

HOME CARE AGENCY/REGISTRY FREQUENTLY ASKED QUESTIONS

§ 611.2 License Required

- 1. If one corporation has two franchises existing under it, and the second franchise has a small recruiting office while all other functions operate from the main office at the first franchise location, do the offices have to be licensed separately, or can they be licensed as one agency?** Only the entity that is supplying, arranging or scheduling employees or independent contractors to provide home care services, would need to be licensed.
- 2. Do all branch offices need to be licensed separately, even if all files are kept in a Central Office?** Yes, there are no “branch offices” relevant to home care. While there are no geographic restrictions on the home care agency or home care registry, each separate location must have its own license.
- 3. If a CCRC’s campus location has three (3) separate independent living areas, must each independent living area have its own separate license?** No, only one license is required for the campus location. The application should indicate the total number of staff serving consumers that receive home care services.
- 4. If a CCRC has 2 campus locations at different addresses, must each location have its own license?** Yes, a separate license is required for each physical location.
- 5. Is home care licensure required of CCRCs and other LTC organizations that provide transportation services, but not any of the core personal care services?** Yes, a home care license is required because transportation is considered a home care service.
- 6. How will Department of Health handle CCRCs that have contracted with residents and are legally required to provide services within their contracts?** CCRCs that provide home care services are required to be licensed.
- 7. Are other CCRCs choosing to be licensed? Are they managing this in a different way, such as discontinuing services?** Yes, some CCRCs are choosing to be licensed. The Department of Health has also heard from a few CCRCs that have opted to discontinue a service and not obtain licensure.
- 8. Will there be an annual renewal requirement of the license? What will that process be like?** Yes, annual licensure renewal is required. The renewal can be accomplished by accessing and completing the online re-licensure application. The application will be processed in conjunction with either an on-site or off-site survey. Off-site surveys will be completed online with the re-licensure application.

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9. **Will an agency be notified when they have to renew their license? If so, how will they be notified?** Agencies will be notified three (3) months prior to the license expiration. Notification will be sent via email. Agencies MUST complete and submit the point of contact agreement to enable email delivery.

10. **Will licensure renewals be processed electronically?** Yes

11. **If an independent living resident has a private arrangement with a housekeeper, must that individual be licensed?** No, this arrangement does not meet the definition of home care services.

12. **If the agency only provides emergency response or “nurse calls” in the event of an emergency, must the agency be licensed as a home care agency?** No, the Department does not consider rescue/emergency response services as meeting the definition of home care services.

13. **If an agency has contracted with a local CCRC to provide food services, is that agency now required to obtain a home care license?** If the CCRC directly employs the food service provider, then they are required to obtain a home care license. If the CCRC contracts with a food service provider that is licensed as a home care agency, then the CCRC is not required to obtain a home care license.

14. **A financial management service (FMS) that assists waiver consumers in managing payroll, collecting, processing and maintaining time sheets, is exempt from home care licensure. However, if the FMS also maintains a listing of direct care workers to refer to consumers that request this service, does this service require licensure?** Yes, an organization that supplies, arranges or refers independent contractors to provide home care services, as directed by the consumer, meets the definition of and must be licensed as a home care registry. An organization providing ONLY FMS does not require licensure.

15. **If an agency is already licensed as a home health agency and provides skilled and unskilled services to consumers in their own homes or other independent living arrangements, is the agency required to obtain a home care license in addition to the home health license?** The agency has the option of operating under its license as a home health agency, provided it also complies with the consumer protections and other requirements of the home care regulations. Or, the agency can operate the home care services as a separate entity by obtaining its own home care license.

16. **What if an agency has not had a survey conducted prior to the license expiration? May the agency remain in operation if they have submitted the renewal application? A survey will be conducted prior to license expiration.** Either an off-site survey (online) will be done in

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conjunction with the licensure renewal, or an on-site survey will be conducted prior to licensure expiration.

