



**Tennessee
Department of Intellectual and
Developmental Disabilities**

***Resource Handbook*
For the
Professional Support Services License***

Updated
September 2014

*(*This license is operated through the Tennessee Department of Health)*

Introduction

The information in this resource handbook is designed to assist independent clinicians and agencies in obtaining a license as a Home Care Organization providing Professional Support Services (PSS) through the Tennessee Department of Health (DOH) prior to establishing a fully executed Provider Agreement with DIDD. Tennessee law requires this license as defined in the Tennessee Code Annotated 68-11-201 for providers of occupational therapy, physical therapy, speech language pathology, and nursing when services are provided through the DIDD.

Applicants must apply first to the DIDD and be initially approved before applying to the DOH for their license. Applicants should not send their application and license fee to the DOH prior to receiving this initial approval from the DIDD.

Once an agency submits their application for the PSS license, the DOH will arrange to complete an initial announced survey, prior to issuing a PSS license, which will incorporate a review of the medical record format, personnel files, policies and procedures manual, and required posted signs. In preparing for the DOH initial survey, applicants must reference a copy of the Standards for Home Care Organizations Providing Professional Support Services rules, Chapter 1200-8-34 as set forth by the DOH. The rules can be found at <http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm> . Persons applying for a license to provide PSS need to meet all the rule requirements.

A PSS license must be renewed annually and is subject to an annual unannounced survey. A current PSSL is required to maintain an active Provider Agreement with the DIDD and to be eligible to be reimbursed for services.

Section I contains checklists based on the DOH rules, referenced above, that can be used in establishing that criteria are met for medical records, personnel files, required posted signs, and policies and procedures.

Section II contains policy and procedure sample templates. These templates can be utilized for the development of policy and procedure manuals as outlined in the Standards for Home Care Organizations Providing Professional Support Services rules. Individuals and agencies must keep in mind when utilizing the templates that they will need to review each one closely, referencing the most current rules, and modify/personalize them according to their situation and agency information.

Department of Health, Health Care Facilities (Licensing Unit):

615-741-7221

Website address: <http://www.tn.gov/health/>

To obtain an application online:

Click on "For Healthcare Professionals"

Click on "Health Care Facilities"

Click on "For those Seeking Licensure or Certification"

Click on "Applications"

Click on "Application for Professional Support Services Provider License"

SAMPLE

Section I:

Checklists

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Medical Record Requirements

Required Documentation	Rule Reference
Appropriate identifying information	1200-8-34.06(8a)
Name of Physician	1200-8-34.05(4) and 1200-8-34.06(8a)
Medications and treatments	1200-8-34.05(2) , .06(3), .06(8a)
Signed and dated clinical notes	1200-8-34.06(8a)
Monthly progress note (send to ISC/CM)	1200-8-34.06(1)
Discharge summary (signed and dated within 7 days of d/c)	1200-8-34.06(8a)
Signed consent to treat form	1200-8-34.05(5-6)
Diagnosis	1200-8-34.05(7)
HIV information as applicable	1200-8-34.06(7d)
Annual summary report to physician	1200-8-34.06(1)
Plan of Care: Pertinent diagnoses Mental status Types of services and equipment required Frequency of services Prognosis Rehabilitation potential Functional limitations Activities permitted Nutritional requirements Medications and treatments Any safety measures to protect against injury Instructions for timely discharge or referral Any other appropriate items Treatment proposed (including interventions) Amount, frequency and duration Physician signature and date	1200-8-34.05(2) 1200-8-34.06(2a), .06(2b)

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Personnel File Requirements

Documentation of	Rule Reference
A copy of the current professional license or the number or renewal # of the current license	1200-8-34.04(9)
Education	1200-8-34.04(9)
Training	1200-8-34.04(9)
(Work) experience and personnel background	1200-8-34.04(9)
Proof of adequate medical screenings to exclude communicable disease	1200-8-34.04(9)
*Job Description	1200-8-34.04(10)
*Verification of references and credentials	1200-8-34.04(10)
*Performance evaluations	1200-8-34.04(10)
Ongoing training/continuing education	1200-8-34.04(11)
Evidence of orientation to the agency, its policies, the employee's position, and the employee's duties	1200-8-34.04(11) 120-8-34.06(7)
If contracted staff, a written contract containing elements (a-g)	1200-8-34.04(12)(a-g)
Evidence of supervision of <i>unlicensed</i> staff (if applicable) every 30 days	1200-8-34.04(13)

*Agencies employing only one staff member must maintain a personnel record with verification of current credentials per 1200-8-34.04(10).

