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ST - C000 - Initial Comments

Title Initial Comments

Rule

Type Rule

Regulation Definition

Interpretive Guideline

ST - C100 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(b)

Type Rule

Regulation Definition

Interpretive Guideline

Background Check - (b) The provisions of 7 AAC 10.900 - 7 AAC 10.990 apply to an entity or individual service provider seeking licensure, certification, approval, or a finding of eligibility to receive payments from the department. Each individual who is to be associated with the entity or provider in a manner described in this subsection must have a valid criminal history check conducted under 7 AAC 10.900 - 7 AAC 10.990 if that individual is 16 years of age or older and will be associated with the entity or provider as

- (1) an administrator or operator;
- (2) an individual service provider;
- (3) an employee, an independent contractor, an unsupervised volunteer, or a board member if that individual has

(A) regular contact with recipients of services;

(B) access to personal or financial records

maintained by the entity or provider regarding recipients of

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services; or

(C) control over or impact on the financial well-being of recipients of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions;

(4) an officer, director, partner, member, or principal of the business organization that owns an entity, if that individual has

(A) regular contact with recipients of services;

(B) access to personal or financial records maintained by the entity or provider regarding recipients of services; or

(C) control over or impact on the financial well-being of recipients of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions;

(5) except as provided in (c) and (d)(10) of this section, an individual who resides in a part of an entity, including a residence if services are provided in the residence, if the individual remains, or intends to remain, in the entity for 45 days or more, in total, in a 12-month period; or

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(6) except as provided in (c) and (d) of this section, any other individual who is present in the entity and would have regular contact with recipients of services.

ST - C101 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(c)

Type Rule

Regulation Definition

Background Check - (c) A criminal history check under 7 AAC 10.900 - 7 AAC 10.990 is not required for a recipient of services, unless that individual is also associated with the entity or individual service provider in any manner described in (b)(1) - (4) of this section.

Interpretive Guideline

ST - C102 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.900(d)

Type Rule

Regulation Definition

Background Check - (d) A criminal history check under 7 AAC 10.900 - 7 AAC 10.990 is not required for the following individuals, if supervised access is provided in accordance with (e) of this section:

(1) a relative of a recipient of services, unless that relative is also associated with the entity or provider in any manner described in (b)(1) - (5) of this section;

(2) a visitor of a recipient of services, unless that visitor is also associated with the entity or provider in any manner described in (b)(1) - (4) of this section;

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(3) an individual for whom the entity or provider submits evidence to the department of a fingerprint-based background check

(A) conducted and implemented under a process that meets or exceeds the standards of 7 AAC 10.900 - 7 AAC 10.990; and

(B) that is required

(i) as a condition for obtaining a professional license or certification under AS 08;

(ii) by federal law for an entity or individual service provider described in AS 47.05.300; or

(iii) as a condition of employment or association that is imposed by an entity or individual service provider described in AS 47.05.300;

(4) an employee, independent contractor, unsupervised volunteer, board member, officer, director, partner, member, or principal of the business organization that owns an entity if that individual is not associated with the entity or an individual service provider in any manner described in (b)(1) - (4) of this section;

(5) an approved relative provider under 7 AAC 41.200(e);

(6) a personal physician, an infant learning teacher, an attendant for a child with special needs as described in 7 AAC 57.940, a licenser, a fire marshal, a food services sponsor, or another similar individual who

(A) is not associated with the entity or provider under (b) of this section; and

(B) provides support services to the entity or provider or to a recipient of services;

(7) an individual who is a vendor or an industry representative, or who provides delivery, installation, maintenance, or repair services;

(8) an individual who resides in any part of an entity, including a residence if services are provided in the residence, if the individual remains in the entity or residence for less than

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45 days, in total, in a 12-month period;

(9) a parent's designee to drop off and pick up a child in care, unless the designee is also associated in a manner described in (b) of this section with the entity providing child care;

(10) a parent who receives money from the department for purposes of paying an approved in-home child care provider under 7 AAC 41.370, and any other individual who resides in that parent's household; however, the exemption in this paragraph does not apply to an approved in-home child care provider who resides in the household;

(11) an occasional guest of the administrator or operator of an entity or of a provider.

ST - C103 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 12.900(e) - (f)

Type Rule

Regulation Definition

Background Check - (e) An entity or individual service provider must provide supervised access for an individual exempted under (d) of this section if the individual is present in the entity during hours of operation. Supervised access is not required in a residence where in-home child care is provided under 7 AAC 41.370.

(f) For purposes of (b)(5) and (d)(8) of this section, "individual who resides in any part of an entity" means an individual who dwells continuously in, or legally occupies, the premises housing the entity or provider, as evidenced by

(1) the individual's address on the individual's permanent fund dividend received under AS 43.23, driver's license, fishing or hunting license, or other official record; or

(2) observation by another individual of the individual occupying the premises. (Eff. 2/9/2007, Register 181)

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ST - C104 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(a)

Type Rule

Regulation Definition

Interpretive Guideline

Background Check - Request for criminal History Check. (a) An entity or individual service provider that is subject to AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 must request a criminal history check under this section, or provide proof of a valid fingerprint-based criminal history check, for each individual to be associated, or to remain associated, with the entity or provider in a manner described in 7 AAC 10.900(b). An entity or individual must request a criminal history check.

(1) when the entity or provider submits an initial application for a license, certification, approval, or finding of eligibility to receive payments from the department;

(2) for a new owner, officer, director, partner, member, or principal of the business organization if there is a change in ownership of the business organization, or if an officer, director, partner, member, or principal of the business organization is replaced; the criminal history check must be completed before the individual begins association unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920;

(3) except as provided otherwise in this section, if the entity or provider wishes to hire or retain an employee, independent contractor, or unsupervised volunteer described in 7 AAC 10.900(b)(3); the criminal history check must be completed before hiring unless the department issues notice of a provisional valid criminal history check under 7 AAC 10.920;

(4) for an individual 16 years of age or older who is not a

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recipient of services, and who wishes to reside in the entity or to be present as described in 7 AAC 10.900(b)(5) or (6); the criminal history check must be completed before the individual begins association unless

(A) the department issues notice of a provisional valid criminal history check under 7 AAC 10.920; or

(B) the individual is residing in the entity before that individual's 16th birthday; for an individual described in this subparagraph, the entity or provider must submit the information required under (b) of this section within 30 days before the individual's 16th birthday;

(5) at any time requested by the department

(A) to show compliance with 7 AAC 10.900 - 7 AAC 10.990 during inspection, monitoring, or investigation; or

(B) for an individual if the department has good cause to believe that the individual's criminal history has changed; or

(6) on or before April 10, 2007, for each individual who is associated with an entity or provider operating under a current license, certification, approval, or finding of eligibility to receive payments, and who

(A) does not have a valid criminal history check; or

(B) passed a criminal history check conducted before February 9, 2007 that

(i) was not fingerprint-based; or

(ii) was fingerprint-based and conducted more than six years before February 9, 2007.

ST - C105 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(c)

Type Rule

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Regulation Definition

Background Check - Request for criminal History Check. (c)
Unless a more frequent fingerprint-based criminal history check is required under federal law, or for certain entities and providers under (f) of this section, a fingerprint-based criminal history check is valid for six years from the date the check became valid under (h) of this section for an individual who

- (1) remains associated with an entity or provider in a manner described in 7 AAC 10.900(b), subject to verification under (d) of this section;
- (2) becomes re-associated with the same entity or provider in a manner described in 7 AAC 10.900(b) within 100 days after terminating association with that entity or provider, subject to verification under (e) of this section; or
- (3) becomes associated with another entity or provider in a manner described in 7 AAC 10.900(b) within 100 days after terminating association with a previous entity or provider, subject to verification under (e) of this section.

Interpretive Guideline

ST - C106 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(d)

Type Rule

Regulation Definition

Background Check - Request for criminal History Check. (d)
Upon renewal of a license, certification, or approval, or when a finding is made for continued eligibility to receive payments, an entity or individual service provider must provide to the department proof that an individual described in (c)(1) of this section has a valid criminal history check. If the department determines that the criminal history check is not valid, the department will notify the entity or provider that a request for

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a new criminal history check must be submitted under this section.