17. **If a CCRC provides independent living, must the CCRC obtain a home care license if the CCRC provides/makes available the following services:**

Housekeeping—Yes, this is considered a home care service.

Meals—Yes, this is considered a home care service, whether delivered to the individual's home, or taken in the dining room operated by CCRC.

Transportation—Yes, this is considered a home care service if provided by the CCRC.

18. **If an agency changes services offered, such as beginning to serve children, does the agency need to be issued another license?** No, but the Department must be notified in writing of services that have been added or eliminated.

19. **How often must the census information, that is part of the application process, be reported to the Department?** Census information needs to be reported annually as part of the licensure renewal process.

20. **Is there a threshold for how much assistance may be provided before needing to seek licensure?** There is no threshold. If an organization is providing home care services, the organization must be licensed.

21. **If an agency has a health and wellness nurse to assist residents, will the Department of Health view these services as skilled and require Medicare certification? Will the agency be required to obtain a home care license?** The Department of Health will not require Medicare certification in the above example. The agency will not be required to obtain home care licensure if the services provided by the nurse are limited to assessment and counseling.

22. **Under what licensure do non-intermittent or part time nursing services that are not provided along with another discipline now fall? For example: (a) 24-7 nursing to a quadriplegic client in his/her home; or (b) 16 hours or 8 hours of RN/LPN services to an adult outside of Medicaid with the family providing the rest of the care.** There are no licensure requirements, other than those applicable to the nurse, that apply to private duty nursing services. If, however, the services provided are considered non-skilled, custodial in nature, then licensure as a home care agency/registry may be appropriate. Division of Home Health may be contacted for guidance at 1-866-826-3644.

23. **For AAAs that fall under the jurisdiction of their respective county, would the County Commissioners be the responsible owners and how would they complete the ownership and control statement?** The County is the owners of an AAA that is in its jurisdiction. The County Commissioners complete the application and the ten questions. The Commissioners would be making the decisions, much like the directors for a corporation.

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§ 611.3 Affected Home Care Agencies and Home Care Registries

1. **Do the home care regulations affect/impact CCRCs?** Yes.
2. **If a CCRC already provides significant oversight, is there any plan by the Department of Health to deem CCRCs exempt from the regulations or grant some kind of modified status to CCRCs?** Not at this time.
3. **If a personal care home (PCH) provides home services to an individual in an unlicensed setting, does the PCH need a home care license?** Yes.
4. **If a licensed PCH has independent residents, must the PCH seek home care licensure?** No, as long as the residents reside in a room that falls under the PCH license, home care licensure is not required.
5. **Do PACE programs such as LIFE require home care licensure?** Yes, all home care services provided in the consumer's home must be provided by a licensed home care agency or licensed home health agency.
6. **Do the home care regulations impact properties (e.g. PHFA-financed Developments) providing services?** Commonly offered services include:
 - a. **Housekeeping, laundry and other chore services for a fee to residents?** Yes, home care license applies;
 - b. **Transportation services through site-owned vans that DO NOT charge a fee to residents?** No, home care license does not apply;
 - c. **Service Coordination, as typically interpreted by HUD and PHFA, that does not involve a fee to residents?** No, home care license is not applicable;
 - d. **Congregate meals provided on a voluntary donation basis?** No, home care license is not applicable.

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§ 611.4 Requirements for Home Care Agencies and Home Care Registries

