

2.2.2	Application Part 1 for Home Health Agency License.
	Is application included, completely filled out, signed and dated?
	Are all of the required Exhibits, A through E, attached?
	Does the application match the type of agency the applicant has applied for (example, HHAS should not be turning in a HHAAO application).
2.2.2.1	Names, addresses and types of agencies owned or managed by the applicant.
	Should be included in Exhibit E attachment.
2.2.2.3.4	Identity of: Any officers/directors, partners, or managing members, or members of a governing body who have a financial interest of five percent (5%) or more in a licensee's operation or related businesses.
	Should be included in Exhibit D, along with “Ownership Interest” section completed on Page 2 of application.
3.9	Policies and an operational system which assure uninterrupted implementation of the plan of care. The agency shall, at a minimum: 1) maintain a sufficient pool of qualified employees/contractors to fulfill plans of care and provide scheduled services; and 2) develop and maintain a back-up system to provide substitute employees/contractors if regularly scheduled employees/ contractors are unavailable.
	Policy should clearly differentiate how the requirements of 1 and 2 are met.

	Having ample staff employed (based on the number of clients enrolled) and those staff members are available, on call, is usually sufficient for requirement 1.
	However, a likely time for a backup system to be implemented would be in the event of a disaster, and the policy should outline how the backup system is organized, and who are the backup staff (contract, etc.).
	If the backup plan includes use of contract staff, then regulations 5.3.2 and 5.3.3 would a
4.2.7	The governing body must develop an organizational structure establishing lines of authority and responsibility (provide organizational chart).
	Check that organizational chart provided clearly shows the lines of authority and designates who each person reports to. Additionally, be sure that the organizational chart and job descriptions reflect the same lines of authority.
4.4	Written policies and procedures pertaining to each service offered.
	Refer to the definition of a “Home health agency” or “HHA”. It means any business entity or sub-division thereof, whether public or private, proprietary or not-for-profit, which provides, to an individual primarily in their place of residence, 2 or more home care services, 1 of which must be either licensed nursing services or home health aide services
	“Home health care services” means services, provided to an individual primarily in her/his place of residence, that include but are not limited to: (A) licensed nursing services; (B) physical therapy services; (C) speech therapy services; (D) audiology services; (E) occupational therapy services; (F) nutritional services; (G) social services; or (H) home health aide services. Refer to Regulation 6.6 for Patient Services.

	<p>“Nurse” means an individual who is currently licensed to practice nursing pursuant to 24 Del.C. Ch. 19. Nurses can administer medications and treatments as ordered by a physician. Refer to Regulation 6.5 for Medication and Treatment management. Refer to Regulation 6.6.1 for Nursing Services.</p>
	<p>“Home health aide services” means services, provided to an individual primarily in their place of residence, that are limited to personal care services, companion services, homemaker services, medication reminders and tasks delegated by a licensed nurse as permitted by 24 Del.C. Ch. 19. Refer to Regulation 6.6.4 for Home Health Aide Services</p>
	<p>This section should reflect the services that you are providing. Include your policy and procedures as indicated for each service. The information in this section should inform your home health aides, companions, and homemakers what services they can provide.</p>
	<p>For example, home health aides, nurses, and therapists may provide assistance with ADLs such as transferring, ambulating, bathing, grooming, dressing, and toileting. Also include other services provided such as housekeeping, meal preparation, transportation and medication reminders which are permitted for the home health aide.</p>
4.5	Description of the system for the maintenance of patient records.

	<p>“Patient record” means a written account of all services provided to a specific patient by the home health agency, as well as other pertinent information necessary to provide care.</p>
	<p>A separate record must be maintained at the agency for each patient which includes admission record, referral form, request for services form, provider prescriptions for services, assessments (initial and reassessments), individual plan of care (initial, reviews, and revisions), home health aide care plan, progress notes, advanced health care directive form or a statement that none has been signed, written acknowledgment that the patient and/or representative has been informed of the patient’s rights, medication orders, nutrition orders, treatment orders, activity orders, and a discharge summary. (Reg. 6.7.1.1-6.7.1.15).</p>
	<p>All patients’ records shall be maintained in accordance with professional standards. (Reg</p>
	<p>All patient records shall be available at all times for review by authorized representatives of the Department and to legally authorized persons; otherwise, patient records shall be held confidential. The written consent of the patient or her/his representative, if the patient is incapable of making decisions, shall be obtained before any personal information is released from her/his records as authorized by these regulations or Delaware law. (Reg. 6.7.7).</p>

