. It cannot be modified or amended in any way. The certifying official’s name will be printed on the form. Only the official whose name is printed on the form may sign it.
- The sworn statement must be signed within five business days of the day on which the trainee successfully completes the training program.
- The training program does not submit sworn statements to the DOH but rather maintains this documentation in its files to be reviewed by DOH surveyors and other government investigators during survey or other onsite visits.
- For training classes that begin on or after September 25, 2009, training programs may no longer issue certificates of their own design. Instead, the certificate issued to the aide upon successful completion of the training program will be generated from the HCR. The certificate must be signed by two individuals. If the training program is a PCATP, the certificate is signed by the Director/Coordinator and Nurse Instructor for personal care skills. If the training program is an HHATP, the certificate is signed by the Supervising Nurse (who is responsible for the supervised practical portion of the training) and the Official Agency Designee. The certificate must be printed, signed and given to the aide within five business days of the day the certifying official has signed the sworn statement.

- “Successfully complete” means, in connection with home health aide training, compliance with 10 NYCRR 700.2(b)(9). In connection with personal care aide training, it means compliance with 18 NYCRR 505.14(e).
- **Please note that the registry does not affect the ability of trainees to complete their supervised practical training in a patient care setting. Trainees may continue to demonstrate their skills on patients in the home or other appropriate health care setting under supervision. Authorized training activities are not considered to be “services” requiring listing on the registry.**

2. Training program requirements concerning classes: All DOH and SED approved personal care and home health aide training programs must, for classes that begin on or after September 25, 2009:

- a. Submit the following information through the HCR on the HPN no later than 5 business days after the commencement of the class:
 - Name and date of birth of each person in the class;
 - The location, dates and times where the classroom portion of the program will be held;
 - The name, title and qualifications of the person(s) who will be delivering the classroom instruction; and
 - The anticipated date of graduation.
- b. Maintain in their records a sworn statement for all students who successfully complete the training program. The sworn statement, printed from the HCR, also includes certification that proof of the identity of each aide listed on the sworn statement has been obtained.

3. Training program requirements concerning trainees and aides: All DOH and SED approved personal care and home health aide training programs must, for each trainee who begins a training program on or after September 25, 2009:

- a. Verify and document the trainee’s identity by examining at least one of the following unexpired documents:
 - Driver’s license or identification card issued by a State or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address;
 - Identification card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address;

- School identification card with a photograph;
 - Voter's registration card;
 - United States Military card or draft record;
 - Military dependent's identification card;
 - United States Coast Guard Merchant Mariner Card;
 - Native American tribal document;
 - Driver's license issued by a Canadian government authority;
 - United States Passport or United States Passport Card;
 - Permanent Resident Card or Alien Registration Receipt Card; or
 - Employment Authorization Document that contains a photograph.
- b. For any such document examined, information regarding the document title, issuing authority, document number and expiration date, if any, must be recorded and maintained in the permanent records of the training program. If the trainee fails to provide any of the documents specified above, the training program must deny participation in the program.
- c. Submit to the HCR on the HPN the following information on each trainee who successfully completes the training program to complete the trainee's profile information and maintain this information in its permanent records:
- Complete name information, including pre-marital name and any other names currently or previously used.
 - Current home address;
 - Gender;
- d. Maintain compliance with the following requirements:
- The above information for an aide must be submitted to the HCR through the training program's HPN account within five business days of the aide's successful completion of the training program.
 - Upon request of a trainee or a person who has successfully completed an approved program, and upon proof of identity, provide access to complete registry

information relating to the trainee or person, including a printed report if requested.

- Within 5 business days after a request by a trainee or a person who has successfully completed an approved program, correct information entered incorrectly into the registry by the training program. A training program must request verification from the worker supporting the correction.
- Within 5 business days of signing the sworn statement, print and sign the aide's certificate of completion. The original copy must be maintained by the training entity and a copy of the signed certificate must be provided to the aide. Additional copies of the certificate can be printed with a "duplicate" stamp.
- DOH and SED approved training programs must establish, maintain, and keep such records as are required to show compliance with HCR requirements for six years after the successful completion of training, unless otherwise directed by the Department or the New York State Education Department. Home care agencies must establish, maintain, and keep such records as are required to show compliance with HCR requirements for six years after the termination of a worker's employment, unless otherwise directed by the Department.
- Each training program and each home care agency must have policies and procedures that set forth how it will ensure compliance with HCR requirements.

4. Home care agency requirements: Home care agencies have the following responsibilities with respect to personal care and home health aides who began training on or after September 25, 2009 and successfully completed the training program:

- Access the aide's HCR information prior to the aide beginning to provide home care services for that agency.
- Ensure that aides do not provide home health aide services unless the aide's training information has been posted to the HCR *by the training program*. Employers may not post this information for the aide.