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Required Signs to be Posted

1200-08-34-.04 (18-20)

All health care facilities licensed pursuant to T.C.A. §§ 68-11-201, et seq. shall **post** the following in the main public entrance:

1. Contact information including statewide toll-free number of the division of adult protective services, and the number for the local district attorney's office;
2. A statement that a person of advanced age who may be the victim of abuse, neglect, or exploitation may seek assistance or file a complaint with the division concerning abuse, neglect and exploitation; and
3. A statement that any person, regardless of age, who may be the victim of domestic violence may call the nationwide domestic violence hotline, with that number printed in boldface type, for immediate assistance and posted on a sign no smaller than eight and one-half inches (8½") in width and eleven inches (11") in height.
4. "No smoking" signs or the international "No Smoking" symbol, consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it, shall be clearly and conspicuously posted at every entrance.
5. The facility shall develop a concise statement of its charity care policies and shall post such statement in a place accessible to the public.

(Postings of (a) and (b) shall be on a sign no smaller than eleven inches (11") in width and seventeen inches (17") in height.)

Department of Health
Standards for Home Care Organizations Providing Professional Support Services
Chapter 1200-8-34

Index of Policy and Procedure Samples

Policy numbers may change as the rules are updated. New policy requirements may be added as the rules are updated. Refer to the following website for the most current version:

<http://www.state.tn.us/sos/rules/1200/1200-08/1200-08.htm>

- 1.) 1200-8-34-.04 (3-6) Administration: Organizational Structure
 - (3) Organizational structure and services
 - (4) Qualified administrator
 - (5) Temporary administrator
 - (6) Reporting a change in the Administrator
- 2.) 1200-8-34-.04 (9-12) Administration: Personnel Practices
 - (9-10) Personnel records
 - (11) Ongoing educational program including orientation
 - (12) Contracted Services (if applicable)
 - (13) Supervision of *unlicensed* staff (if applicable) (no template provided)
- 3.) 1200-8-34-.04 (16) and 1200-8-34-.06 (7d) Administration: HIV Testing
Basic Agency Functions: HIV Exposure and Testing
- 4.) 1200-08-34-.04 (17) Complaints (Non-retaliation)
- 5.) 1200-8-34-.04 (20) Administration: Charity Care
- 6.) 1200-8-34-.05 (10) Admissions, Discharges, and Transfers: Discharges
- 7.) 1200-8-34-.06 (1-5) Basic Agency Functions: General, Therapy and Nursing Services
- 8.) 1200-8-34-.06 (6) Basic Agency Functions: Performance Improvement
- 9.) 1200-8-34-.06 (7) Basic Agency Functions: Infection Control
- 10.) 1200-8-34-.06 (8) Basic Agency Functions: Medical Records
and 1200-8-34-.12(1g) Rights for Release of Information
- 11.) 1200-8-34-.10 Infectious and Hazardous Waste
- 12.) 1200-8-34-.11 Records and Reports
- 13.) 1200-8-34-.12 Consumer Rights
- 14.) 1200-8-34-.13 Healthcare Decision-Making

Section II:

***Policy and Procedure Samples for the
Professional Support Services License***

1200-8-34-.04 Administration
(3-6) Organizational Structure

A. Policy:

The governing body of the agency will establish the organizational structure within the agency. Staff hired will adhere to the lines of authority in carrying out specified responsibilities as outlined in specific job descriptions and the organizational structure.

B. Objectives

1. To outline the organizational structure and lines of authority within the agency.
2. To define the responsibilities of personnel within the agency.
3. To denote accountability and supervision of personnel within the agency.

C. Definitions

Governing body: person within an agency assuming full legal authority and responsibility for the management and provision of all professional support services, fiscal operations, quality assessment, and performance improvement plans.