	<p>The home health agency records shall be retained in a retrievable form until destroyed. Records of adults (18 years of age and older) shall be retained for a minimum of 6 years after the last date of service before being destroyed. Records of minors (less than 18 years of age) shall be retained for a minimum of 6 years after the patient reaches 18 years of age. All records must be disposed of by shredding, burning, or other similar protective measure in order to preserve the patients' rights of confidentiality. Documentation of record destruction must be maintained by the home health agency. At least 30 calendar days before the agency discontinues operations, it must inform the Department where patient records will be maintained. (Reg. 6.7.9.5).</p>
5.1.3.1	Director duties and responsibilities shall include: Interpretation and execution of the policies adopted by the governing body.
	Per 5.1.3, duties and responsibilities of the director should be in writing. Director shall be full-time and have the overall authority and responsibility for the daily operation and management of the agency. The Director is responsible to interpret the policies adopted by the governing body and make sure that they are implemented by the agency.
5.1.3.2	Director duties and responsibilities shall include: Program planning, budgeting, management and program evaluation.
	Must include these in the duties and responsibilities of the Director.

5.1.3.3	Director duties and responsibilities shall include: Maintenance of the agency's compliance with licensure regulations and standards.
	It is ultimately the Director's responsibility that the agency complies and up to date with the current HHAS regulations.
5.1.3.4	Director duties and responsibilities shall include: Preparation and submission of required
	Include major adverse incidents that the agency is required to report to the Department within 48 hours, along with submitting a complete investigation report to the Department within 30 calendar days. (Reg. 6.7.12.1-6.7.12.4). Also should include any summary reports requested by the provider.
5.1.3.5	Director duties and responsibilities shall include: Distribution of a written plan for the delegation of administrative responsibilities and functions in the absence of the director.
	The director shall designate, in writing, a similarly qualified person to act in the absence of the director. What responsibilities and functions will this person have in the Director's absence?

5.1.3.6	Director duties and responsibilities shall include: Documentation of complaints relating to the conduct or actions by employees/contractors and action taken secondary to the complaints.
	The director has the ultimate responsibility to address complaints related to the conduct or actions of employees/contractors. Will there be a specific form designated for these complaints that will include the description, the investigation, and the actions taken by your agency to address the complaints? Where will that form be maintained? In that employee's personnel record?
5.1.3.7	Director duties and responsibilities shall include: Conducting or supervising the resolution of complaints received from patients in the delivery of care or services by the agency.
	Include the procedure for patients to file a written or verbal complaint to the Director, the timeframe to review the complaint and submit a response, who the agency contact person is, steps taken to investigate the complaint, the results, date of completion, and communicating this to the patient/complainant (Reg. 7.3).
5.1.3.8	Director duties and responsibilities shall include: Reviewing policies and procedures at least annually and reporting, in writing, to the governing body on the review.
	Must include these in the duties and responsibilities of the Director.

5.4.2.1	Written policies regarding: The rights and responsibilities of patients.
	All the components of Reg. 7.0. The policy should state that the home health agency must provide the patient with the patient's rights document, in writing, during the initial assessment visit or before initiation of care.
5.4.2.2	Written policies regarding: The handling and documentation of incidents, accidents and medical emergencies.
	Policy should include a section describing each type of event (accident, incident, and medical emergency) and how is each type of event handled and documented. This will include verbal reporting, such as when a home health aide calls their supervisor to report an event and to ask for further instruction. Policy should include documenting the verbal reporting (date, time, reported to whom, details given, instructions from Supervisor and action taken as instructed).
	Reports of these events shall be kept on file at the agency. (Reg. 5.4.2.2.1).
	Major Adverse events (see Reg. 6.7.12) are a much higher severity and are handled differently. Major Adverse events should be listed separately when included.