For all personal care and home health aides who successfully completed training before September 25, 2009, prior to the aide beginning to provide services, an agency must access the aide's registry information. If the aide is not yet listed in the HCR, the agency must, *prior to the aide beginning to provide services*:

- a. Obtain a copy of the certificate issued to the prospective employee by the training program and verify that it is valid; and
- b. Obtain and enter on the HCR the following information for the aide:

- Full name, including pre-marital name and any other names currently or previously used;
 - Current home address;
 - Gender;
 - Date of birth;
 - Name of each state approved education or training program successfully completed, the name of the entity providing the program, and the date on which the program was completed; and
 - History of work in home care services through any home care services entity, including dates of employment and name of entity providing the employment.
- c. Maintain compliance with the following with respect to personal care and home health aides employed on or after September 25, 2009:
- Within 5 business days after the aide begins to provide services, update the aide's information on the HCR to show the aide's employment with the agency, including the start date.
 - Within 5 business days after receiving information from an aide who is not in the HCR, update the HCR to include the aide's information. If the information is a change of name, obtain and retain documentation of the change. Acceptable documentation of name change is a copy of a certificate of marriage, decree of divorce, or other court order authorizing a person to change his or her name.
 - Within 5 business days after an aide's employment with the agency is terminated, update the HCR with the date on which the aide's employment with the agency was terminated.
 - Upon request of any aide currently employed by the agency, provide access to complete HCR information relating to the aide, including a printed report if requested.
 - Within 5 business days after a request by an aide, correct information in the HCR that was entered incorrectly by the agency. An agency must request verification from the aide supporting the correction. If the correction involves a change of name, obtain and retain documentation of the change. Acceptable documentation of name change is a copy of a certificate of marriage, decree of divorce, or other court order authorizing a person to change his or her name.

- 5. Home care agency requirement:** For every personal care or home health aide who is employed by an agency on September 25, 2009, the agency must:
- a. Check the registry to see if aide's information has already been entered. If so, update the aide's profile with current employment information.
 - b. Submit to the HCR on the HPN, according to the quarterly submission schedule shown below, all of the following information:
 - Full name, including pre-marital name and any other names currently or previously used;
 - Current home address;
 - Gender;
 - Date of birth;
 - Name of each state approved education or training program successfully completed, the name of the entity providing the program, and the date on which the program was completed; and
 - History of work in home care services through any home care services entity, including dates of employment and name of entity providing the employment.
 - c. The law requires all current aides to be entered into the Registry by September 25, 2010. The Department has provided the following quarterly schedule to enter this information.
 - Aides whose last name begins with A – F: by December 24, 2009.
 - Aides whose last name begins with G – L: by March 24, 2010.
 - Aides whose last name begins with M – R: by June 24, 2010.
 - Aides whose last name begins with S – Z: by September 24, 2010.
 - d. Agencies are required to submit this information for all aides in their employment on September 25, 2009 even if the aide no longer works for the agency at the time the agency must submit the information in accordance with the schedule above.

Agencies are advised to collect this information for each aide in their employment on September 25, 2009, before the aide's employment ends. See requirement 6 below.

- 6. Personal care and home health aide requirements:** Personal care and home health aides also have specific responsibilities in regard to the HCR.
- a. Aides who begin training on or after September 25, 2009 and successfully complete such have the following responsibilities:

- The aide must retain in good order the certificate of successful completion of training and display it to a prospective employer when requested;
 - If an aide discovers that the training program incorrectly entered information regarding her or himself in the HCR, the aide must provide corrected information, including any verification of the name change to the employer;
 - If any information required for the HCR changes, the aide must inform the employer of the changes and provide verification of the change as requested by the employer;
 - If an aide changes his or her name, the aide must provide proof of the name change to the employer. The employer will change the aide's name in the HCR and must retain a copy of the proof submitted in its permanent records. Appropriate proof of change of name includes copy of a certificate of marriage, decree of divorce, or other court order authorizing a person to change his or her name.
- b. Aides employed by a home care agency on September 25, 2009, must provide their employer with the following information no later than 5 business days before September 25, 2009 or date of hire if date of hire is after September 18, 2009:
- Full name, including pre-marital name and any other names currently or previously used;
 - Current home address;
 - Gender;
 - Date of birth;
 - Name of each state approved education or training program successfully completed, the name of the entity providing the program, and the date on which the program was completed; and
 - History of work in home care services through any home care services agency, including dates of employment and name of agency providing the employment.
- c. If an aide discovers that an employer incorrectly entered information regarding the worker in the HCR, the aide must provide corrected information, including any verification of the information that may be requested, to the employer;
- d. If any information required for the HCR changes, the aide must inform the employer of the changes and provide any verification of the change requested by the employer;

- e. If an aide changes his or her name, the aide must provide proof of the name change to the employer. The employer will change the aide's name in the HCR and must retain a copy of the proof submitted in its permanent records. Appropriate proof of change of name includes copy of a certificate of marriage, decree of divorce, or other court order authorizing a person to change his or her name.