ST - C107 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.910(f)

Type Rule

Regulation Definition

Criminal history check - (f) Except as provided otherwise in this subsection, and unless the department granted a variance under 7 AAC 10.935, a new criminal history check is not required if a person associated with an entity or provider in a manner described in 7 AAC 10.900(b) is transferred from one site operated by the entity or provider to another site operated by that entity or provider, if all sites are identified in the request for a criminal history check. Before October 1, 2007, an entity or provider must submit the items required under (b) of this section for an individual described in the following list, each time that individual changes employment, regardless of what entities or providers were listed on the request for a criminal history check:

- (1) an individual associated with
 - (A) a nursing facility;
 - (B) a hospital that provides swing-bed services or that is reimbursed under 7 AAC 43 for treatment described in the definition of "swing-bed day" set out in 7 AAC 43.709; for purposes of this subparagraph,
 - (i) "hospital that provides swing-bed services" has the meaning given "swing-bed hospital" in 42 C.F.R. 413.114(b); and
 - (ii) the definition of "swing-bed hospital" in 42 C.F.R. 413.114(b), as revised as of October 1, 2006, is adopted by reference;
 - (C) an intermediate care facility for the mentally

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retarded or persons with related conditions;

(D) an assisted living home;

(E) a hospice agency;

(F) a home and community-based services provider as defined in 7 AAC 43.1110;

(G) a home health agency; or

(H) a personal care agency enrolled under 7 AAC 43.786 or 7 AAC 43.787;

(2) an individual providing care coordination, case management, adult day services, or respite care services.

ST - C108 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.915(f) - (h)

Type Rule

Regulation Definition

(f) Except as provided otherwise in this subsection, an entity or provider must, within 24 hours after receiving notification under (d) or (e) of this section, terminate association with the individual in accordance with 7 AAC 10.960. If the entity or provider requests a variance under 7 AAC 10.930, or if the individual requests reconsideration under 7 AAC 10.950, the individual may remain associated with the entity or provider, pending a decision on the request, if

(1) the individual is removed from direct contact with recipients of services; and

(2) the entity or provider ensures that the individual is provided with direct supervision if the individual is present in any area where services are provided, during hours of operation.

(g) If an individual remains out of association with an entity or provider for 100 days or longer, the department will revoke a valid criminal history check without prior notice. A new criminal history check is required if the individual wishes to

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become associated with any entity or provider in a manner described in 7 AAC 10.900(b).

(h) If an individual with a valid criminal history check ceases to be associated with an entity or provider, and wishes to have the individual's name unmarked in APSIN, the individual shall submit a written request to the department that the valid criminal history check be rescinded. The department will send a written acknowledgment of the rescission to the individual and to the entity or provider with whom the individual was most recently associated. (Eff. 2/9/2007, Register 181)

ST - C109 - Monitoring and Notification

Title Monitoring and Notification

Rule 7 AAC 10-95(a) - (b)

Type Rule

Regulation Definition

Monitoring and notification requirements. (a) An entity or provider shall monitor to ensure that all individuals associated with the entity or provider in a manner described in 7 AAC 10.900(b) continue to meet the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990. The entity or provider shall require each individual for whom a criminal history check is required to report to the entity or provider within 24 hours, or the next business day if the individual is

(1) charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a barrier crime listed in 7 AAC 10.905; or

(2) is the subject of a matter that must be reported under 7 AAC 10.955(c) for the centralized registry.

(b) In addition to the reporting requirements of 7 AAC 10.955(c) for the centralized registry, the entity or provider shall notify the department by telephone, by electronic mail, by facsimile, by letter, or in person within

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(1) 24 hours, or the next business day, after the entity or provider has knowledge that an individual associated with the entity or provider has been

(A) arrested for, charged with, convicted of, found not guilty by reason of insanity for, or adjudicated as a delinquent for, a barrier crime listed in 7 AAC 10.905; or

(B) is the subject of a matter that must be reported under 7 AAC 10.955(c) for the centralized registry; or

(2) 14 days after any change in association with the entity or provider for an individual who has a valid criminal history check or is the subject of a provisional valid criminal history check, including a change that involves an individual

(A) whose association described in 7 AAC 10.900(b) has been terminated; or

(B) who has not been associated with the entity or provider for 61 days or more, but becomes re-associated within 100 days.

ST - C110 - Monitoring and Notification

Title Monitoring and Notification

Rule 7 AAC 10.925(c)

Type Rule

Regulation Definition

Monitoring and notification requirements. (c) Failure to notify the department as required under this section may result in an enforcement action, including suspension or revocation of the license, certification, approval, or finding of eligibility to receive payments. (Eff. 2/9/2007, Register 181)

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ST - C111 - Criminal History Check New Request

Title Criminal History Check New Request

Rule 7 AAC 10.930(d)

Type Rule

Regulation Definition

Request for variance - (d) If the department granted a variance for an offense revealed in a fingerprint-based criminal history check conducted six or more years before February 9, 2007, and if the offense for which the variance was granted is not a permanent barrier under 7 AAC 10.905, the entity or provider must submit a new request for a variance, if allowed under this section, at the time of application for renewal of that entity's current license, certification, approval, or finding of eligibility to receive payments. Except as provided in (h) and (i) of this section, if the offense for which the department granted the variance is a permanent barrier under 7 AAC 10.905, the variance is void and the entity must terminate association with the individual in accordance with 7 AAC 10.960.

Interpretive Guideline

ST - C112 - Criminal History Check

Title Criminal History Check

Rule 7 AAC 10.930(e)

Type Rule

Regulation Definition

Criminal History Check - (e) If the department granted a variance for a barrier condition described in 7 AAC 10.955 six or more years before February 9, 2007, the entity or provider must submit a new request for a variance at the time of

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application for renewal of that entity's current license, certification, approval, or finding of eligibility to receive payments.

ST - C113 - Posting of Variance Decision Required

Title Posting of Variance Decision Required

Rule 7 AAC 10.940

Type Rule

Regulation Definition

Posting of variance decision required - If the department grants a variance under 7 AAC 10.935, the entity or individual service provider shall post a copy of the variance decision with the copy of the license, certification, approval, or finding of eligibility to receive payments that was issued by the department, in a conspicuous place where the copy of the variance can be readily viewed by persons interested in obtaining the services offered by the entity or provider. (Eff. 2/9/2007, Register 181)

Interpretive Guideline

ST - C114 - Termination of Association

Title Termination of Association

Rule 7 AAC 10.960(a)

Type Rule

Regulation Definition

Termination of Association - (a) Except as provided in (b) and (c) of this section, if an entity or provider is required to terminate association with an individual, the entity or provider shall

(1) notify the individual that the individual's employment, volunteer services, or other association with the entity or

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provider under 7 AAC 10.900(b) is ended, effective immediately, unless the entity or provider takes immediate action under (2) of this subsection; the entity or provider must notify the individual under this paragraph

(A) immediately, if the individual is present at the entity or premises where the provider is providing services; or

(B) before or upon the individual's next arrival at the entity; or

(2) if the entity or provider intends to request a variance under 7 AAC 10.930, immediately reassign the duties and responsibilities of that individual so that the individual

(A) does not have contact with recipients of services;

(B) cannot access personal or financial records maintained by the entity or provider regarding recipients of services;

(C) has no control over or impact on the financial well-being of a recipient of services, unless the only recipient whose financial well-being is affected is a

(i) relative of the individual who has authorized that individual to make financial decisions for that relative;

(ii) recipient who has executed a power of attorney for that individual to make financial decisions for that recipient; or

(iii) recipient for whom a court has authorized that individual to make financial decisions; and

(D) is provided with direct supervision if present in the entity or premises where the provider is providing services during hours of operation.

ST - C115 - Termination of Association

Title Termination of Association

Rule 7 AAC 10.960(b)

Type Rule

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Regulation Definition

Termination of Association - (b) If the entity or provider is required to terminate association with an individual who is subject to a union agreement or employment contract that requires more notice than allowed under (a) of this section, the entity or provider shall, within 24 hours after receiving notice to terminate association, deliver a copy of the relevant language of the agreement or contract to the department. The entity or provider shall cooperate with the department in developing an appropriate termination plan for the individual that includes the measures set out in (a)(2)(A) - (D) of this section during the notice period mandated by the agreement or contract.

Interpretive Guideline

ST - C116 - Termination of Association

Title Termination of Association

Rule 7 AAC 10.960(c)

Type Rule

Regulation Definition

Termination of Association - (c) If the individual for whom termination of association is required is a relative of the operator, administrator, or provider, and resides in the entity or premises where services are provided, termination of association must occur within 24 hours, and the entity or provider shall ensure that the individual

- (1) does not have contact with recipients of services; and
- (2) is provided with direct supervision if, during that 24-hour period, the individual is present in the entity or premises where the provider is providing services during hours of operation. (Eff. 2/9/2007, Register 181)

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ST - C117 - Grant or Denial of a General Variance

Title Grant or Denial of a General Variance

Rule 7 aac 10.9525(b)

Type Rule

Regulation Definition

Interpretive Guideline

Variance Review - (b) Grant or denial of a general variance
Subject to (c) of this section, the department may grant a general variance, for a period that does not exceed one year, if the department determines that the entity

- (1) is unable to comply with the requirement from which the variance is sought;
- (2) has an effective plan for achieving compliance during the term of the variance; and
- (3) is able to adequately provide for the health, safety, and welfare of recipients of services during the term of the variance.