	What form is used for documenting these events, what is the timeframe for completing a written report, and what is the timeframe for documentation to be submitted to Agency office? Please submit a copy of the form for review.
	Policy should also state how long these records are retained (Reg. 3.3) (6 years).
5.4.2.3	Written policies regarding: Control of the exposure of patients and staff to persons with communicable diseases.
	A short introduction to the basics of how germs spread, signs of illness etc. could be incl
	Control of communicable diseases should include the agency's policy on use of PPE, how and when are they used, how are they provided and proper donning and doffing procedures. Policy should include proper handwashing and use of alcohol-based hand sanitizing gels.
	Policy often includes clean up and disposal of items contaminated with blood, bodily fluids, instruction is given for the handling of soiled objects and linen, storage of food and cleaning of common surfaces.

	Policy should include how the Agency handles reports of ill staff, ill clients, and ill family members that would place the staff member and or the client/family at risk. Policy should also address vaccinations that staff and patients may have received or not received to protect from communicable diseases.
5.4.2.4	Written policies regarding: Reporting of all reportable communicable diseases to the Dep
	Provide detailed policy about reporting communicable diseases to the Department. A list can be found on the Division of Public Health's website. What time frame will they be reported to the Department and what information will be included, such as patient's name, address, disease, date of onset, exposure to other people, etc.?
5.4.2.5	Written policies regarding: The patient's (and family or representative, if any) right to have concerns addressed without fear of reprisal. This policy must include the mechanism for informing the patient of her/his right to report concerns/complaints to the Department at a telephone number established for that purpose.
	Although this section refers to contacting our Department most also include contacting your Agency as well. If it is included, then it must be accurate and complete. Agency information should follow the grievance procedure regulations listed in regulation 7.3 and include full Agency contact information(address/phone) and who at the agency should be contacted.
	Policy(s) should state that a copy of this information is provided to the client at Intake.

	<p>Our Department's contact information: Office of Health Facilities Licensing and Certification</p> <p>263 Chapman Road, Suite 200</p> <p>Newark, DE 19702</p> <p>Main phone #: 302-292-3930</p> <p>Fax #: 302-292-3931</p> <p>24 hour/7 days a week hotline: 1-800-942-7373</p>
5.4.2.6	Written policies regarding: The procedure to be followed in the event that the home health agency is not able to provide services scheduled for any particular day or time.
	Please provide your policy and details. For example, who at the agency will be responsible for contacting the patient and/or family, timeframes for notification, attempts the agency has made to reschedule visit or staff, etc.
5.4.2.6.1	Written policies regarding: The procedure for contacting the patient prior to the n

	What is your procedure for contacting the patient prior to the missed visit? Will contact be made by telephone? If that fails, will it be text or email? What timeframe will be provided to the patient? For example, 4 hours minimum? If less than that, will the patient be notified immediately?
5.4.2.6.2	Written policies regarding: The procedure for attempts to find a substitute caregiver.
	What is your procedure to attempt to find a substitute caregiver? For example, will you look for a caregiver with a similar skill set who works within the same geographical area? Will you notify the patient of the replacement caregiver's name and time expected? If you are unable to find a replacement caregiver, will you notify the patient and prioritize the next scheduled visit?
5.4.2.6.3	Written policies regarding: Documentation of the missed visit, patient contact, and attempts to find a substitute caregiver.
	What is your documentation procedure? For example, where in the patient's file or medical record will this information be documented? The missed visits, patient notification, and attempts to find a substitute caregiver, if the attempts were successful or not, and what other actions were taken?

5.4.2.7	Written policies regarding: Infection control.
	Much like section 5.4.2.3 in regard to PPE, also include clean up and disposal of items contaminated with blood and bodily fluids, the handling of soiled objects and linen, along with storage of food and the cleaning of common surfaces.
	Provide instructions on handwashing and the use of alcohol-based gel.
	First aid steps to be taken if contaminants are splashed on to the aide's skin, eyes or open
	Training should include basics such as cough/sneeze etiquette.
	Personal hygiene to include length of nails, securing hair, changing soiled uniform as soon as possible, etc.
	How the use of flu shots, covid shots, and Hep B shots play into the goal of infection control
5.4.2.8.1	Written policies regarding: Qualifications, responsibilities and requirements for each job

	Qualifications should include any education or work experience needed as required by regulation or Agency preference.
	Responsibilities should also include those limited or regulated by State or Agency, please refer to the HHAS regulations.
	All employees and contractors must pass a competency evaluation test prior to providing care to patients (Reg. 5.7.9). The competency test should be appropriate for the job classification.
	Make sure "Each job classification" is complete. Example: Staff Supervisor is often excluded for this section but is a key component to the operations of the agency. (These individuals should be listed on the Org chart and also documented in the Position Description section in 5.4.2.8.3).
5.4.2.8.2	Written policies regarding: Pre-employment requirements.
	Policy should include the following requirements: Application, References, Interview, Criminal Background Check including abuse registries (adult and child), letter of appointment, physical (must have been completed within 12 months prior to employment/referral) (Reg. 5.6.1.1), TB testing (Reg. 5.6.2), and evidence of current professional licensure, registration or certification as appropriate (Reg. 5.5.3.3). Drug testing is often listed in this area and Agency standards vary.