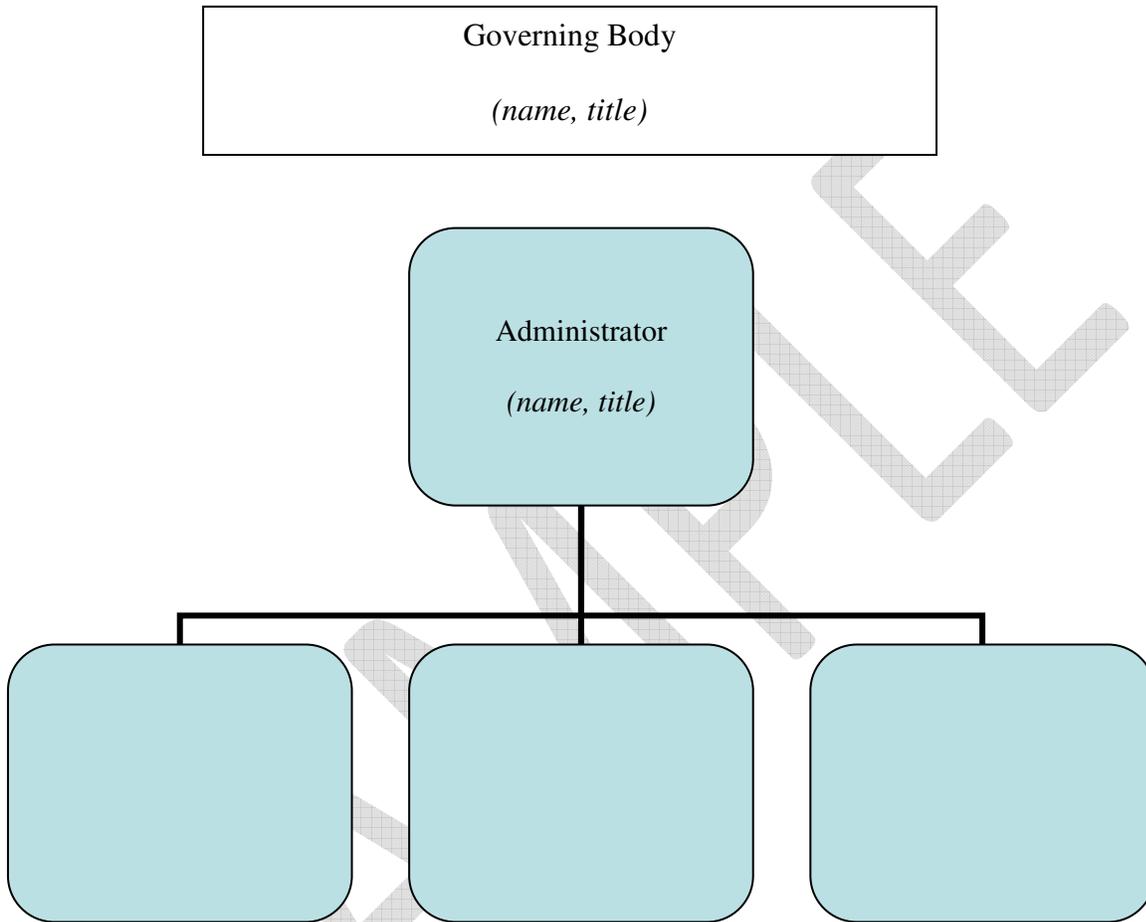
Administrator: A person who establishes policies and procedures and is responsible for the activities of the agency and its staff. This person may be a physician, registered nurse, therapist, or a person with at least one-year experience in a health or disability related field.

D. Procedure

1. A chart of the agency's organizational structure, denoting lines of authority, is attached.
2. The administrator establishes policies and procedures, oversees the day to day activities of the agency and its staff, and is available via a telephone/pager system during normal working hours 8:00am-4:30pm, Monday through Friday.
3. The administrator authorizes a person in writing within the agency with sufficient experience and training to assume temporary duty during his or her short-term absences. The Acting Administrator for this agency is _____.
4. Any change of administrator shall be reported to the Department of Health within fifteen (15) days.
5. The agency maintains a working telephone that is manned during normal business hours or has voice mail activated to take messages.
6. The occupational therapists and physical therapists provide assessments and direct services for consumers. They may supervise therapy assistants in accordance with their state licensure rules regarding supervision (General Rules Governing the Practice of Occupational Therapy, Chapter 1150-2 and General Rules Governing the Practice of Physical Therapy, Chapter 1150-1).
7. Refer to specific job descriptions for responsibilities of each position.

