

BUREAU OF FACILITY STANDARDS

HOME HEALTH AGENCY LICENSURE CHECKLIST

NAME OF HOME HEALTH AGENCY: _____

ANTICIPATED DATE OF OPENING: _____

Use this tool to track your submission and completion of each of the following required steps. Submit all information to this office for review.

_____ Articles of Incorporation/Bylaws

_____ For all service to be provided, evidence (copy of staff professional license, current CPR card, etc.) that staff meet the necessary qualifications, licensure, and training requirements. Please use the attached personnel form as a check-off list for information gathered. Submission of the completed personnel form alone will not suffice. Verifying documents must be included.

_____ Contracts, which include items found in **IDAPA 16.03.07.021.h**, *signed by both parties*, for each service to be provided under arrangement.

_____ Complete Table of Organization for the HHA, to include specific staff names and job titles.

_____ Admission packet provided to patients including information dispensed related to Advance Directives, filing a complaint or grievance, and patients' rights and responsibilities.

_____ Policies and Procedures or other documents demonstrating compliance with all IDAPA Rules, including those referenced below. Policies and Procedures may include the state rule text, but must also describe agency processes to carry out the state rules and maintain compliance.

- **Criminal History and Background Check Requirements** - IDAPA 16.03.07.009 through IDAPA 16.03.07.009.03
- **Administration** - Governing Body: IDAPA 16.03.07.020 including Patient Rights found in IDAPA 16.03.07.020.04.a- d.xxii
- **Administrator and Director** - IDAPA 16.03.07.021 and IDAPA 16.03.07.022
- **Skilled Nursing Services** - IDAPA 16.03.07.024 through IDAPA 16.03.07.024.05.c
- **Therapy Services** – IDAPA 16.03.07.025 through 16.03.07.025.03.d
- **Social Services** - IDAPA 16.03.07.026 through 16.03.07.026.02.g
- **Nutritional Services** - IDAPA 16.03.07.027 through 16.03.07.027.04

- **Plan of Care** - IDAPA 16.03.07.030 through 16.03.07.030.07
- **Clinical Records** - IDAPA 16.03.07.031 through 16.03.07.031.09
- **Agency Evaluation** – IDAPA 16.03.07.040 through 16.03.07.040.03 – Please also identify members of the Group of Professional Personnel.
- **Clinical Record Review** - IDAPA 16.03.07.050 for the exact requirements for record review audit.
- The Policy and Procedure Manual must be developed and approved by the Governing Body.

_____ Job description/responsibilities of the Administrator which address the items in **IDAPA 16.03.07.021.03. a-d and f-o.**

_____ Job description, qualifications and responsibilities of the Director which address the items in **IDAPA 16.03.07.022.**

_____ Job description, skills checklist and qualifications/licensure of the Professional Nurse which address the items in **IDAPA 16.03.07.024.01.**

_____ Job description, skills checklist and qualifications/licensure of the Practical Nurse which address the items in **IDAPA 16.03.07.024.02.**

_____ Job descriptions, skills checklists and qualifications/licensure for Therapy Services which address the items in **IDAPA 16.03.07.025.**

_____ Job description, skills checklist and qualifications/licensure for Social Services which address the items in **IDAPA 16.03.07.026.**

_____ Job description, skills checklists and qualifications/licensure for the Home Health Aides which address the items in **IDAPA 16.03.07.024.03.**