	All newly hired/contracted aides shall be required to complete or show evidence of having completed a minimum of 75 hours of training which shall include instruction and supervised practicum, and which addresses the topics in Reg. 5.7.4.1-5.7.4.13.
5.4.2.8.3	Written policies regarding: Position descriptions.
	Similar to section 5.4.2.8.1, each position listed on the Organizational chart, or in services offered (home health aide, companion, nurse) or referenced in the body of the policies/binder should have a position description.
	A position that has regulatory assignment or limitation should be included in their position description. For example: Director has an educational and work history requirement as well as several specific responsibilities as listed in Reg. 3.6, 5.1-5.1.3, and 5.1.3.1-5.1.3.8 and Home Health Aide has specific experience, requirements and training.
5.4.2.8.4	Written policies regarding: Orientation policy and procedure for all employees and contractors
	All employees and contractors must pass a competency evaluation test prior to providing care to patients (Reg. 5.7.9). What is considered a passing grade on the test?
	How is training handled for a new hire who does not complete orientation or does not pass the competency test?

	Policy should also state either in this policy or employee evaluation policy how training is handled when poor job performance is reported, and more training is needed.
	All employees/contractors are required to complete an orientation program. This should include but not be limited to the topics in Reg. 5.7.3.1-5.7.3.9.
5.4.2.8.5	Written policies regarding: Inservice education.
	Ongoing staff development is required, and home health aides shall attend at least 12 hours annually of education which shall include but not be limited to the topics in Reg. 5.7.6.
	Documentation of orientation and continuing education must include the dates and hours, content, and name and title of the person providing the orientation/education. (Reg. 5.7.7).
5.4.2.8.6	Written policies regarding: Annual performance review and competency testing.

	Annual performance review is usually included in job classification 5.4.2.8.1, position description 5.4.2.8.3, orientation policy 5.4.2.8.4 and usually also included in Agency Personnel Policies.
	All employees and contractors must pass a competency evaluation test prior to providing care to patients (Reg. 5.7.9).
	What is the procedure for annual assurance of competence of all individuals utilized under contract? (Reg. 5.3.2.5).
	Most agencies have an evaluation after a probationary period that would include a review; usually at 90 days. This should be stated in the policy and noted that this review is separate and in addition to the annual review.
5.4.2.8.7	Written policies regarding: The process of appointment to the professional staff whereby it can satisfactorily be determined that the individual is appropriately licensed and qualified for the privileges and responsibilities to be given.
	This policy can include, for example, a verification of the individual's license, certifications, and any other necessary credentials, written verification of compliance with pre-employment requirements, references and educational preparation and work history.

5.4.2.8.9	Written policies regarding: Referrals received, admission of patients to agency services, delivery of those services and discharge of patients.
	Agency policy addressing admission of patients should contain all of the components of
	Patients are accepted only by the home health agency. Patients may not be admitted for home health aide services by a contracted individual without prior review of the case and acceptance of the patient by the home health agency in accordance with agency policies (Reg. 5.3.2.8). The written contractual arrangement must contain a renewal clause or be renewed annually. (Reg. 5.3.2.9).
	Each home health agency shall inform patients and patients' representative, upon admission, of the agency's procedures during and immediately following an emergency. (Reg.10.5).
	Policy addressing the delivery of services should reflect the components of Reg. 6.6, Patient Services, as applicable to the services your Agency is offering. Refer back to the definition of a home health agency or HHA.
	Policy addressing discharge should contain all of the components of Reg. 6.8.