 **STATE OF NEW YORK
DEPARTMENT OF HEALTH**

161 Delaware Avenue Delmar, NY 12054-1393

Richard F. Daines, M.D.
Commissioner

Wendy E. Saunders
Chief of Staff

September 30, 2008

DAL: HCBS 08-17
Subject: Tuberculosis Screening

Dear Administrator:

This letter summarizes the New York State Department of Health's requirements for Tuberculosis (TB) screening of employees in certified home health agencies, long term home health care programs, hospices, licensed home care services agencies and limited licensed home care services agencies. Appropriate screening, treatment and follow-up are critical to prevent transmission. As the administrator, you are responsible for ensuring that all components of the requirements are carried out.

Employee TB Screening Prior to Employment

All employees (including volunteers) are required to have a baseline TB screening with an approved test to detect *M. tuberculosis* infection prior to assuming patient care duties. Currently approved tests for TB screening include the tuberculin skin test (TST) or one of the recently approved whole blood assays.

Historically, the TST has been used to screen for tuberculosis infection using the Mantoux method with five tuberculin units of purified protein derivative (PPD). If the TST is used, two-step testing is recommended for newly hired employees whose initial TST result is negative. The second step should be administered one-three weeks after the first TST was placed. A second TST is not needed if the first test is positive or the employee has had a documented TST during the previous 12 months.

Positive findings after the initial TST require appropriate clinical follow-up, but no repeat skin test is necessary. Home care agencies are required to develop and implement policies regarding follow-up of positive test results [10 NYCRR 763.13(c) (4) and 766.11 (d) (4)].

The TST should be placed, read and interpreted by a health care professional or public health clinic personnel with education, training and competency in TB screening. Employees are not allowed to read or interpret their own TST results. When performing a TST, the manufacturer, lot number, date placed, date read and names of persons placing, reading and interpreting the test should be documented.

Although regulations specifically require that a PPD (Mantoux) skin test for tuberculosis be administered an agency may now use one of the whole assay blood tests for TB screening. If a whole blood assay screening is used for screening, there is no need to perform a two-step baseline. The TST reading(s), documented in millimeters, and/or the blood assay laboratory report should be documented in the employee health record.

Any employee found to be positive upon TB screening should undergo a clinical evaluation, including a baseline chest x-ray examination, and must not be allowed to work until active TB disease has been ruled out. Employees with a positive TST or blood assay must also be evaluated for treatment of latent TB infection.

At initial hire, employees with documentation of previous treatment for latent TB infection or TB disease do not need to undergo a TB test. These employees should receive an annual screen for symptoms suggestive of TB as part of the required annual medical evaluation. If symptomatic at any time, further clinical evaluation is immediately indicated to rule out active TB.

Routine TB Screening of Employees

Department regulations that govern home care and hospice providers [10NYCRR 763.13 (c)-(d); 766.11(d); and 793.5 (d)] require all employees to have an annual health status assessment. Employees who have negative baseline TB tests are required to undergo TB screening (TST or blood assay) at least every year. Employees with a positive TB test should be screened annually for symptoms suggestive of active TB. All positive findings require appropriate clinical follow-up and all screening activities should be documented in the employee record.

Additional Information

For questions or additional information on this directive, contact, New York State Department of Health, Division of Home and Community Based Services, Bureau of Home Care/Hospice Surveillance and Quality Indicators/Evaluation at (518) 408-1638.

Sincerely,

A handwritten signature in black ink that reads "Judith R. Mooney". The signature is written in a cursive, flowing style.

Judith R. Mooney
Co-Director
Division of Home and Community Based Services



STATE OF NEW YORK
DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, NY 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

August 4, 2006

DAL: HCBC #06-11
DAL: DQS #06-12

Dear Administrator:

This letter is being issued to give nursing homes, certified home health agencies, licensed home care services agencies, and long term home health care programs preliminary information regarding the new Criminal History Record Check (CHRC) program being implemented by the Department on September 1, 2006. Please read this letter carefully as it contains important information. **Included in this letter are instructions that each nursing home, certified home health agency, licensed home care services agency, and long term home health care program must complete prior to September 1, 2006 in order to submit CHRC requests on or after September 1, 2006.**

In April 2005, the Department of Health implemented a criminal history record check (2005 CHRC) program for unlicensed workers of nursing homes, certified home health agencies, licensed home care services agencies, and long term home health care programs (hereafter referred to as covered providers). This program was based upon federal statute that enabled covered providers to receive and review the criminal histories of potential caregivers as part of the employment determination process. The 2005 CHRC program has been very successful with the Department processing over 100,000 requests for federal FBI CHRC since April 2005.