1. **Since home care agencies and home care registries are part of the Health Care Facilities Act, are there any HIPAA implications?** The Department of Health cannot advise regarding the impact and effect of HIPAA on a home care agency or home care registry. It is the responsibility of each home care agency and home care registry to be aware of all Federal, State and local standards that apply.
2. **What is a reportable event?** A reportable event is any event that seriously compromises quality assurance or patient safety. Refer to Chapter 51 of the Health Facility Licensure Regulations.
3. **When should falls be reported?** There are two instances when falls should be reported: (1) if the fall caused an injury that required transport to a hospital for treatment; and (2) if a direct care worker has witnessed a fall that required treatment, even if the client was not transported to a hospital.
4. **If nurses are not working with a resident, they are not going to attempt to track any events or provide event reporting. Is that within the intent of the regulations?** The agency is responsible for reporting serious events as outlined in Chapter 51 of the Health Facility Licensure Regulations. It is understood that staff are not attending to the consumer 24/7. However, when the agency or its staff becomes aware of a serious event, it must be reported immediately upon awareness that a serious event occurred.
5. **If one event impacts more than one health care facility, must both facilities report the event?** If both agencies were impacted or involved by the event, then, yes, both facilities must report the event.
6. **If a consumer is injured and is transported to the ER, but is not admitted to the hospital, does the agency report the incident?** Yes, the agency is required to report the incident, since the injury resulted in transport to the hospital.
7. **If there is an accusation of theft, does the agency have to report?** Yes, the agency must report as outlined in Chapter 51 of the Health Facility Licensure Regulations as misappropriation of patient property.
8. **Please cite an example of consumer/billing records as a reportable event.** An example of this would be the failure to provide the disclosure form addressing employee or independent contractor status of the direct care worker and resultant respective tax and insurance obligations, or theft of consumer identity information.

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9. **If an injury occurs, but was not witnessed by an aide, must the agency still report?** The agency will be required to report injury if the consumer was sent to the hospital/ED.

10. **If an agency reports an event that is not reportable, how does the agency remove the event from the reporting system?** All events are reviewed by Department of Health survey staff. If an event is not reportable, staff will identify and reject the event. The agency may then withdraw the event. However, once the event is accepted, it may not be withdrawn.

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§ 611.5 Definitions

- 1. In regard to the definition of specialized care, is it correct that aides working for a [newly] licensed home care agency cannot pass medications, give shots, eardrops or change dressings? However, if a nurse is employed, is the nurse permitted to pass medications, give shots, eardrops or change dressings?** The home care regulations state, “agencies may provide non-skilled services unique to the consumer’s care needs that facilitate the consumer’s health, safety and welfare, and ability to live independently.” Such things as medication and wound care are judgment calls dependent upon the condition of the consumer, and prohibited if the care rises to the level of skilled care. If the consumer is stable, and the type of care needed is more routine or custodial in nature, these tasks may possibly be performed by an aide who has been trained/tested competent in the task as long as the task does not rise to the level of requiring skilled assessment, monitoring and/or skilled services. If in doubt as to the level of care needed/provided, contact the licensed agency director. Any employee, such as a nurse, social worker, etc., with a professional license in the Commonwealth should follow the scope of practice under the appropriate licensing board. For more information about professional licensing boards, visit www.dos.state.pa.us
- 2. Is there a specific list of services that a home care agency may provide under specialized care?** No, there is no listing at present.
- 3. Are hair salon services provided on the CCRC campus considered home care services for those individuals located in independent living?** No, CCRC hair salons are not considered to be a home care service.
- 4. As a licensed, non-Medicare certified agency, we have been doing skilled services for venipuncture and IM injections. During training sessions, our attendees felt the response from DOH was that we would not be able to provide these skilled interventions under the home care license. Is that correct, and if it is, how are other providers arranging for these skills since doing them under our certified division would be cost prohibitive?** The attendees heard correctly, the “skilled interventions” are beyond the scope of the definition of home care services and thus, may not be performed under a home care license. Providers can check with other home care agencies to find out how they are handling this issue.
- 5. Our agency offers many programs that provide services to our consumers. Under State licensure, are staff in our home modification program expected to comply with the requirements for home care licensure? Examples of our home modification services include installing barrier free showers, ADA toilets, stair lifts, widening doorways, installing flooring, painting etc.** No, home modifications described are comparable to home repairs, which is not considered to be a home care service.