5.4.2.10	Written policies regarding: The use and removal of records and the conditions for release of information in accordance with statutory provisions pertaining to confidentiality.
	All patient records shall be available at all times for review by authorized representatives of the Department and to legally authorized persons; otherwise, patient records shall be held confidential. The written consent of the patient or her/his representative, if the patient is incapable of making decisions, shall be obtained before any personal information is released from her/his records as authorized by these regulations or Delaware law. (Reg. 6.7.7).
	Records shall be protected from loss, damage, and unauthorized use. (Reg. 6.7.10).
5.7.3.1	Orientation Program must include: Organizational structure of the agency.
	PLEASE INCLUDE ALL ORIENTATION MATERIALS FOR REVIEW
	Organizational chart should reflect the job classifications and job descriptions as listed in 5.4.2.8.1 and 5.4.2.8.3.

	Org chart should clearly show chain of command. Teaching material should expound on what the chart is indicating so that the caregiver clearly understands who they report to and who they should contact when in need of guidance.
5.7.3.2	Orientation Program must include: Agency patient care policies and procedures.
	This section should reflect the services that you are providing. Include your policy and procedures as indicated. The information in this section should inform your home health aides, companions, caregivers, and nurses of what services they can provide, your policy for providing that service and detailed instruction on the proper procedures to follow. Refer to Patient Services (Reg. 6.6).
	Remember the definition of an HHA. You must provide 2 or more home care services, 1 of which must be either licensed nursing services or home health aide services.
	For example, your home health aides can provide assistance with ADLs such as transferring, ambulating, bathing, grooming, dressing and toileting. For example: Steps to be followed when preparing a bath, bathing a male or female client, making an occupied or unoccupied bed, etc.

	Policies as applicable for other skilled services you may be providing. For example, nursing, medication and treatment management (Reg.6.5), physical and occupational therapy, nutrition, etc.
5.7.3.3	Orientation Program must include: Philosophy of patient care.
	Philosophy of care is the principles and values that govern the work that is provided by the agency. For example, they could be honesty, integrity, dedication, compassion...etc.
	This is often confused with a Mission Statement. A mission statement is a look towards the future and what they want to become. The Philosophy principles and values is the work that enables the Mission statement goals to be achieved.
5.7.3.4	Orientation Program must include: Description of patient population and geographic location.
	The description of consumer population and geographical location should be indicated on the Application and the required attachments. Information provided in Orientation should be the same as those indicated on the application and the application attachments.
	Refer to the definition of “service area” for clarification of the location(s) that your agency may serve patients.

5.7.3.5	Orientation Program must include: Patient rights.
	Orientation training should present all of the rights as listed in Regulation 7.0. You may further expand on those rights by describing what each one means and actions the aide or caregiver should or should not do to support and maintain the patient's rights.
5.7.3.6	Orientation Program must include: Agency personnel and administrative policies.
	There are no mandates on administrative policies, other than those required by the regulations, such as hiring practices and performance reviews.
	Policies may vary and include attendance, uniforms, grooming, time off, benefits etc.
5.7.3.7	Orientation Program must include: Job description.
	Information provided in orientation should include Job descriptions for each classification in your agency in detail. For example, The Director, Clinical Director, RN and Home Health Aide each have certain duties and responsibilities per the regulations.

5.7.3.8	Orientation Program must include: Disaster preparedness.
	Orientation should take place at new hire orientation and contain the key components of
	All agency staff must be orientated to the disaster plan and a record of staff attendance must be maintained. (Reg. 10.3).
	A copy of the disaster preparedness plan shall be available to all staff. (Reg. 10.4).
5.7.3.9	Orientation Program must include: Applicable state regulations governing the delivery of home health care services.
	Information provided in orientation should include what services your agency can provide per the regulations.
	Review of the HHAS regulations is an opportunity to reiterate regulations already discussed and others that also apply to the aide such as: aide notes, employee annual competency training and testing, grievance procedure, documentation of incidents, accidents, medical emergencies and major adverse events, client rights and scope of practice.

	Review of the regulations also provides the home health aides with an opportunity to ask questions and seek clarification.
5.7.12	Mandatory annual dementia specific training must include communicating with persons diagnosed as having Alzheimer's disease or other forms of dementia; the psychological, social, and physical needs of those persons; and safety measures which need to be taken with those persons.
	Teaching material should include a basic understanding of dementia, its development and how it progresses along with the other required components of this regulation.
6.1.3.1	Written Agreement must: Specify the services to be provided by the agency, including but not limited to: frequency of visits including scheduled days and hours, transportation agreements as appropriate, emergency procedures and conditions for discharge and appeal.
	Please provide a copy of your written agreement for our review in order to determine if the components of this regulation have been met.