ST - C118 - Grant or Denial of a General Variance

Title Grant or Denial of a General Variance

Rule 7 AAC 10.9525(c)

Type Rule

Regulation Definition

Interpretive Guideline

Variance Review - (c) The department may grant a general variance for a longer period than allowed under (b) of this section if the department determines

- (1) that
 - (A) strict compliance with the requirement from which the variance is sought cannot be accomplished without a substantial economic, technological, programmatic, legal, or

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medical hardship; or

(B) the variance will maintain or improve the quality of services for recipients of services; and

(2) that the entity has an effective plan for meeting the goal of the requirement from which the variance is sought, and that the plan adequately protects the health, safety, and welfare of recipients of services and otherwise meets all applicable statutory or regulatory standards.

ST - C119 - Posting of a General Variance

Title Posting of a General Variance

Rule 7 AAC 10.9530(a)

Type Rule

Regulation Definition

Posting of a general variance. (a) If the department grants a request for a general variance, the entity shall post a copy of the general variance decision in a conspicuous place, with the entity's license as required by AS 47.32.080 , during the period the variance is in effect, and shall make it available to any person who wishes to review it. A general variance remains in effect for the duration stated, unless the department revokes the variance under (b) of this section.

Interpretive Guideline

ST - C120 - Postinbg of a General Variance

Title Postinbg of a General Variance

Rule 7 AAC 10.9530(b)

Type Rule

Regulation Definition

(b) The department will revoke a general variance if the department finds that the entity is not following its plan for

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achieving compliance, or is no longer able to adequately provide for the health, safety, and welfare of recipients of services during the term of the variance. If the department decides to revoke a variance, it will provide written notice of revocation to the entity, setting out the reasons for the department's decision. The department will advise the entity of its right to request reconsideration under 7 AAC 10.9535. A notice of revocation issued under this subsection is effective 30 days after it is received by the entity unless a request for reconsideration is submitted. Nothing in this subsection precludes the department from issuing a notice of immediate revocation if the department finds that the life, health, safety, or welfare of recipients of services is threatened.

ST - C121 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(a)

Type Rule

Regulation Definition

Plan of correction - (a) The plan of correction required under AS 47.32.140 (b) must contain the following information for each violation identified in the report issued under AS 47.32.120 (a):

- (1) each action that will be taken to correct the violation
- (2) each measure that will be taken or change that will be made to ensure the violation does not recur;
- (3) how the entity will monitor each corrective action to ensure the violation is cured and will not recur;
- (4) the date on or before which the violation will be cured.

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ST - C122 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 19,9610(b)

Type Rule

Regulation Definition

Plan of correction - (b) The plan of correction must be signed by the administrator or another person responsible for operation of the entity.

Interpretive Guideline

ST - C123 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(c)

Type Rule

Regulation Definition

Plan of correction - (c) If the department determines that any recipients of services were affected by a violation, the department may also require the entity to describe

(1) each corrective action that will be taken with regard to those recipients; and

(2) how the entity will identify other recipients of services who might be affected by the violation, and what corrective action will be taken.

Interpretive Guideline

ST - C124 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(d)

Type Rule

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Regulation Definition

Plan of correction - (d) The entity may request that the plan of correction also act as the allegation of compliance required under 7 AAC 10.9615 if each violation listed in the report has been corrected before submission of the plan of correction.

Interpretive Guideline

ST - C125 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(e)

Type Rule

Regulation Definition

Plan of correction - (e) The department will review a plan of correction submitted under (a) - (d) of this section to determine whether the plan is acceptable. If the department determines that the plan is unacceptable, the department may

- (1) request additional information regarding one or more corrective actions described in the plan;
- (2) require the entity to amend the plan as directed by the department;
- (3) require the entity to comply with a plan of correction developed by the department under (g) of this section.

Interpretive Guideline

ST - C126 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(f)

Type Rule

Regulation Definition

Plan of Correction - (f) If the department finds that an entity has failed to correct a violation of an applicable statute or

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regulation within the time specified by the department under AS 47.32.140 (a), has failed to submit a plan of correction for department approval under AS 47.32.140 (b), or has submitted an unacceptable plan, the department may require the entity to participate in a plan of correction developed by the department under (g) of this section.

ST - C127 - Plan of Correction

Title Plan of Correction

Rule 7 AAC 10.9610(i)

Type Rule

Regulation Definition

Plan of Correction - (i) The entity shall keep on the premises a copy of each inspection document described in AS 47.32.180 (b) for at least three years from the date of inspection and shall make each document available to any interested person upon request.

Interpretive Guideline

ST - C128 - Allegation of Compliance

Title Allegation of Compliance

Rule 7 AAC 10.9615

Type Rule

Regulation Definition

Allegation of compliance. An allegation of compliance required under AS 47.32.140 (c) must describe each action that was taken by the entity to correct each violation, and must include the date the violation was corrected. The allegation must be signed by the administrator or another person responsible for operation of the entity. The department will review the allegation to determine whether it provides enough

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detail to establish that each violation was corrected by any applicable deadline. The department may also conduct a follow-up inspection to validate the allegation of compliance.

ST - C140 - Scope

Title Scope

Rule 7 AAC 12.500

Type Rule

Regulation Definition

Scope. A public or private entity that is primarily engaged in the provision of skilled nursing care and therapeutic services, but not the treatment of mental illness, in a patient's home is a home health agency and must comply with 7 AAC 12.500 - 7 AAC 12.590.

Interpretive Guideline

ST - C145 - Surveys

Title Surveys

Rule 7 AAC 12.503

Type Rule

Regulation Definition

AAC 12.503. Surveys. (a) The department will survey each home health agency and each subunit of a home health agency at least annually to determine compliance with 7 AAC 12.500 - 7 AAC 12.590.

(b) All records of a home health agency and its subunits must be available for inspection during regular business hours to representative of the department without prior notice of the inspection.

(c)The department will review complaints made against a home health agency.

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ST - C150 - Home Health Agency Services

Title Home Health Agency Services

Rule 7 AAC 12.505(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.505. Home health agency services. (a) A home health agency must provide skilled nursing services and at least one of the following additional services:

- (1) physical therapy;
- (2) occupational therapy;
- (3) speech therapy; or
- (4) home health aide services.

ST - C151 - Home health agency services

Title Home health agency services

Rule 7 AAC 12.505(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.505. Home health agency services. (b) A home health agency may provide additional services designed to maintain, improve, or restore a physical or mental condition. Additional services must be provided in accordance with generally accepted professional standards and identified in a plan of care established under 7 AAC 12.513. Additional services may include

- (1) nursing care under the supervision of a registered nurse;
- (2) physical, occupational, speech, or respiratory therapy;
- (3) medical social services;
- (4) nutrition counseling;

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- (5) home health aide services;
- (6) personal care services; and
- (7) medical supplies, other than drugs and biologicals, and the use of medical appliances.

ST - C155 - Governing body

Title Governing body

Rule 7 AAC 12.507

Type Rule

Regulation Definition

7 AAC 12.507. Governing body. (a) A home health agency must be organized under a governing body that assumes full legal authority and fiscal responsibility for the conduct of the agency.

(b) The governing body shall

(1) appoint a qualified administrator and regularly monitor the performance of the administrator;

(2) appoint a professional advisory committee as required under 7 AAC 12.508;

(3) adopt written by-laws, policies, and procedures;

(4) provide adequate staff, equipment, and supplies for the agency;

(5) cooperate in establishing a system by which to coordinate and provide continuity of care within the community; and

(6) ensure an annual program evaluation and act upon the evaluation findings.

(c) The governing body shall provide for systematic and effective communication between the governing body and the administrator of the home health agency.

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ST - C160 - Professional advisory committee

Title Professional advisory committee

Rule 7 AAC 12.508(a)

Type Rule

Regulation Definition

7 AAC 12.508. Professional advisory committee. (a) The governing body of a home health agency shall appoint a professional advisory committee that meets as frequently as needed to advise and monitor the agency and report its findings to the governing body. The committee must consist of

- (1) the agency administrator;
- (2) a physician;
- (3) a registered nurse;
- (4) a consumer who is not an owner or employee of the agency; and
- (5) at least one representative from one of the patient care services provided by the agency.