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§ 611.51 Hiring or Rostering of Direct Care Workers

1. **_When attempting to hire a direct care worker, many former employers will only verify an individual's previous dates of employment when contacted as a work reference. The regulations require that the hiring agency secure at least two satisfactory references. Does documented confirmation of the dates of employment from a previous employer meet the requirements of a satisfactory reference? If not, what does constitute a satisfactory reference if the hiring agency cannot get previous employers to verify anything other than the dates of previous employment?** Former employer confirmation does not stand on its own. The regulations require no less than two satisfactory references defined as a "positive, verifiable reference, either verbal or written, from a former employer or other person not related to the individual that affirms the ability of the individual to provide home care services." Confirmation of employment dates may be considered if the individual worked in a home care setting and other positive references are obtained.

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§ 611.52 Criminal Background Checks

- 1. Home care agencies must obtain criminal background checks on all employed or rostered individuals, office staff and owners. What if the agency has owners that reside outside of Pennsylvania and have no interaction with the day-to-day operations of the agency? Do background checks need to be obtained for those individuals? Does this also apply to board members of an out-of-state corporation?** For owners that reside out of Pennsylvania, only the local administrator responsible for the day-to-day operations will need to have a background check completed. Yes, background checks must be obtained for board members to out-of-state corporations.
- 2. The Department of Aging is refusing to provide a letter of determination for back office staff. What is an agency to do if the Department of Aging will not issue such a letter?** Currently, the Department of Aging is only permitted to conduct FBI background checks on direct care workers. Therefore, the agency can conduct a PA State Police (PSP) background check on non-direct contact staff.
- 3. The regulations require that all office staff have clearances. If an agency is part of a health care system, or has multiple licenses, who is considered to be an employee of the agency?** Each location must identify individuals by title on the census page of the Civil Rights form. Each office staff identified for the designated location must have documented clearances on file.
- 4. The regulations require that owners meet the background check requirements. What if the owner is a health care system or stockholder? Is the term, owner, synonymous with the agency administrator?** The owners of the entity that will hold the license will need to comply with the background check requirements. Thus, if a corporation will hold the license, those individuals who own the corporation will need to comply with the requirements. If a limited liability corporation (LLC) will hold the license, the members of the LLC will need to comply with the requirements.
- 5. If FBI background checks have been obtained from out of state for prospective hires, does the agency need to obtain a new FBI background check in Pennsylvania?** Yes, each individual needs to have a FBI background check in Pennsylvania.
- 6. If an independent living resident has a private arrangement with a housekeeper, is the CCRC required to do a background check on that individual?** No, private arrangements between a consumer and an individual are not considered home care services and therefore, no background check is required.
- 7. If an independent living resident has a private arrangement with a housekeeper, is the CCRC required to do background checks, etc. on this individual?** No, a private arrangement with an individual does not meet the definition of home care services.

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§ 611.53 Child Abuse Clearance

1. **If an agency cares for children, does the agency need to ensure that all employees hired after July 1, 2008 also have a FBI background check through the Department of Public Welfare?**
Yes, a background check through the Department of Public Welfare is needed if the employee has a significant likelihood of regular contact with children in the form of care, supervision, guidance or training.
2. **Must Childline checks be completed for staff that are providing care in the home of a consumer that has a child present, if the child is not the client?** No Childline check is needed in this instance.

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§ 611.55 Competency Requirements