The 2005 CHRC program provided a means for covered providers to review the criminal histories of individuals who would have unrestricted access to vulnerable individuals residing in nursing homes or receiving care in their own homes preventing those who could pose a threat from gaining such access and the opportunity to do harm. The Department and the long term care community realized that program improvements could be achieved through the enactment of a state enabling statute.

Chapter 769 of the Laws of 2005, as amended by a Chapter of the Laws of 2006 (S. 6630), provides for the improvement in the Department's CHRC program. The state laws establish new requirements for the CHRC performed by nursing homes, certified home health agencies, licensed home care services agencies and long term home health care programs that will improve the efficiency and effectiveness of the CHRC program.

The requirements of the law become effective September 1, 2006 and are contained in new State Public Health Law Article 28-E and amendments to State Executive Law section 845-b. The main provisions of the laws have been listed in Attachment A of this letter.

Effective September 1, 2006, the CHRC regulations contained in Title 10 NYCRR 400.23 are no longer valid for persons applying for employment or newly utilized on or after September 1, 2006. The Department is promulgating new regulations, which will be a new Title 10 NYCRR Part 402, CHRC Program, to carry out the new CHRC mandates contained in the Public Health Law and Executive Law.

The Department shall post additional information for covered providers on the new CHRC Program to the Health Provider Network (HPN) shortly. The Department, in conjunction with the home care and nursing home provider associations, will be providing statewide training during August 2006 and will be issuing a list of Frequently Asked Questions (FAQ) and answers for the new statutory CHRC Program requirements in the beginning of September.

In order to submit a CHRC request to the Department, each nursing home, certified home health agency, licensed home care services agency, and long term home health care program must, BEFORE September 1, 2006, comply with the requirements contained in Attachment B of this letter.

The forms, with the exception of the fingerprint card, for the new CHRC Program will be posted to the HPN. To make it easy for all covered providers to find the CHRC documents, the Department has created a CHRC page within the HPN. All documents including this Dear Administrator Letter, FAQ's and required or optional forms will be posted on this page as PDF files. If your facility has not secured HPN access as required by state regulations, please review the process identified in Dear Administrator Letters DQS #05-02 and HCBC #05-04 and submit the required information to the Department for HPN access.

At this time the forms can not be completed on-line. All forms must be completed and include all necessary signatures and notarizations. To complete the forms, the forms must be either

- A. Downloaded and saved as a word document to the individual's computer, then completed, printed and mailed to DOH. No changes to the format or text of the form can be made; or
- B. Printed on a printer, then filled in using black ink and mailed to DOH.

The Department will not supply any forms other than the fingerprint cards to providers. All providers should at this time have computer and internet access.

We believe that the transition from the 2005 CHRC Program to the new CHRC Program established pursuant to state law will improve the efficiency of the process with little disruption to your normal activities. Please check the HPN often for information on the transition. If you have any questions on the new CHRC Program, please e-mail them to CHRC@health.state.ny.us. If you have any questions regarding HPN access please e-mail questions to the HPN e-mail address specific to your provider type: for nursing homes: hpnnh@health.state.ny.us and for certified home health agencies, licensed home care services agencies, and long term home health care programs: hpnacfhc@health.state.ny.us. Thank you for your continued cooperation.

Sincerely,



Robert P. Dougherty
Director
Division of Home and Community Based Care



Keith Servis, Director
Division of Quality and Surveillance
for Nursing Homes and ICFs/MR

Attachments

CRIMINAL HISTORY RECORD CHECK PROGRAM 2006

ATTACHMENT A

The main changes in the CHRC program are highlighted below. For additional information regarding these changes, please read the Public Health Law Article 28-E and Executive Law 845-b.

- Both a state and federal criminal history record check will be performed.
- Employers that are subject to the CHRC are defined in state law and are identified as providers under state Executive Law.
- Pursuant to state Executive Law, each provider must identify at least one (1) Authorized Person who will be responsible for submitting the CHRC request to the Department and receiving the CHRC determination from the Department while maintaining the confidentiality of the material as required by state law.
- The authorized person is the only person authorized to submit the CHRC request to the Department with the individual's fingerprints and to receive the DOH eligibility determination.
- The Department will review the criminal history records and make a determination of eligibility for employment (use) of the individual by the provider and the determination shall be transmitted to the provider.
- The results of the Department's determination shall be maintained in a CHRC database as long as the individual continues to be employed or used by a covered provider.
- The CHRC database shall be used to provide a potential future covered provider with the DOH CHRC eligibility determination upon request for prospective employees, who have already been fingerprinted on or after September 1, 2006, without the submission of new fingerprints. This is referred to as an expedited CHRC request.
- Individuals subject to a CHRC between April 1, 2005 and August 31, 2006 will NOT be listed in the CHRC database as the Department has no authority to place information into the CHRC database that was not produced under the provisions of PHL Article 28-E. The CHRC database is established as of September 1, 2006 for CHRC requests submitted to DOH for prospective employees on or after September 1, 2006.
- Reimbursement is available, pursuant to new Public Health Law Article 28-E.
- The fingerprint cards used for the 2005 CHRC program with the Department of Health ORI number of NYDOH009Z will no longer be valid. A new ORI number will be

issued to the Department for the new CHRC program. A supply of the new fingerprint cards shall be mailed to each covered provider. Please continue to use the old cards until receipt of the new cards. Covered providers shall continue to request the fingerprint cards via e-mail to: CHRC@health.state.ny.us

- The Department is committed to utilizing electronic means for the submission and transmission of information and data to the greatest extent possible.