Interpretive Guideline

ST - C161 - Professional advisory committee

Title Professional advisory committee

Rule 7 AAC 12.508(b)

Type Rule

Regulation Definition

7 AAC 12.508. Professional advisory committee. (b) At least annually the professional advisory committee shall conduct an overall program evaluation of the agency and forward the results of that evaluation in writing to the governing body of the home health agency. The program evaluation must include a review of the

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- (1) agency's policies and procedures governing the scope of services offered, including
 - (A) acceptance and discharge;
 - (B) medical supervision;
 - (C) plans of care;
 - (D) emergency care;
 - (E) clinical records;
 - (F) personnel qualifications;
 - (G) agency administrative practices;
 - (H) the quality improvement program; and
 - (I) other relevant professional issues; and
- (2) results of quality improvement activities conducted under 7 AAC 12.512, including clinical record reviews.

ST - C162 - Professional advisory committee

Title Professional advisory committee

Rule 7 AAC 12.508(c)

Type Rule

Regulation Definition

7 AAC 12.508. Professional advisory committee. (c) The home health agency shall document the professional advisory committee's involvement and communication with the governing body and the administrator of the home health agency.

Interpretive Guideline

ST - C163 - Professional advisory committee

Title Professional advisory committee

Rule 7 AAC 12.508(d)

Type Rule

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Regulation Definition

7 AAC 12.508. Professional advisory committee. (d) The professional advisory committee shall maintain each agency review as a separate administrative record.

Interpretive Guideline

ST - C170 - Home health agency administration

Title Home health agency administration

Rule 7 AAC 12.510(a)

Type Rule

Regulation Definition

7 AAC 12.510. Home health agency administration. (a) A home health agency shall describe in writing the services provided by the agency, who has administrative control over those services, and the lines of authority for the delegation of responsibility to the patient care level. Administrative and supervisory functions may not be delegated to another agency, individual, or organization.

Interpretive Guideline

ST - C171 - Home health agency administration

Title Home health agency administration

Rule 7 AAC 12.510(b)

Type Rule

Regulation Definition

7 AAC 12.510. Home health agency administration. (b) All services provided through contractual arrangements must be monitored and controlled by the agency.

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ST - C172 - Home health agency administration

Title Home health agency administration

Rule 7 AAC 12.510(c)

Type Rule

Regulation Definition

7 AAC 12.510. Home health agency administration. (c) The administrator must be an individual who has education, experience, and knowledge related to home health service and at least one year overall administrative experience in home health care or a related home health program appropriate to the fulfillment of the position's responsibilities.

Interpretive Guideline

ST - C173 - Home health agency administration

Title Home health agency administration

Rule 7 AAC 12.510(d)

Type Rule

Regulation Definition

7 AAC 12.510. Home health agency administration. (d) The administrator shall

- (1) have authority and responsibility for the management of the business affairs and overall operation of the agency;
- (2) organize and direct the agency's ongoing functions;
- (3) maintain liaison between the governing body, the professional advisory committee, and the staff;
- (4) report to the governing body at least annually on agency operations;
- (5) employ qualified personnel and ensure adequate continuing education and evaluation of that staff;
- (6) designate a director of clinical services;

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- (7) ensure the involvement of the director of clinical services in all decisions regarding employees and contract staff;
- (8) designate, in writing, a qualified person to act in the absence of the administrator;
- (9) evaluate the recommendations of agency committees and consultants; and
- (10) ensure the home health agency has an institutional budget plan that includes an annual operating budget and a capital expenditure plan for a prospective three-year period.

ST - C180 - Quality improvement

Title Quality improvement

Rule 7 AAC 12.512(a)

Type Rule

Regulation Definition

7 AAC 12.512. Quality improvement. (a) A home health agency shall have a quality improvement program to assess the extent to which the agency's program is appropriate, effective, and efficient. The quality improvement program must include an analysis of:

- (1) a quarterly clinical record review;
- (2) quality indicator data derived from patient assessments;
- (3) current clinical practice guidelines and professional practice standards applicable to patients in the home;
- (4) utilization data;
- (5) measures of staff performance;
- (6) medical and other professional evaluation of the home health agency's care giving system;
- (7) patient satisfaction surveys; and
- (8) patient complaints and the resolution process.

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ST - C181 - Quality improvement

Title Quality improvement

Rule 7 AAC 12.512(b)

Type Rule

Regulation Definition

7 AAC 12.512. Quality improvement. (b) The quality improvement program must include problem identification, corrective action, and follow-up monitoring of identified problems.

Interpretive Guideline

ST - C182 - Quality improvement

Title Quality improvement

Rule 7 AAC 12.512(c)

Type Rule

Regulation Definition

7 AAC 12.512. Quality improvement. (c) A home health agency shall review a patient's clinical record for each 62-day period that a patient receives home health services to determine adequacy of the plan of care and appropriateness of continued care.

Interpretive Guideline

ST - C183 - Quality improvement

Title Quality improvement

Rule 7 AAC 12.512(d)

Type Rule

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Regulation Definition

7 AAC 12.512. Quality improvement. (d) The quarterly clinical review required by (a) of this section must be conducted by a multidisciplinary team of health professionals representing the services provided by the agency. The review must consist of at least 10 percent of both active and closed records in that quarter to determine if state and federal laws and agency policies are followed in providing services by employees or contractors of the agency.

Interpretive Guideline

ST - C184 - Quality improvement

Title Quality improvement

Rule 7 AAC 12.512(e)

Type Rule

Regulation Definition

7 AAC 12.512. Quality improvement. (e) A home health agency shall take whatever corrective action is necessary in response to the findings of the quality improvement program.

Interpretive Guideline

ST - C190 - Plan of care

Title Plan of care

Rule 7 AAC 12.513(a)

Type Rule

Regulation Definition

7 AAC 12.513. Plan of care. (a) A home health agency shall, in consultation with the patient and the patient's attending physician, develop a plan of care for each patient accepted by the agency. The plan of care must
(1) be reviewed by the attending physician and the

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professional staff of the agency as often as the patient's condition requires, but at least every 62 days;

(2) be signed by the attending physician and included in the patient's clinical record within 21 days of the start of care or the recertification date of the agency;

(3) identify long and short term goals of patient care that provide measurable indices of performance;

(4) address all pertinent diagnoses, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, safety measures to protect against injury, planning for discharge, instructions for timely discharge or referral, and any other factors relevant to the care of that patient.

ST - C191 - Plan of care

Title Plan of care

Rule 7 AAC 12.513(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.513. Plan of care. (b) The agency shall promptly alert the attending physician of conditions that may require a change to the plan of care. The attending physician must approve any changes to the plan of care.

ST - C192 - Plan of care

Title Plan of care

Rule 7 AAC 12.513(c)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.513. Plan of care. (c) The agency shall discuss the

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following information with the patient and document the discussion in the patient's clinical record:

- (1) the plan of care;
- (2) the services that the agency will provide;
- (3) alternate services available when the agency is unable to meet identified needs of the patient.

ST - C200 - Acceptance of patients

Title Acceptance of patients

Rule 7 AAC 12.514

Type Rule

Regulation Definition

7 AAC 12.514. Acceptance of patients. A home health agency may accept a patient for treatment only if there is a reasonable expectation that the patient's needs will be met adequately by the home health agency in the patient's place of residence. A home health agency may not accept a patient for treatment if that patient's place of residence is a hospital or nursing facility. The agency must consider the following factors before accepting a patient for home health services:

- (1) adequacy and suitability of staff and resources of the agency to provide needed services;
- (2) assessments of medical, nursing, and social needs of the patient as they relate to the benefits derived from home health care;
- (3) attitudes of the patient and family members;
- (4) degree of patient and family awareness of their rights and responsibilities;
- (5) management of medical emergencies;
- (6) availability, ability, and willingness of others to participate in the care of the patient; and
- (7) assurance that services can be effectively coordinated through liaison with organizations and individuals also providing care to the patient.

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ST - C205 - Director of clinical services

Title Director of clinical services

Rule 7 AAC 12.516

Type Rule

Regulation Definition

7 AAC 12.516. Director of clinical services. The home health agency administrator shall designate a physician or registered nurse to serve as that agency's director of clinical services. The director of clinical services shall

- (1) supervise the agency's professional service providers;
- (2) be available at all times for consultation during regular office hours or have a qualified designee if the director is on authorized leave status;
- (3) participate in the development of job descriptions and employment decisions affecting home health personnel who provide direct services;
- (4) ensure that the agency has a sufficient number of staff to meet patient needs;
- (5) have authority over and responsibility for the
 - (A) functions, activities, and evaluation of all professional and ancillary staff to assure that they conform to applicable state and federal laws, agency policies and procedures, and applicable professional standards;
 - (B) quality of home health services, implementation and coordination of each plan of care, appropriateness of each plan of care to meet the patient's needs, and implementation of patient care policies and procedures;
 - (C) orientation and inservice training for all professional staff and ancillary personnel, including those under contract; and
 - (D) development and documentation of all written material related to home health services, including policies, procedures, and standards for home health services.