1. **Please clarify the definition of approved education for the Direct Care staff.** The regulations address competency and training requirements in §611.55. An agency may develop a training program that meets the requirements found in subsections (b) and (c). Training programs developed by the agency are reviewed by Department of Health survey staff during the initial licensure application review and will be reviewed subsequently during the onsite survey process.
2. **Do the *My Learning Center* training videos meet the competency requirements for caregivers?** These training videos may be used as a tool to meet competency requirements. The agency must evaluate its training program to ensure it meets the regulatory requirements listed in §611.55 (b) and (c).
3. **Do nurse aide/home health aide certifications from other states meet the requirements for competency?** The agency must decide if the program meets the competency requirements of the regulations.
4. **Does the two years to come in to compliance with the competency requirements only apply to individuals employed or rostered as of December 12, 2009?** Yes.
5. **What steps will the Department of Health take if competency testing is determined to not meet the requirements under the regulations?** The Department of Health will issue a deficiency and require a plan of correction.
6. **Must a nurse or other health care professional conduct competency testing or training?** The regulations do not require that the competency testing or training be provided by a nurse or other health care professional.
7. **Are there any requirements for a trainer's qualifications?** No.
8. **If an agency is a Pennsylvania Department of Aging (PDA) waiver provider, does the agency still need to show that all items relative to competency are incorporated in the existing waiver training?** As long as the agency has documentation that the direct care workers successfully completed the training program meeting the training standards of the Medicaid waiver or other publicly funded program, the requirements of the regulations will be met.
9. **Will the Department of Health "grandfather" in home care aides who have been working for a significant number of years, but not received the required training?** No, the agency or registry must be able to establish, within 2 years of the effective date of the regulations, (December 12, 2009) that all direct care workers have demonstrated competency to perform direct care

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services in accordance with the requirements in the regulations. The demonstration of competency requirements apply to all direct care workers, both new hires and seasoned employees.

10. **If an agency administers a competency exam that covers all of the required training, and the employee passes it, does the agency have to provide all required training?** No, as long as the agency documents that the direct care worker has demonstrated competency by passing a competency exam that meets the requirements of §611.55 (b), that is sufficient. Training is one option to establish competency. A competency evaluation is another method.

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§ 611.56 Health Screening

1. **Must a home care agency/registry employee have a one-step or two-step TB test?**

Centers for Disease Control and Prevention (CDC) recommendations include: "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk. All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT to test for infection with *M. tuberculosis*. After baseline testing for infection with *M. tuberculosis*, additional TB screening is not necessary unless an exposure to *M. tuberculosis* occurs."

A health care worker who has never had a TST: If the first test result is negative, the health care worker may begin to work immediately, but the second PPD must be administered between one and three weeks after the first PPD. Note that if the first test is positive, there is no need to continue skin testing. Refer to physician.

A health care worker who has had one previous negative TST: If a health care worker brings in a negative test result from a previous test, the test result can count as the first step. A second TST can now be applied, provided the interval between the first and second test is no more than one year. The facility must ensure that the health care worker's second step TST is negative prior to the health care worker's commencing work in the facility. Thus, a health care worker with a negative TST prior to employment can only count it as the initial step if it was given within one year of the new employment PPD.

2. **Once an employee has completed and passed the initial TB test, must they have an annual one-step test or just an annual review with a Q&A to determine exposure?** An update of documentation is required no less than every twelve (12) months per CDC guidelines unless an exposure to tuberculosis occurs. Tuberculin skin testing and/or symptom questionnaire should be performed prior to an annual review if an exposure to tuberculosis occurs. Individuals with a history of positive TST and appropriate medical management need not get a chest x-ray annually; rather these individuals would complete a symptom questionnaire with physician review.
3. **If PPD testing is to be annual, how often do the direct care workers, who must have a chest x-ray in place of the PPD, have to have a chest x-ray done?** Please refer to the CDC guidelines. "HCWs with a baseline positive or newly positive test result for *M. tuberculosis* infection (i.e. TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months). Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician (39,116)."
4. **If a new hire has documentation of two or more consecutive, annual negative one-step TSTs, does that meet the two-step requirement?** Yes, as long as no greater than twelve (12) months have elapsed between annual TSTs.

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5. **How long is a documented negative chest x-ray good for?** “Repeat radiographs are not needed unless symptoms or signs of TB disease develop or unless recommended by a clinician.” Please refer to the CDC Guidelines for Health Care Settings for additional information.

6. **How does an agency determine the level of risk for TB in their area?** Please refer to the CDC Guidelines for Health Care Settings for information. Appendices B and C of the guidelines provide more specific information.

7. **Can an agency hire an office staff or back office staff that will have no consumer contact, but have a positive PPD test result?** Only individuals that will have direct consumer contact need to have TB testing/screening. A positive test result does not bar the individual from hire. A person with a positive test would need to be evaluated by a physician.