	Services purchased must be itemized (HHA, nursing, etc.). How often is each one of the services performed, such as bathing, grooming, dressing, meal preparation, light housekeeping, etc.? Example: Shopping maybe once per week, whereas bathing may be every day or every other day.
	Services must be specific, what days of the week, what are the scheduled hours and frequency of how often each service is provided?
	Is transportation addressed, either providing or not providing? If providing, is there a policy or any documentation that addresses whose vehicle is used, liability etc.
	What emergency procedures and instruction are indicated?
	What are the conditions for discharge and appeal? Discharge should be congruent with Regulation 6.8. What is your agency's appeal process?
6.1.3.2	Written Agreement must: Specify the procedure to be followed when the agency is not able to keep a scheduled patient visit.
	Written agreement should specify, and the procedure should be congruent with Reg. 5.4.

6.1.3.3.1	Written Agreement must: Specify a description of services purchased and the associated
	Same as 6.1.3.1 above, the written agreement needs to provide a description of the services being purchased and the associated cost.
6.1.3.3.2	Written Agreement must: Specify an acceptable method of payment(s) for these services
	Acceptable methods of payment are commonly listed as check, cash, credit card or 3rd party insurance. You might include an authorization to setup a direct payment/debit (ACH transfer).
6.1.3.3.3	Written Agreement must: Specify an outline of the billing procedures.
	Billing procedures are preferably typed out to show consistency for all patients. For example, what day of the month will they be billed? What timeframe will patients be given to complete their payment?

6.1.3.3.4	Written Agreement must: Specify that all payments by the patient for services rendered shall be made directly to the agency or its billing representative and no payments shall be made to or in the name of individual employees/contractors of the agency.
	Include this specification in your written agreement.
6.1.3.4	Written Agreement must: Be signed by the patient, if (s)he is able, or representative, if any, and the representative of the home health agency.
	Include a space on your written agreement for the patient and/or representative to print their name, sign and date the form along with a space for the agency representative to do the same below them.
6.1.3.5	Written Agreement must: Be given to the patient or representative, if any, and a copy shall be kept at the agency in the patient record.
	Please specify that a copy of the written agreement will be kept at the agency in the patient record.
6.1.3.6	Written Agreement must: Be reviewed and updated as necessary to reflect any change in the services or the financial arrangements.

	Please specify that the written agreement will be reviewed and updated as necessary to reflect any change in service or the financial arrangements.
6.3.5	Policies and procedures describing the method to obtain and incorporate the licensed independent practitioner's orders into the plan of care.
	Please provide your policies and procedures to obtain and incorporate the practitioner's orders into the patient's plan of care.
	The plan of care must be reviewed as often as the severity of the patient's condition requires, but at least every 60 calendar days. (Reg. 6.3.4).
	The plan of care for patients receiving skilled services must be reviewed by the physician or allowable provider and with a registered nurse or qualified professional of the appropriate discipline. (Reg. 6.3.4.1).
	The plan of care for patients receiving aide only services must be reviewed by the registered nurse or qualified professional of the appropriate discipline. (Reg. 6.3.4.2).
	The home health agency shall promptly alert the attending physician or allowable provider to any changes in the patient's condition that suggest a need to alter the plan of care. (Reg. 6.3.6).
	All medication administered to patients by the home health agency shall be ordered in writing, dated and signed by the prescribing licensed practitioner. (Reg. 6.5.2).

	Appropriately licensed individuals must immediately record, sign, and date verbal orders for medications and treatments. The signature of the licensed practitioner ordering the medications or treatments must be obtained as soon as possible. (Reg. 6.5.4).
	Professional therapy services (Reg.6.6.2) must be provided in accordance with the written plan of care and acceptable standards of practice (Reg. 6.6.2.3).
6.7.11	Policies for authentication of any computerized records.
	Policy usually states employees will be provided with a unique log in name and a password. Passwords usually have prompts set up for the user to change them, for example, every 90 days. Some agencies may opt for a two-factor authentication system, which adds the extra security measure of sending a code to the email or cell phone of the User which they must enter in order to gain access.
10.2.1	The comprehensive emergency management plan must: Provide for continuing home health services during an emergency that interrupts patient care or services in the patient's home.
	Provide/construct a plan that is comprehensive and clear to understand. Is it clear what can be expected when an emergency takes place, and the plan is implemented?