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ST - C210 - Nursing services

Title Nursing services

Rule 7 AAC 12.517(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.517. Nursing services. (a) A home health agency shall furnish nursing services in accordance with a plan of care by or under the supervision of a registered nurse licensed under AS 08.68. A registered nurse employed by a home health agency shall

- (1) assure that patient care is coordinated between services and that all of the patient's needs identified by the assessments are addressed;
- (2) conduct initial evaluation visits and re-evaluate nursing needs on an ongoing basis;
- (3) conduct in-depth and comprehensive assessments of a patient at acceptance and when significant changes occur in the patient's condition;
- (4) initiate a plan of care and make necessary revisions;
- (5) provide services requiring substantial and specialized nursing skill;
- (6) initiate appropriate preventive and rehabilitative nursing procedures;
- (7) implement patient teaching based on the patient's needs consistent with agency policies and procedures, including demonstration, supervision, and evaluation;
- (8) prepare clinical and progress notes;
- (9) prepare summaries of care;
- (10) inform the attending physician and other personnel of changes in the patient's condition and needs;
- (11) counsel each patient and the patient's family on how to meet the patient's nursing and related needs;
- (12) prepare a written summary of care and services in the

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event of patient transfer to another agency, hospital, or other health care setting;

- (13) supervise other nursing personnel;
- (14) participate in inservice training; and
- (15) if a patient is receiving care by a licensed practical nurse, review the plan of care and the nursing services every two weeks and document the review in the patient's clinical record.

ST - C211 - Nursing services

Title Nursing services

Rule 7 AAC 12.517

Type Rule

Regulation Definition

7 AAC 12.517. Nursing services. (b) A licensed practical nurse licensed under AS 08.68 employed by a home health agency shall

- (1) furnish services in accordance with applicable state and federal law, agency policies and procedures, and the plan of care;
- (2) assist the physician and registered nurse in performing specialized procedures;
- (3) prepare equipment and materials for treatments observing required aseptic technique;
- (4) assist the patient in learning appropriate self-care;
- (5) consult the registered nurse in making judgments and decisions regarding care and services rendered; and
- (6) prepare clinical progress notes.

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ST - C215 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.519. Home health aide services. (a) If a home health agency provides home health aide services, those services must be provided

(1) by a home health aide who

(A) is a nurse aide certified by the Board of Nursing under AS 08.68.331 - 08.68.336;

(B) does not appear in the registry of certified nurse aides under AS 08.68.333 as having committed abuse, neglect, or misappropriation of property in connection with employment as a nurse aide;

(C) has a valid criminal history check under AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990, unless a variance is granted under 7 AAC 10.935; and

(D) meets home health requirements and has completed the competency evaluation requirements in (f) of this section;

(2) in accordance with a plan of care; and

(3) in accordance with written instructions prepared by a registered nurse, or appropriate therapist providing therapy under 7 AAC 12.521, that specify each task to be completed during a home visit.

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ST - C216 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.519. Home health aide services. (b) A home health aide employed by a home health agency shall

- (1) follow a current written plan of care;
- (2) perform simple procedures as an extension of therapy services;
- (3) provide personal care, including bathing, hair care, oral hygiene, skin care, and hand and foot care;
- (4) assist the patient with ambulation and exercise;
- (5) assist with the nutritional needs of the patient;
- (6) assist with patient administered, non-prescription and prescription medications, by handing the patient the medication bottle or medications prepared under the supervision of a registered nurse or a physician;
- (7) report changes in the patient's condition and needs, and complete appropriate records; and
- (8) take and record vital signs.

ST - C217 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(c)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.519. Home health aide services. (c) A home health agency shall provide and document orientation of a home

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health aide within the two weeks immediately following that aide's employment. Orientation must include information on the following matters:

- (1) applicable state and federal law and the policies and procedures of the agency;
- (2) duties of the home health aide;
- (3) functions of other health personnel employed by the agency and how they relate to each other in the care of the patient;
- (4) coordination of services within the agency and community services; and
- (5) ethics and confidentiality.

ST - C218 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(d)

Type Rule

Regulation Definition

7 AAC 12.519. Home health aide services. (d) A registered nurse, or therapist providing service under 7 AAC 12.521, shall make a supervisory visit to the patient's residence at least once every two weeks, either to observe and assist when the aide is present, or to assess relationships and determine whether goals identified in the plan of care are being met. The registered nurse or therapist must directly observe the in-home performance of each home health aide at least once every three months.

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ST - C219 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(e)

Type Rule

Regulation Definition

7 AAC 12.519. Home health aide services. (e) A home health agency shall provide a home health aide with 12 hours of inservice training each calendar year based on the training needs identified through supervisory visits and the needs of patients being served by the home health agency. A home health agency shall provide training for all care duties not included in the basic competency skills identified in (f) of this section.

Interpretive Guideline

ST - C220 - Home health aide services

Title Home health aide services

Rule 7 AAC 12.519(f)

Type Rule

Regulation Definition

7 AAC 12.519. Home health aide services. (f) A home health agency shall maintain sufficient documentation to demonstrate that an individual who furnishes home health aide services is competent in the skills identified in this subsection. Before providing services to patients, a home health aide shall be evaluated for competency in each of the following areas:

- (1) communication;
- (2) observation, reporting, and documentation of the patient care provided;
- (3) maintenance of a clean, safe, and healthy environment;

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- (4) provision of basic infection control procedures;
- (5) knowledge of basic nutrition and fluid intake, including food preparation techniques as appropriate;
- (6) reading and recording temperature, pulse, and respiration;
- (7) knowledge and observation of basic elements of body functioning and changes in body function that must be reported to an aide's supervisor;
- (8) recognition of emergencies and knowledge of emergency procedures;
- (9) recognition of the physical, emotional, and developmental needs of, and ways to work with, the clients served by the home health agency, including respect for the patient, the patient's privacy, and the patient's property;
- (10) use of appropriate and safe techniques of personal hygiene and grooming, including
 - (A) a bed bath;
 - (B) a sponge, tub, or shower bath;
 - (C) sink, tub, or bed shampooing;
 - (D) nail and skin care;
 - (E) oral hygiene; and
 - (F) toileting and elimination;
- (11) safe transfer techniques and ambulation;
- (12) normal range of motion and positioning;
- (13) any other task that the home health agency may assign to the home health aide.

ST - C225 - Therapy Services

Title Therapy Services

Rule 7 AAC 12.521(a)

Type Rule

Regulation Definition

7 AAC 12.521. Therapy services. (a) Physical therapy services offered by a home health agency must be provided in accordance with a plan of care by or under the supervision of a

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physical therapist licensed under AS 08.84. A physical therapist employed by or on contract with a home health agency shall

- (1) evaluate a patient;
- (2) establish or modify a physical therapy treatment plan upon written or verbal orders from a physician;
- (3) prepare clinical progress notes;
- (4) prepare summaries of care;
- (5) plan, supervise, and delegate services to a physical therapy assistant licensed under AS 08.84; and
- (6) makes supervisory visits to the patient's residence every two weeks to evaluate the effectiveness of the services furnished by the physical therapy assistant and to document the patient's condition in the clinical record.

ST - C226 - Therapy services

Title Therapy services

Rule 7 AAC 12.521(b)

Type Rule

Regulation Definition

7 AAC 12.521. Therapy services. (b) Occupational therapy services offered by a home health agency must be provided in accordance with a plan of care by an occupational therapist licensed under AS 08.84. An occupational therapist employed by or on contract with a home health agency shall

- (1) evaluate a patient;
- (2) establish or modify an occupational therapy treatment plan upon written or verbal orders from a physician;
- (3) prepare clinical progress notes;
- (4) prepare summaries of care;
- (5) plan, supervise, and delegate services to an occupational therapy assistant licensed under AS 08.84; and
- (6) make supervisory visits to the patient's residence every two weeks to evaluate the effectiveness of the services furnished

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by the occupational therapy assistant and document the patient's condition in the clinical record.

ST - C227 - Therapy services

Title Therapy services

Rule 7 AAC 12.521(c)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.521. Therapy services. (c) A physical therapy assistant and occupational therapy assistant shall

- (1) assist in preparing clinical progress notes; and
- (2) participate in educating the patient, family, and staff.