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§611.57 Consumer Protections

1. **What is an inappropriate discharge from an agency?** Failure to provide at least 10 calendar days advance written notice of intent to terminate services with two exceptions: (1) Less than 10 days may be provided if consumer has failed to pay for services, despite notice, and is more than 14 days in arrears, or (2) if health and safety of the direct care worker is at risk.
2. **The licensure regulations require that before services are provided, the provider must give the client or family information on hours of service, ombudsman telephone number, the Department of Health contact, etc. For agencies providing services under the Aging Waiver, the client is really the client of the AAA. The AAA controls the hours, costs, etc. Who, then is responsible for providing the packet of information to the client or family—the AAA or the agency that staffs the case under the direction of the AAA?** There is no need to duplicate efforts; however, it is the agency/registry responsibility to ensure the consumer receives all required information. Items such as the Department of Health contact information are not likely to be included in the Aging Waiver packet of information.
3. **Who is the contact person that should be listed in the consumer disclosure packet?** The consumer should be advised to contact the Division of Home Health central office at 132 Kline Plaza, Suite A, Harrisburg, PA 17104, Telephone: 717-783-1379 regarding licensure requirements or compliance information
4. **Is the Department's toll free Home Care Agency/Home Care Registry Complaint hotline number the same as the one for Home Health Agencies?** No, the HCA/HCR Complaint Hotline number is 1-866-826-3644; the Home Health Complaint Hotline is 1-800-222 0989.
5. **How should agencies handle aspects of the Consumer Service Agreements when there is a third party payor such as Medicaid or long term care insurance?** Agencies must ensure the consumer is informed of his/her share of the cost, prior to providing services.
6. **How should agencies handle aspects of the Consumer Service Agreements when there is a third party such as the AAA that determine work hours, care plans, etc.?** The agency has the responsibility to ensure that the consumer is aware and involved in the service plan. Agencies will have a copy of the agreement by which they are required to provide services.
7. **How should agencies handle Consumer Disclosure Forms if a consumer or his/her guardian refuses to sign the form?** Document the refusal to sign.
8. **What if the information on the Consumer Disclosure form is inaccurate? For example, some registries have liability insurance, but not worker's compensation insurance.** Allow amendments to the form as long as they meet the requirements of §611.57(c) of the regulations.

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9. **May an agency edit the Consumer Disclosure Form?** The agency may develop their own disclosure form, provided it meets the requirements of §611.57(c)(7).

10. **May a family member or individual that previously held power of attorney (POA) or guardianship be hired by an agency to provide care to that individual if it is documented? The POA or guardianship would not be a result of the individual's affiliation with the agency.** An immediate family member may hold a POA or guardianship of a consumer receiving services from the agency in which they are employed or rostered.

11. **Do the regulations specify how an information packet must be distributed prior to the commencement of services?** No, but it must be written in a form that is easily read and understood.

12. **Is it permissible for an agency/registry to refer independent contractors to consumers for the purpose of assuming POA for the consumer?** No, this is prohibited by statute, nor can any exceptions be granted.

13. **The regulations state that an agreement needs to be signed by a consumer prior to providing services to that consumer. What should an agency do that provides emergency services that would occur after hours? Can a verbal agreement be documented and the agreement signed as soon as possible?** It is best practice to have the consumer sign to acknowledge receipt of the consumer protection information. There may be certain situations, such as protective services, where an agency may be initiating immediate actions to protect the health and safety of the consumer and no further action is necessary. The consumer information packet would be relevant if, after emergency intervention, it is determined in-home services are appropriate/necessary.

14. **Per section 611.57, Information to be Provided to Consumers, "prior to the commencement of services", what are agencies expected to do for clients that had service prior to the 12/12/09 effective date of the regulations?** The requirement includes those consumers actively receiving services upon the effective date of the regulations. HCA/HCRs are expected to have implemented this requirement during the course of routine business, e.g. reassessment, renewal of contract, etc. Division of Home Health staff are available to assist providers as they seek to comply with this requirement.