CRIMINAL HISTORY RECORD CHECK PROGRAM 2006

ATTACHMENT B

THE FOLLOWING MUST BE COMPLETED PRIOR TO September 1, 2006

In order to submit a CHRC request to the Department, each nursing home, certified home health agency, licensed home care service agency, and long term home health care program BEFORE September 1, 2006, must:

1. Have an active HPN account linked to the covered provider PFI number (nursing homes, certified home care agencies and long term home health care programs) or for licensed home care service agencies, their DOH license number;
2. Agree to abide by the state laws regarding the submission of and use of CHRC information. This is accomplished when the Operator** completes, signs and returns the Authorized Party form (DOH CHRC 100) to the Department;
3. Identify the name of at least two (2) employees to will be responsible for submitting the CHRC requests to the Department as well as receiving the CHRC eligibility determinations from the Department through the completion of DOH CHRC 101;
4. Each person to be designated an Authorized Person must read, complete, sign and have notarized the Authorized Person Form DOH CHRC 101 and return the completed form to the Department; and
5. Each authorized person must be listed in the HPN Communications Directory as CHRC Authorized Person (CHRC AP).

The DOH CHRC 100 and 101 forms will be posted to the HPN on or about August 9, 2006. These forms must be printed and then completed, signed and, if required, notarized prior to mailing to DOH.

** Operator means a sole proprietor for a sole proprietorship, any authorized partner of a partnership, any authorized director or officer for a corporation, and any authorized member or manager of a limited liability corporation (LLC). These are the only individuals that may complete and sign the Agency Request (DOH CHRC 100) form.

CRIMINAL HISTORY RECORD CHECK PROGRAM FREQUENTLY ASKED QUESTIONS

- **Which provider types can and must request criminal background checks through the NYS DOH?**

The only providers that can and must request criminal history checks on covered employees through the Department of Health is nursing homes licensed under Public Health Law (PHL) Article 28, home care services agencies licensed under Public Health Law Article 36 and any adult home, enriched housing program or residence for adults licensed under Article 7 of the Social Services Law (SSL). Article 36 home care services agencies include licensed home care services agencies, certified home health agencies and long term home health care programs. Home care services agencies providing services to residents in Assisted Living Programs (ALPs) must request criminal history record checks on covered employees.

- **If my organization has a corporate umbrella for a LHCSA and ACF, how should a covered individual be checked? Our centralized Personnel Department handles the fingerprint checks for both the LHCSA and ACF within our organization.**

Your organization should assign an AP(s) to both the LHCSA and ACF; note that the same person can be assigned as the AP to each provider type. When a prospective employee has a new fingerprint check they should be submitted under the associated provider type. If a new aide is a prospective employee for both the LHCSA and ACF, then it would be recommended to submit the prospective employee under the LHCSA. If a new prospective employee is employed only by the ACF, then the prospective employee should be submitted under the ACF. Please note that only one escrow account is needed for your organization for purposes of payment to MorphoTrust USA (for escrow account information, contact the fingerprint vendor at <http://www.identogo.com/> or call 877-512-6962, then option 2, then 3 on the next menu). Once results are received for an individual through your organization's Document Viewer, then additional submission requests are not needed by either the LHCSA or ACF, as long as the corporate entity can readily display a legal determination for an individual to surveillance staff. If there is a question of your organizational corporate structure, then you should confirm with CHRC legal staff if you may submit through a single corporate entity. Normally, there is one centralized Personnel Department for the LHCSA and ACF under this scenario.

- **If my organization has a corporate umbrella for a nursing home and ALR, how should a covered individual be checked? Our centralized Personnel Department handles the fingerprint checks for both the nursing home and ALR within our organization.**

Your organization should assign an AP(s) to both the nursing home and ALR; note that the same person can be assigned as the AP to each provider type. When a prospective employee has a new fingerprint check they should be submitted under the associated

provider type. If a new aide is a prospective employee for both the Nursing Home and ALR, then it would be recommended to submit the prospective employee under the nursing home. If a new prospective employee is employed only by the ALR, then the prospective employee should be submitted under the ALR. Please note that only one escrow account is needed for your organization for purposes of payment to MorphoTrust USA (for escrow account information, contact the fingerprint vendor at <http://www.identogo.com/> or call 877-512-6962, then option 2, then 3 on the next menu). Once results are received for an individual through your organization's Document Viewer, then additional submission requests are not needed by either the nursing home or ALR, as long as the corporate entity can readily display a legal determination for an individual to surveillance staff. If there is a question of your organizational corporate structure, then you should confirm with CHRC legal staff if you may submit through a single corporate entity. Normally, there is one centralized Personnel Department for the nursing home and ALR under this scenario.