	<p>You must account for and can list the many emergencies that can interrupt patient care, whether they are natural or man-made. Refer to national standards (i.e., FEMA (Federal Emergency Management Agency), ASPR (Administration for Strategic Preparedness and Response), TRACIE (Technical Resources, Assistance Center & Information Exchange) and local and state plans for guidance. Identify what emergencies are most likely for your area. For example, a winter storm or a hurricane.</p>
	<p>How are the patients prioritized on admission? How do you notify staff and patients when emergency response measures are initiated? How will you communicate with and between staff members, local and state emergency management agencies and the patients? What backup system will you employ? If cell phones are down and not all employees and patients have a landline phone, will you notify on local television and/or radio stations? Where should employees report in an emergency? The office? Who is in charge?</p>
	<p>How will you identify and provide resources to continue patient care? Provide employees and patients with the phone numbers for their local and state emergency centers, state and local police, emergency shelters, etc.</p>
	<p>All staff must be orientated to the plan upon hire and a record of that attendance must be maintained by your agency. All patients and their representatives must be informed upon admission of the agency's procedures during an emergency and immediately following one.</p>

10.2.2.1	The comprehensive emergency management plan must: Describe how the home health agency establishes and maintains an effective response to emergencies and disasters including: Notification of staff when emergency response measures are initiated.
	Who in your Agency is responsible for the activation of the plan and for notifying your staff? Do you have a phone tree? Will your agency maintain an updated list of emergency telephone contact numbers for all staff? What is your primary means to notify your staff? Is it telephone, cell phone, text message? If cell phone service is disrupted, what is your alternate means of communication? Will notices be placed on radio or television on an established pre-determined station that has been identified to your staff?
10.2.2.2	The comprehensive emergency management plan must: Describe how the home health agency establishes and maintains an effective response to emergencies and disasters including: Provision for communication with and between staff members, local emergency management agencies, the State emergency management agency and patients.
	Again, how will you communicate with and between staff members? Will you require available staff to report to a predetermined area, such as your office to await further instruction?
	Does the plan indicate when and how a client is notified of an emergency and told what service they can expect. Prior to an emergency, Does the client know what level of priority he/she is and the response they can expect?

	Provide information for state and local emergency services for patients and staff. Will local emergency services be notified of any patients with special needs that could be disrupted requiring transport to a hospital or a facility? Such as a patient who is oxygen dependent with a power outage or a patient that is living in an area that is required to be evacuated due to an impending hurricane and they are bed bound. What about a patient who requires skilled services, such as nursing for Peg tube feeds or wound care?
10.2.2.3	The comprehensive emergency management plan must: Describe how the home health agency establishes and maintains an effective response to emergencies and disasters including: Provision for a backup system.
	What backup system will you employ? For example, volunteers, certain staff that will rotate schedules and be available in an emergency, another agency that you have an agreement with? Another possibility is the patient's family member, neighbor or friend who can be onboarded and trained to provide care if it is not safe for staff to come out to the patient's home.
10.2.2.4	The comprehensive emergency management plan must: Describe how the home health agency establishes and maintains an effective response to emergencies and disasters including: Identification of resources necessary to continue essential care and services.

	What resources have you identified for your patients to continue essential care and services? For example, backup power or equipment, medications, food, water, or other supplies identified on admission for each patient.
10.2.2.5	The comprehensive emergency management plan must: Describe how the home health agency establishes and maintains an effective response to emergencies and disasters including: Prioritization of patient care needs and services.
	How will you prioritize your patients according to their needs? For example, this can be done on admission and updated as necessary. For example, Level 1-High priority: Bedbound, dependent on care, no family or outside help available, may require Peg tube feeds or daily wound care, may have durable medical equipment that relies on electricity such as oxygen, then Level 2 would be the next priority and Level 3 the next priority accordingly. Therefore, a Level 1 patient needs a visit whereas a Level 3 patient who can be left alone, has family resources available can have a visit safely postponed and a telephone call in an emergency where staff is limited, or it is not safe for them to go out to do a visit.