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Questions Regarding Inspections/Surveys of Home Care Agencies/Registries

- 1. The identity of the direct care worker that will be providing services changes frequently, as do the services and hours. Sometimes these details are not finalized at the time services are agreed upon. Will the Department of Health surveyors be looking at whether or not the person named at the commencement of services is the same person providing services at the time of inspection? Will the agency be expected to provide in writing the new direct care worker's name each time it changes?** Yes, the Department of Health surveyor will assess compliance with regulatory requirements through review of the consumer packet of information and consumer interviews. In the spirit of consumer protections, consumers need to know who the direct care worker is when the direct care worker is coming into their home. Documentation of telephone calls to the consumer as notification of staff changes or time changes is one example which can be used to satisfy this requirement.
- 2. Will there be surveys scheduled by the Department of Health and if so, will the surveys be coordinated with nursing facility inspections?** Yes, surveys will be scheduled, but will not be coordinated with nursing facility inspections.
- 3. Will the Department of Health provide a surveyor entry checklist so facilities can be prepared to provide the requested documentation to the surveyor?** Yes, a checklist will be provided at the time of survey.
- 4. When can agencies expect surveys to begin?** December 2010 or January 2011.
- 5. What will surveyors focus on during initial surveys?** Surveyors will be looking at Chapter 611—consumer protections, direct care worker training/competency, background checks, and TB testing. Surveyors will also focus on Chapter 51 requirements —event reporting, ID badges, change of ownership.
- 6. Will an agency know when the survey is to take place?** Surveys are unannounced; however, the Department of Health may contact the agency in advance to verify office hours.
- 7. Approximately how long will the survey take?** The anticipated time for completion of a survey is less than one day.
- 8. What is the role of the agency in the survey process?** The agency will assist the surveyor in determining compliance with the regulations by providing documentation, interviews with staff/consumers and any other information as necessary.
- 9. Will surveyors be going to patient's homes and visiting?** This practice is not routine; however, home visits may be done at the Department of Health's discretion and with consumer consent.

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10. **How will the agency learn about the results of the survey?** Results will be given to the agency at the exit conference, and the final report will be posted online.

11. **If an agency believes the surveyor's interpretation of the regulations differ from the guidance provided by the Department of Health, how should the agency proceed?** The agency should contact the surveyor's supervisor.

12. **If an agency has deficiencies, how do they get resolved?** The agency must electronically submit an acceptable plan of correction (POC). Agencies will receive an email notifying them of the deficiencies that require a POC. Agencies will log onto the website and submit their POC for review by a Department of Health surveyor. Please refer to the POC manual each agency was provided (with their license) for specific instructions. Survey staff will review and accept/reject the POC. If rejected, the agency must resubmit a revised POC. Survey staff may conduct follow up (on-site or off-site) visits to ensure implementation of the POC.

13. **What is the penalty to the agency for non-compliance?** The penalty depends on the non-compliance issue. At the minimum, a submission of an acceptable POC will be required. If the POC is not implemented and the issues corrected, revocation or non renewal of the license could be taken.

14. **Is there a standard the Department of Health is following when surveying for specialized care services and that agencies can follow?** An agency is not permitted to provide skilled nursing services.

15. **Our agency is licensed as a home care agency, but has contracts for several of the home care services we offer. Will the Department's survey be conducted at our office, with the contractor, or both?** The onsite survey by the Department of Health will be conducted at the location of the entity that retains the license. Other site visit locations are at the discretion of the Department as warranted.

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Miscellaneous Questions

1. **Will the Department of Health be conducting additional training sessions since the regulations are now in effect and agencies have submitted applications?** No additional training sessions are planned at this time. However, the Department of Health's field office locations will conduct agency consults as needed/requested.
2. **How are surveyors educated on the regulations and the agencies to which they apply?** Surveyors were trained at a statewide training session, and receive ongoing guidance and direction through their supervisory staff