- **Who cannot submit background requests?**

All facilities not licensed under PHL Article 28 and 36 or Article 7 of the SSL may not submit requests. Facilities prohibited from requesting background checks through the Department of Health include, but are not limited to, hospitals, hospices, continuing care retirement communities and staffing agencies.

- **Who is subject to CHRC?**

Any unlicensed individual employed by or used by a subject employer (see #1, above) who provides direct care or supervision to a patient or resident or who has access to a patient or resident, their living quarters or their property is subject to CHRC. This includes aides to professionals licensed under Title 8 of the NYS Education Law (dietary aides, rehabilitation and other therapy aides, etc.), certified nursing assistants (CNAs), home health aides (HHAs), personal care aides (PCAs), home attendants, hairdressers (if paid by provider), maintenance workers, etc. Also subject to CHRC are LPNs and RNs working out of title.

- **Who is not subject to CHRC?**

Professionals licensed under Title 8 of the NYS Education Law (i.e., nurses, physicians, physical and occupational therapists, licensed clinical and/or master social workers, mental health practitioners, etc.), licensed nursing home administrators, security guards, hairdressers (that are paid by resident), volunteers and students enrolled in a program leading to a professional license under Article 8 are not subject to CHRC.

- **How long may a student provide services once his/her coursework ends?**

A student may continue to provide services and remain exempt from CHRC up to 90 days after graduation or until the student fails the licensing exam – whichever occurs first.

- **What should provider written policies and procedures include?**

Providers are required to have written policies and procedures for CHRC. These policies and procedures should include, but are not limited to:

- Determining who is subject to a background check according to regulations,
- Provision and documentation of supervision for temporary employees while awaiting results,
- Reporting terminations in a timely manner,
- The timeliness of initial submissions,
- Scheduling fingerprinting appointments and how to handle missed appointments,
- Not charging employees for criminal background checks, and
- CHRC record retention.

- **What CHRC records should be retained?**

All CHRC actions become part of the record that must be retained. Among them are:

- Original signed CHRC 102 (consent form),
- The completed printout of the electronic submission form which indicates when the background check request was submitted,
- Appointment Letters from fingerprint vendor,
- Employment Determination letters,
- Any legal notifications, including subsequent arrest notifications,
- A completed print out of the electronic termination form.

- **What are record retention requirements?**

All records associated with CHRC must be retained for at least six (6) years after the employee has left employment and a CHRC termination has been submitted.

- **Are CHRC results confidential?**

Yes. Only Authorized Persons (APs) are able to access CHRC determination letters on the HCS document viewer. These letters may contain criminal histories (convictions and open charges) that are strictly confidential, along with the employment eligibility determination. The criminal history may be shared only with others in the organization who have a role in the hiring/firing process. Legal determinations may be retained in the employee's file. However, any record that shows criminal histories (convictions and open charges) must be filed in a way that makes them inaccessible to anyone other than the AP(s).

- **Who is responsible for requesting a criminal background check for employees from temporary service (staffing) agencies?**

Staffing agencies are not subject to CHRC and therefore cannot submit requests for background checks. The nursing home or home care agency must submit requests for these employees.

- **Can legal determinations be shared with the staffing agency for employees who are employed through them?**

Yes. However, only the legal determination (employable/not employable) may be shared. Any criminal history is strictly prohibited from being shared.

- **Who provides fingerprinting services for CHRC?**

Morpho Trust USA provides all fingerprinting services to CHRC under a contract with Division of Criminal Justice Services (DCJS). The fingerprint vendor provides these services at over 90 locations statewide. Appointments can be made online at www.identogo.com/FP/NewYork.aspx or via telephone at 877-472-6915.

- **Who pays for fingerprinting?**

The provider is responsible for paying the fingerprinting fee. By law, costs associated with fingerprinting cannot be charged to the prospective employee.

- **What payment methods are accepted by Morpho Trust USA for fingerprinting costs?**

An application is located on the Morpho Trust USA website that allows a provider to set up an escrow account. The provider may also pay with a credit/debit card or with a business check made payable to Morpho Trust USA. Credit cards are charged when the provider schedules an appointment. If the applicant fails to appear, the provider must request a refund from Morpho Trust USA.