ST - C228 - Therapy services

Title Therapy services

Rule 7 AAC 12.521(d)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.521. Therapy services. (d) Speech therapy services offered by a home health agency must be provided in accordance with a plan of care by a speech therapist who has a current certificate of clinical competence in speech pathology granted by the American Speech-Language-Hearing Association. A speech pathologist employed by or under contract to a home health agency shall

- (1) evaluate a patient;
- (2) establish or modify a speech therapy treatment plan upon written or verbal instructions from the treating physician;
- (3) prepare clinical progress notes; and
- (4) prepare summaries of care.

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ST - C230 - Medical social work service

Title Medical social work service

Rule 7 AAC 12.523(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.523. Medical social work service. (a) If a home health agency offers medical social services, the services must be delivered in accordance with the patient's plan of care by, or under the supervision of, a social worker who has

- (1) a master's degree from a school of social work accredited by the National Council on Social Work Education;
- (2) one year of social work experience in a health care setting;

and

- (3) if required to be licensed under AS 08.95, a valid license.

ST - C231 - Medical social work service

Title Medical social work service

Rule 7 AAC 12.523(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.523. Medical social work service. (b) A social worker employed by a home health agency shall

- (1) assist the physician, team members, and the family in understanding the social and emotional factors related to health problems of the patient;
- (2) participate in the development of a plan of care;
- (3) prepare clinical and progress notes;
- (4) participate in inservice training;
- (5) refer the patient and family members to appropriate

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community resources and consult with other agency personnel;
(6) accept physician orders in relation to social services issues;
(7) participate in discharge planning; and
(8) plan, supervise, and delegate services furnished by a social work assistant.

ST - C232 - Medical social work service

Title Medical social work service

Rule 7 AAC 12.523(c)

Type Rule

Regulation Definition

7 AAC 12.523. Medical social work service. (c) A social work assistant must have a baccalaureate degree in social work or in a human service field, including sociology, special education, rehabilitation counseling, psychology, or another field related to social work, and at least one year of social work experience in a health care setting. A social work assistant shall

- (1) perform delegated services in accordance with the plan of care;
- (2) assist in preparing clinical progress notes; and
- (3) participate in inservice training.

Interpretive Guideline

ST - C235 - Nutrition services

Title Nutrition services

Rule 7 AAC 12.524

Type Rule

Regulation Definition

7 AAC 12.524. Nutrition services. If a plan of care requires the consultation or direct services of a dietitian, the home

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health agency must ensure that those services are provided by a dietitian registered by the Commission on Dietetic Registration of the American Dietetic Association. A dietitian providing services for a home health agency shall

- (1) review the dietary assessment of a patient with special dietary needs, and monitor the management of any special diet requirements;
- (2) participate in developing a plan of care regarding a patient's dietary needs, including dietary goals, objectives, and interventions;
- (3) provide written directions to family and staff for meal planning for a special diet;
- (4) participate in patient care conferences;
- (5) participate in educating the patient and family about the patient's dietary needs and management;
- (6) participate in agency inservice training;
- (7) prepare clinical progress notes;
- (8) prepare summaries of care;
- (9) provide the agency with an assessment and consultation if hyperalimentation services are being provided; and
- (10) maintain liaison with the physician and agency staff to ensure that their efforts are coordinated effectively and support the objectives outlined in a plan of care.

ST - C240 - Central supply

Title Central supply

Rule 7 AAC 12.525

Type Rule

Regulation Definition

7 AAC 12.525. Central supply. (a) A home health agency shall maintain a separate area for processing, decontamination, if necessary, and storage of sterile supplies and materials. (b) A home health agency shall develop and implement policies and procedures for

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- (1) the cleaning, antimicrobial processing, and storage of nondisposable supplies and equipment to prevent their contamination and the transmission of infection through their use;
- (2) identifying potentially infectious materials that must be treated before disposal; and
- (3) the handling, packaging, and disposal of materials and sharp instruments contaminated by pathological or infectious waste.

ST - C245 - Infusion therapy

Title Infusion therapy

Rule 7 AAC 12.526(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.526. Infusion therapy. (a) If a home health agency provides parenteral or hyperalimentation services, the agency shall

- (1) describe the scope of the services to be provided, including the population to be served;
- (2) develop a plan for emergency services to meet the scope of the services provided; and
- (3) administer treatments only upon the order of a physician.

ST - C246 - Infusion therapy

Title Infusion therapy

Rule 7 AAC 12.526(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.526. Infusion therapy. (b) A home health agency

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shall develop and implement policies and procedures for

- (1) preparing and administering parenteral solution, medications, and admixtures;
- (2) infection control, including
 - (A) preparing, assessing, rotating, and labeling the site;
 - (B) necessary and appropriate flushing procedures; and
 - (C) using sterile equipment according to manufacturer's guidelines;
- (3) using dietitian services when a patient requires enteral or parenteral nutrition;
- (4) identifying preparations that can be administered at home;
- (5) using and controlling parenterally administered experimental drugs;
- (6) using drugs that cause tissue necrosis upon extravasation;
- (7) handling and disposing of biohazardous material, antineoplastic agents, and infectious materials;
- (8) using precision volume chambers, electronic infusion devices, and flow control devices;
- (9) assuring a product is free of particulate matter and cloudiness;
- (10) administering blood and blood products to assure
 - (A) viability, temperature stability, and prevention of contamination; and
 - (B) registered nurse or physician attendance; and
- (11) providing care for pediatric patients that describe the
 - (A) amount and specifications of parenteral fluid or medication to be administered, as determined by age, body surface, weight, intake, and output; and
 - (B) type and use of control devices.

ST - C247 - Infusion therapy

Title Infusion therapy

Rule 7 AAC 12.526(c)

Type Rule

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Regulation Definition

7 AAC 12.526. Infusion therapy. (c) The home health agency shall ensure that employees, including contract personnel, who administer enteral medication or blood products have

- (1) any license required under AS 08 and are authorized to penetrate the skin and insert intravenous devices and administer medications;
- (2) documented training and skills in
 - (A) intravenous insertion techniques;
 - (B) parenteral administration;
 - (C) line and site management; and
 - (D) use of equipment.

Interpretive Guideline

ST - C248 - Infusion therapy

Title Infusion therapy

Rule 7 AAC 12.526(d)

Type Rule

Regulation Definition

7 AAC 12.526. Infusion therapy. (d) The home health agency shall document the following information in each patient's clinical record:

- (1) administration of solutions and medications, including amount, rate, and route;
- (2) insertion and removal of a cannula, catheter, or needle, and the patient's condition at time of removal;
- (3) management of tubing and dressing;
- (4) use of electronic infusion devices, volumetric pumps, or flow control devices; and
- (5) education of patient or family members on infusion therapy;

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ST - C249 - Infusion therapy

Title Infusion therapy

Rule 7 AAC 12.526(e)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.526. Infusion therapy. (e) If a home health agency contracts for infusion therapy services, the agency must define the responsibilities of the contractor and the agency in writing, including

- (1) the specific services, consultants, and equipment to be provided;
- (2) reimbursement procedures; and
- (3) staff assignments for monitoring and assisting patients during all hours of infusion therapy administration.

ST - C255 - Agency policies and procedures

Title Agency policies and procedures

Rule 7 AAC 12.531(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.531. Agency policies and procedures. (a) A home health agency shall establish, implement, and make available to all personnel, written policies and procedures appropriate to the services offered by the agency. These policies and procedures must be reviewed at least annually and revised as necessary.

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ST - C256 - Agency policies and procedures

Title Agency policies and procedures

Rule 7 AAC 12.531(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.531. Agency policies and procedures. (b) A home health agency shall establish policies and procedures covering

- (1) the scope of services and geographic service area;
- (2) conditions for acceptance, transfer, discharge, and continuing care of patients;
- (3) treatments and procedures performed in the home by each of the services;
- (4) infection control policies and practices;
- (5) coordination of services;
- (6) clinical records;
- (7) patient teaching;
- (8) intravenous infusion and aseptic technique;
- (9) patient safety assessment;
- (10) emergency care;
- (11) personnel qualifications, responsibilities, and job descriptions;
- (12) program evaluation;
- (13) the administration, supervision, coordination, and evaluation of services provided through subunits and branch offices of the agency;
- (14) patient care equipment and preventive maintenance;
- (15) the process for investigation, documentation, and resolution of a complaint made by a patient or the patient's family or guardian;
- (16) an advance declaration relating to the use of life-sustaining procedures; and
- (17) abuse, neglect, or mistreatment.