- **Are providers reimbursed for costs associated with fingerprinting?**

LCHSAs and ACFs are reimbursed quarterly for CHRC costs, based on funding availability. All other entities are reimbursed through Medicaid rates. LCHSAs and ACFs who are not on the State Financial System (SFS) must complete a [Substitute W9 form \(AC-3237-S\)](#), and fax the form to: 518-474-7477.

- **What is the cost for CHRC fingerprinting?**

Currently, the cost of fingerprinting is \$99.70. This cost includes the DCJS, FBI and Morpho Trust USA administrative fees and may fluctuate semi-annually based on DCJS contract terms with Morpho Trust USA. All payments are made directly to Morpho Trust

USA. The CHRC program encourages you to setup an escrow account with our fingerprint vendor. For information regarding establishment of an escrow account, contact the fingerprint vendor at <http://www.identogo.com/> or call 877-512-6962, then option 2, then 3 on the next menu.

- **Can Morpho Trust USA provide on-site fingerprinting services?**

Morpho Trust USA can provide on-site fingerprinting services for providers that have at least 30 individuals needing fingerprinting at one time. Contact the fingerprint vendor via telephone to make arrangements.

- **How does a newly licensed provider get started for CHRC?**

A new provider may contact the CHRC program via e-mail (CHRC@health.ny.gov). CHRC staff will assist the provider with meeting requirements so they are able to submit requests. The provider will designate one Agency Representative (AR) and at least two Authorized Persons (APs).

- **What is the role of the Authorized Person (AP)?**

Authorized Persons are the only individuals who are authorized to submit requests for background checks and to receive and view the employment eligibility determinations as completed by CHRC. APs have access to strictly confidential information.

- **How does a facility assign Authorized Persons (AP)?**

APs are assigned by the Agency Representative (AR). ARs are individuals in the HCS administrator role. Each facility should assign a minimum of two APs. ARs can add APs by clicking on [Manage AP Assignments](#), check that an individual is an AP and save. This adds the individual's access to CHRC information. A new AP will be required to attest of their AP status when accessing the system for the first time.

- **What should a provider do when an Authorized Person no longer is employed or used in that capacity?**

The Agency Representative is required to formally remove the Authorized Person's permissions by proceeding to the CHRC application. ARs can remove APs by clicking on [Manage AP Assignments](#), uncheck that an individual is an AP and save. This eliminates the individual's access to confidential CHRC information.

- **When should a CHRC request for a background check be submitted?**

The background check must be submitted immediately, or as soon as possible, once the employer reasonably expects to hire, employ or use the individual. Providers may temporarily approve the prospective employee (temporary employee) pending completion of a CHRC and employment eligibility determination.

- **Can a “temporary” employee be assigned direct access to residents?**

Yes. However, any temporary employee who has not received approval for hire from CHRC must be supervised until the CHRC determination has been received. Such temporary employees must be directly observed and evaluated and the supervision must be documented by a member of the provider’s staff weekly.

- **What are supervision requirements for temporary employees?**

In nursing homes and adult care facilities, supervision must be provided by an employee working on the same unit who knows the temporary employees’ location at all times. In home care, direct on-site observation is required for the first week by a licensed health care professional, senior aide or other paraprofessional with at least one year of experience. After the first week, on-site and off-site supervision must be provided and documented in alternating weeks.

- **How must supervision be documented?**

The provider is required to produce written documentation of supervision. This documentation should be completed by the individual who has performed the supervision. Documentation must include how the supervision was performed, those involved in the supervision and the dates the supervision occurred.

- **Must a prospective employee provide permission for a CHRC background review?**

Yes. The prospective employee must provide permission for a CHRC background check and does so by completing and signing a [CHRC Consent form](#). This form serves to provide attestation of the individual’s prior criminal record (as self-reported), to inform of the procedures and rights to review and correct criminal history, to consent to fingerprinting review of such by DCJS and the FBI, and to allow the Department of Health to share information provided by DCJS and the FBI. This form must be retained on record by the provider.

- **What must the provider do if a CHRC approved employee is reassigned to non-direct care with no access to residents or has been released from employment?**

The provider must complete and submit an [electronic termination](#) as soon as possible, which is available from the CHRC menu.

- **How does an employer submit a request for CHRC?**

A criminal background check is requested by completing and submitting an [electronic submission form](#). Upon receipt of the request, CHRC will determine if the individual has been reviewed in the past or if this is the first request. If the individual has been previously reviewed by CHRC, an expedited review is conducted using available information. New fingerprinting is not required and there is no cost for the determination.

If the individual has not been previously reviewed by CHRC, fingerprinting is required and the provider will receive an Appointment Letter in the document viewer.

- **What is the CHRC document viewer?**

The [CHRC document viewer](#) is located on the HCS and is accessible only to the AP(s). All CHRC legal determinations and other correspondence are posted on the document viewer. It is important that AP(s) review the file viewer at least daily and take appropriate actions as directed in the correspondence. Posted and unopened letters are shown in bold. These letters should be immediately opened and acted upon. Once opened the letter notification will display in normal font and remain on the document viewer.

- **What must the provider do once an Appointment Letter is posted?**

Using the pertinent information contained in the Appointment Letter, an appointment should be made within seven (7) days.

- **How do I make an appointment?**

Appointments may be made either online or via telephone. Pertinent information listed on the Appointment Letter must be used in arranging the appointment. The appointment should be scheduled at a time and location convenient for the prospective employee.

- **Can a provider have a letter reissued after it has been purged from the Document Viewer?**

In most cases the letter can be regenerated by request to CHRC@health.ny.gov

- **What should a provider do if the employee cannot go to the appointment?**

The provider should notify the fingerprint vendor by calling 877-472-6915 and reschedule an appointment as soon as possible and continue to provide documented supervision until a CHRC legal determination is received.

- **What if the employee does not go to the appointment and does not notify the employer?**

CHRC will post to the file viewer a new Appointment Letter seven (7) days after the scheduled appointment that indicates the employee missed the appointment. The provider must reschedule another appointment immediately and continue to provide documented supervision until a CHRC legal determination is received.

- **What should the employee bring to the fingerprinting appointment?**

The individual is required to bring at least two forms of identification. Other pertinent information regarding the appointment (location, date and time) should be available to

the employee. This information is available on the Appointment Letter or the issued Registration Confirmation (if scheduled online).

- **What types of identification are required for fingerprinting?**

Two forms of valid identification are required for fingerprinting. One of the forms of identification must contain a picture. Expired identifications will not be accepted. Also accepted are a valid passport, military ID, Alien Registration Card or a school ID that has the current year listed. If using a school ID and the date of birth is not listed, the applicant will be required to also produce a government-issued document that lists the individual's date of birth. For a complete list of acceptable forms of identification, visit the [LIST OF ACCEPTABLE DOCUMENTS FOR THE I-9 FORM](#).

- **What should a provider do if a CHRC request was submitted and the employee never showed up for work?**

The provider must complete and submit an electronic termination as soon as possible. This will stop any correspondence from CHRC to the provider regarding this individual. The provider should retain all CHRC records as appropriate (see Record Retention, above).

- **What actions must a provider take when a CHRC legal determination letter is posted?**

The AP(s) must review letters posted to the document viewer at least on a daily basis and they must immediately take all actions as directed in the letters. All legal determination letters are to be printed and retained in the individual's personal file. The second page of negative employment determinations that lists actual charges and/or convictions must be kept under separate cover. Only Authorized Persons should have access to this information.

- **What actions should be taken if an Appointment Letter is posted for an employee who already received a CHRC determination letter?**

The new Appointment Letter indicates that the employee must be re-fingerprinted. This is usually in response to DCJS needing to validate fingerprints for an individual. The AP is required to take actions to schedule the individual for fingerprinting within seven (7) days.

- **What types of legal Employment Determination letters are there and what are the required actions on the provider's part?**

Favorable CHRC legal determinations allow the individual to work without supervision. They include:

- Non-Ident Letters - indicate the individual has no criminal history background.

- No Conviction Letters - indicate the individual has never been convicted on any charges.
- NOT Held in Abeyance Letters - indicate the individual has open charges that do not rise to the level of severity that would result in a negative determination.
- Final Non-Denials - indicate the individual has provided sufficient rehabilitation evidence to allow him/her to receive a favorable CHRC determination.

The following CHRC legal determinations require immediate action and the removal of the employee from a position providing direct care or having access to residents and their belongings:

- Hold in Abeyance - indicates the individual has open charges that will result in a CHRC denial if there is a conviction. The individual must be immediately removed from providing direct care. The individual is responsible for contacting CHRC when the charges are resolved, at which time CHRC legal will revisit the case and make a determination. If the provider no longer plans to employ this individual an electronic termination must be submitted.
- Pending Denials - indicates the individual has criminal convictions sufficient for CHRC to deny employment eligibility. The individual must be immediately removed from providing direct care. The individual has thirty days to submit rehabilitation information to assist CHRC in making a final determination.
- Final Denials - indicates the individual must be immediately removed from providing direct care. An electronic termination must be submitted.

- **What actions must the provider take when notified of a subsequent arrest?**

A subsequent arrest notification is provided for any previously checked employee who is arrested in New York State. CHRC cannot take secondary actions regarding the employment eligibility once a legal determination has been made. The subsequent arrest information includes a summary of the charges. The provider must conduct a risk assessment pursuant to all relevant law to determine whether the provider wishes to continue to employ the individual.

- **How do I contact CHRC?**

You can reach CHRC using the [secure contact form](#) on this website, by e-mail to CHRC@health.ny.gov, or by calling 518-402-5549. All e-mail questions or requests should contain the provider's PFI number.