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ST - C260 - Patients' rights

Title Patients' rights

Rule 7 AAC 12.534(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.534. Patients' rights. (a) The governing body of a home health agency shall protect and promote the rights of its home health patients, by assuring that

(1) before services are provided, the patient and the patient's family are informed orally and in writing, in a language the patient and family understand, of the rights and obligations of the agency and the patient; the agency shall document the patient's and the patient's family's receipt of these rights and obligations; and

(2) appropriate and professional quality home health care services are provided without discrimination based on race, creed, color, religion, sex, national origin, sexual preference, age, or diagnosis, but an agency may limit its practice to the provision of care or services for patients with a specific disease or diagnosis without violating this paragraph.

ST - C261 - Patients' rights

Title Patients' rights

Rule 7 AAC 12.534(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.534. Patients' rights. (b) A patient receiving home health services has the right to

(1) courteous and respectful treatment of person and property;

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- (2) be free from physical and mental abuse, neglect, or mistreatment;
- (3) receive care or services from employees or contractors properly trained to perform assigned tasks, and to be given proper identification by name and title of an employee or contractor who provides home health care to that patient;
- (4) be given the following information in advance of care or services:
 - (A) the care and services to be provided;
 - (B) any changes in the care to be provided;
 - (C) the type of services to be provided;
 - (D) the frequency of proposed visits for care or services;
 - (E) the agency's expectation of the patient's responsibilities to participate in the patient's own care; and
 - (F) the name of the person supervising the care and how to contact that person;
- (5) confidentiality with regard to information about the patient's health, social, and financial circumstances and about activities at the patient's home;
- (6) expect that the patient's medical history be released only as required by law or authorized by the patient or the patient's legal representative;
- (7) access information in the patient's medical record upon written request within two working days of the agency;
- (8) be informed, orally and in writing, before a service is initiated, of the expected source of payment for the care or services;
- (9) raise a grievance about the service or lack of service provided by the agency, its employees, or its contractors;
- (10) be informed of the reason for impending discharge, transfer to another agency, change in the level of care, ongoing care requirements, and other available services and options, if needed; and
- (11) participate in development of the patient's plan of care and changes in care or treatment.

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ST - C265 - Advance directives

Title Advance directives

Rule 7 AAC 12.537

Type Rule

Regulation Definition

7 AAC 12.537. Advance directives. (a) Before initiating care or services, a home health agency must provide each patient, 18 years of age or older, or their legal representatives, with forms and information on

(1) the right of the individual to make health care decisions, including the right to

(A) accept or refuse medical or surgical treatment; and

(B) execute an advance directive and power of attorney for health care;

(2) the policies of the home health agency with respect to the implementation of the rights of the individual to make health care decisions;

(3) living wills and do-not-resuscitate orders;

(4) persons who can provide additional information concerning advance directives and powers of attorney for health care.

(b) A home health agency may not condition the provision of care or otherwise discriminate against a patient based on whether the patient has executed an advance directive. If the agency cannot comply with a patient's advance directive as a matter of conscience, the agency must assist the patient in transferring to an agency that will comply.

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ST - C270 - Abuse, neglect, and mistreatment

Title Abuse, neglect, and mistreatment

Rule 7 AAC 12.541(a)

Type Rule

Regulation Definition

7 AAC 12.541. Abuse, neglect, and mistreatment. (a) A home health agency shall develop and implement written policies and procedures that prohibit abuse, neglect, and mistreatment of patients.

Interpretive Guideline

ST - C271 - Abuse, neglect, and mistreatment

Title Abuse, neglect, and mistreatment

Rule 7 AAC 12.541(b)

Type Rule

Regulation Definition

7 AAC 12.541. Abuse, neglect, and mistreatment. (b) An agency shall

- (1) screen a potential employee or contractor to prevent the employment of an individual who has been convicted of abuse, neglect, or mistreatment of another individual, or misappropriation of the property of a patient under the individual's care;
- (2) contact the appropriate licensing authority to verify the employment background of potential employees or contractors who are required to hold a license to practice;
- (3) report to the appropriate licensing authority any knowledge it has of an action by a court or other government agency against an individual that would indicate unfitness for holding a professional or occupational license, including any report

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required under 7 AAC 10.955(c) for the centralized registry established under 7 AAC 10.955;

(4) report within 24 hours any suspected abuse, neglect, or mistreatment of a patient or misappropriation of a patient's property to state officials in accordance with AS 47.17.010, 47.17.020, and AS 47.24.010 and to the department in its capacity as the state survey agency;

(5) review and document alleged incidents of abuse, neglect, or mistreatment;

(6) take any necessary action to remove the potential for further abuse, neglect, or mistreatment of a patient or misappropriation of a patient's property while the investigation is in progress;

(7) document the results of the investigation and the corrective action taken; and

(8) assure that an employee or contractor does not obtain a patient's power of attorney in violation of AS 13.26.358 .

ST - C275 - Drugs

Title Drugs

Rule 7 AAC 12.551

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.551. Drugs. (a) If ordered by the patient's physician or advanced nurse practitioner, a drug may be administered to a patient by an employee or a contractor of the home health agency who is authorized to administer drugs by law.

(b) An employee or a contractor of a home health agency who administers a drug or injection shall immediately record the name and strength of the drug or injection and sign the patient's clinical record.

(c) The agency shall document all drugs a patient may be taking, including a drug not prescribed by the attending

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physician.

ST - C280 - Whole blood glucose monitoring

Title Whole blood glucose monitoring

Rule 7 AAC 12.558

Type Rule

Regulation Definition

7 AAC 12.558. Whole blood glucose monitoring. If a home health agency uses its own equipment to monitor a patient's whole blood glucose levels, the agency must test and calibrate the machine according to the manufacturer's recommendations. If a patient has whole blood glucose equipment, the home health agency must teach the patient the proper use of the equipment.

Interpretive Guideline

ST - C285 - Clinical records

Title Clinical records

Rule 7 AAC 12.561(a)

Type Rule

Regulation Definition

7 AAC 12.561. Clinical records. (a) A home health agency shall maintain a clinical record for each patient. The clinical record must be legible and maintained in accordance with accepted professional or occupational standards. The clinical record must be readily available upon the request of the

- (1) attending physician;
- (2) the department;
- (3) the patient;
- (4) the patient's representative; or
- (5) if authorized by the patient, another health care provider.

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ST - C286 - Clinical records

Title Clinical records

Rule 7 AAC 12.561(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.561. Clinical records. (b) A clinical record must include the following items:

- (1) appropriate identifying information;
- (2) assessments by appropriate personnel;
- (3) the plans of care;
- (4) name of the attending physician;
- (5) signed and dated clinical progress notes;
- (6) copies of summary reports sent to the attending physician;
- (7) a signed patient release or consent forms, if indicated;
- (8) documentation of informed consent regarding the initiation of care and treatment, and changes in the plan of care;
- (9) evidence the patient received the patients' rights under 7 AAC 12.534 and advance directive information under 7 AAC 12.537;
- (10) copies of transfer information sent with the patient; and
- (11) a discharge summary.

ST - C287 - Clinical records

Title Clinical records

Rule 7 AAC 12.561(c)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.561. Clinical records. (c) Clinical progress notes must be written or dictated on the day that care or service is

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rendered. The clinical progress notes must be incorporated into the patient's clinical record within seven days. Summaries of the care or service reported must be submitted to the attending physician at least every 62 days.

ST - C288 - Clinical records

Title Clinical records

Rule 7 AAC 12.561(d)

Type Rule

Regulation Definition

7 AAC 12.561. Clinical records. (d) A home health agency shall have written policies and procedures to provide that clinical records are

- (1) legibly written in ink or typed, suitable for photocopying;
- (2) readily available to authorized personnel during operating hours of the agency;
- (3) protected from damage;
- (4) if computerized, have a security mechanism in place to ensure confidentiality;
- (5) retained for five years after the date of discharge, or, in the case of a minor, three years after the patient turns 21 years of age; agency policy and procedures must provide for record retention even if the home health agency discontinues operation;
- (6) disposed of using a method that will prevent retrieval and subsequent use of information; and
- (7) transferred with the patient if the patient transfers to another agency or health facility; the transferred record may be a copy or an abstract and a summary report.

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ST - C290 - Contracts

Title Contracts

Rule 7 AAC 12.563(a)

Type Rule

Regulation Definition

7 AAC 12.563. Contracts. (a) A home health agency may contract with another facility or agent to perform services or provide resources to the agency. The services provided under contract that are regulated under 7 AAC 12.500 - 7 AAC 12.590 must meet the requirements of this chapter.

Interpretive Guideline

ST - C291 - Contracts

Title Contracts

Rule 7 AAC 12.563(b)

Type Rule

Regulation Definition

7 AAC 12.563. Contracts. (b) A home health agency's contract with another facility or agent to provide home health care or services must

- (1) be in writing;
- (2) be signed and dated by the agency and the contractor;
- (3) specify the respective functions and responsibilities of the contractor and the agency, including the frequency of services to be provided by the contractor;
- (4) include, if applicable, the current license or registration number of the contractor;
- (5) provide that patients are accepted for care or services only by the contracting home health agency;
- (6) identify the type and frequency of services to be furnished;

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- (7) require the contractor to conform to all applicable agency policies, including personnel qualifications;
- (8) specify the contractor's responsibility for participating in developing a plan of care;
- (9) specify the manner in which the care or services will be controlled, coordinated, and evaluated by the contracting home health agency;
- (10) identify the procedures for
 - (A) submitting clinical progress notes;
 - (B) scheduling of visits;
 - (C) performing periodic patient evaluation; and
- (11) identify the procedures for payment for services furnished under the contract.

ST - C295 - Risk management

Title Risk management

Rule 7 AAC 12.565(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.565. Risk management. (a) A home health agency shall have a risk management program that includes a procedure to investigate, analyze, and respond to patient grievances related to patient care.

ST - C296 - Risk management

Title Risk management

Rule 7 AAC 12.565(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.565. Risk management. (b) A home health agency

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shall conduct, in each service area, an orientation program for each new employee and annual inservice training that covers the following topics:

- (1) agency policies and procedures;
- (2) employee job responsibilities and the skills necessary to meet those responsibilities;
- (3) recognition and response to potential fire, emergency, and home safety hazards;
- (4) principles and techniques of infection control; and
- (5) ethics and confidentiality.

ST - C297 - Risk management

Title Risk management

Rule 7 AAC 12.565(c)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.565. Risk management. (c) A home health agency shall require cardiopulmonary resuscitation training every two years for each employee working directly with patients.

ST - C298 - Risk management

Title Risk management

Rule 7 AAC 12.565(d)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.565. Risk management. (d) A home health agency shall establish personnel policies requiring an annual evaluation of each employee's performance.

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ST - C300 - Infection control

Title Infection control

Rule 7 AAC 12.566(a)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.566. Infection control. (a) A home health agency shall develop and implement written policies and procedures applicable to all agency staff that

- (1) minimize the risk of transmitting infection in all patient care or services; and
- (2) provide for the safe handling and disposal of biohazardous and infectious materials.

ST - C301 - Infection control

Title Infection control

Rule 7 AAC 12.566(b)

Type Rule

Regulation Definition

Interpretive Guideline

7 AAC 12.566. Infection control. (b) At least every two years, a home health agency shall verify that its employees, contractors, and volunteers who provide patient care receive training on universal precautions and the prevention, transmission, and treatment of

- (1) human immunodeficiency virus (HIV);
- (2) acquired immunodeficiency virus (AIDS);
- (3) hepatitis; and
- (4) tuberculosis.

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ST - C305 - Employee health program

Title Employee health program

Rule 7 AAC 12.571(a)

Type Rule

Regulation Definition

7 AAC 12.571. Employee health program. (a) Except as provided in (b) - (e) of this section, a home health agency shall have an employee health program that requires each employee to be tested for pulmonary tuberculosis within the first two weeks of initial employment and annually thereafter. The home health agency shall require contractors performing patient care or services for the agency to have similar standards in place.

Interpretive Guideline

ST - C306 - Employee health program

Title Employee health program

Rule 7 AAC 12.571(b) - (d)

Type Rule

Regulation Definition

(b) An employee who has never had a positive tuberculin skin test result must have a tuberculin Mantoux skin test. A further annual tuberculin testing is not necessary if the

- (1) test is negative;
- (2) employee is never required to be in a room where a patient or resident might enter; and
- (3) employee does not handle clinical specimens from a patient or other material from a patient's room.

(c) An employee who has a positive tuberculin skin test result, or previously had a positive tuberculin skin test result, must

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have a health evaluation to determine if tuberculosis disease is present. If the presence of tuberculin disease is confirmed, the employee shall be removed from direct contact with patients until the employee has received written verification from a physician that the employee is determined to be noncontagious.

(d) If the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation.

ST - C307 - Employee health program

Title Employee health program

Rule 7 AAC 12.571(e)

Type Rule

Regulation Definition

7 AAC 12.571. Employee health program. (e) A home health agency that provides care to pregnant women shall document that each employee who provides direct patient care has been immunized against rubella by having on file

- (1) a valid immunization certificate signed by a physician or registered nurse listing the date of rubella vaccination;
- (2) a copy of a record from a clinic or health center showing the date of rubella vaccination; or
- (3) the result of a serologic test showing the employee is immune.

Interpretive Guideline

ST - C325 - General Provision - Scope

Title General Provision - Scope

Rule 7 AAC 12.600(a) and (f)

Type Rule

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Regulation Definition

7 AAC 12.600. Scope. (a) Unless indicated otherwise in this chapter, a facility required to be licensed under AS 47.32 and this chapter must comply with the provisions of 7 AAC 10.9500 - 7 AAC 10.9535 (General Variance Procedures), 7 AAC 10.9600 - 7 AAC 10.9620 (Inspections and Investigations), 7 AAC 12.600, 7 AAC 12.605, 7 AAC 12.610, 7 AAC 12.620, and 7 AAC 12.920, and with the applicable provisions of this section for each type of facility. A critical access hospital must also comply with 7 AAC 12.612.
(f) A home health agency must comply with 7 AAC 12.500 - 7 AAC 12.590.

Interpretive Guideline

ST - C330 - Criminal history check requirements

Title Criminal history check requirements

Rule 7 AAC 12.605

Type Rule

Regulation Definition

7 AAC 12.605. Criminal history check requirements. An entity listed in AS 47.32.010(b) that is required to be licensed under AS 47.32 and this chapter must also comply with the applicable requirements of AS 47.05.300 - 47.05.390 and 7 AAC 10.900 - 7 AAC 10.990 (Barrier Crimes, Criminal History Checks, and Centralized Registry).

Interpretive Guideline

ST - C335 - Licensure

Title Licensure

Rule 7 AAC 12.610

Type Rule

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Regulation Definition

7 AAC 12.610. Licensure. (a) Unless exempt under 7 AAC 12.611, before an individual or entity may operate a facility subject to AS 47.32 and this chapter, the individual or entity must obtain a license from the department under AS 47.32 and this section. The department may bring an action to enjoin the operation of a facility that has failed to obtain a license as required under AS 47.32 and this chapter.

(b) An application for an initial license must be submitted on a form supplied by the department. The applicant must submit a complete application, providing all applicable documents and information required under this chapter, including the names and addresses of all owners, officers, directors, partners, members, and principals of the business organization that owns the entity for which licensure is sought. Within 30 days after receipt of an application, the department will review the application for completeness. If the application is incomplete, the department will return it to the applicant for additional information. If the application is complete, the department will conduct an onsite review and inspection of the facility. If, after the onsite review and inspection, and review of the application, the department determines that the applicant meets the applicable requirements of AS 47.32 and this chapter, the department will issue a provisional license in accordance with AS 47.32.050(a). If the department determines that the applicant does not meet the applicable requirements of AS 47.32 and this chapter, the department will deny the application and issue the notice as required under AS 47.32.070.

(c) If the department determines that the applicant is temporarily unable to comply with one or more applicable requirements and is taking appropriate steps to achieve compliance, the department will extend the application review period under (b) of this section for an additional 90 days.

(d) An application for renewal of a biennial license must be submitted, and will be reviewed, in accordance with AS

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47.32.060. In addition to any noncompliance with the applicable provisions of AS 47.32 and this chapter, grounds for nonrenewal include

- (1) submission of false or fraudulent information to the department;
- (2) failure or refusal to provide required information to the department;
- (3) noncompliance that threatens the health, welfare, or safety of patients;
- (4) the facility or individual, or an employee of the facility or individual,
 - (A) permitting, aiding, or abetting the commission of a criminal act under AS 11, AS 21, AS 28, or AS 47 related to facility operations covered by the license;
 - (B) engaging in conduct or practices detrimental to the health, welfare, or safety of patients, clients, or employees; or
 - (C) participating in, offering to participate, or implying an offer to participate in rebate, kickback, or fee-splitting arrangements or substantially similar arrangements; and
- (5) an insufficient number of staff at the facility with the training, experience, or judgment to provide adequate care.

ST - C340 - Applicable federal, state, and local laws and

Title Applicable federal, state, and local laws and

Rule 7 AAC 12.920

Type Rule

Regulation Definition

7 AAC 12.920. Applicable federal, state, and local laws and regulations. A facility must comply with all applicable federal, state, and local laws and regulations. If a conflict or inconsistency exists between codes or standards, the more restrictive provision applies.

Interpretive Guideline