Organizational Structure

(Agency Name)



**1200-8-34-.04 Administration: Personnel Practices
(9-10) Personnel Records**

A. Policy

The agency will maintain confidential personnel records that are subject to review during both Department of Health and Department of Intellectual and Developmental Disabilities (DIDD) surveys.

B. Objective

To identify the documents to be maintained in the personnel records.

C. Procedures

1. Personnel records shall be kept on all employees and contracted staff for the agency.
2. Records will be made available on-site during surveys.
3. Personnel records shall be kept current, maintained in a confidential manner, and overseen by the agency administrator.
4. Personnel records shall include at a minimum:
 - Job description
 - Verification of references and credentials including education, training, experience, and personnel background
 - Professional license
 - Performance evaluations
 - Evidence of required training including orientation
 - Evidence of related continuing education
 - Proof of adequate medical screening for communicable diseases (e.g. TB Screening)
5. Personnel shall have access to their file when requested.

Job Description

Agency: **(Agency name)**

Job Title: **Administrator**

Position Summary: A person who establishes policies and procedures and is responsible for the activities of the agency and its staff. This person may be a physician, registered nurse, therapist, therapist assistant or a person with at least three years experience in a health or disability related field.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the DOH and DIDD standards and coordinates preparation for agency surveys.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staffs are in compliance with maintaining professional licenses and training requirements.
6. Provides oversight, education, and training to agency staff.
7. Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities.
8. Oversees confidential personnel files.
9. Assures confidentiality and maintenance of customer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. Exhibits a high degree of responsibility for confidential manners.
11. Oversees the agency operating budget.
12. Assumes other related responsibilities as required.

Position Requirements: This person may be a physician, registered nurse, therapist, therapist assistant, or a person with a degree and at least three years experience in a health or disability related field. Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing. Willingness to maintain a flexible work schedule as needed.

Job Description

Agency: **(Agency name)**

Job Title: **Acting Administrator**

Position Summary: A person who acts as administrator on an as-needed basis. While acting as the administrator, this person will follow all policies and procedures and is responsible for the activities of the agency and its staff. This person must be a licensed therapist.

Principle Duties and Responsibilities:

1. Maintains open communication with the Department of Intellectual and Developmental Disabilities (DIDD), Independent Support Coordination agencies and other related provider agencies. Identifies and works to resolve problems as they arise.
2. Maintains knowledge of the standards for the DIDD quality enhancement survey and the Department of Health survey and coordinates preparation for these surveys, as needed.
3. Maintains working knowledge of the DIDD Provider Agreement requirements, the Standards for Home Care Organizations Providing Professional Support Services rules, agency policies and operating procedures.
4. Develops and monitors/oversees compliance with agency policies and procedures.
5. Assures all staff members are in compliance with maintaining professional licenses and training requirements.
6. Provides oversight, education, and training to agency staff.
7. Participates in and provides relevant training for staff to improve skills and knowledge in the area of providing supports and services for persons with intellectual and developmental disabilities, as needed.
8. Oversees confidential personnel files.
9. Assures confidentiality and maintenance of consumer files including the assurance of staff completing appropriate documentation as outlined in medical record policy.
10. Exhibits a high degree of responsibility for confidential manners.
11. Oversees the agency operating budget, as needed.
12. Assumes other related responsibilities as required.

Position Requirements: This person must be a licensed therapist or therapist assistant or other person with a degree and at least one year experience in a health or disability related field. Clinical experience in the area of intellectual and developmental disabilities a plus. Excellent interpersonal skills, including the ability to communicate professionally, both verbally and in writing are needed. Willingness to maintain a flexible work schedule as needed.

Job Description

Agency: ***(Agency name)***

Job Title: ***OT, PT, SLP or Nurse***

(Templates not provided)

SAMPLE

**1200-8-34-.04 Administration: Personnel Practices
(11) Ongoing Educational Program Including Orientation**

A. Policy

An ongoing educational program shall be planned and conducted for the development and improvement of skills of all agency personnel engaged in the delivery of professional support services

B. Objectives

1. To assure adequate orientation of new staff to the agency and the interrelated systems, policies and procedures, and the employee's job responsibilities.
2. To support staff in developing the skills necessary to work within the field of intellectual and developmental disabilities, increasing their level of competence, and increasing their productivity.
3. To meet required training standards set forth by the Department of Intellectual and Developmental Disabilities (DIDD).

C. Procedures

1. Each new staff member will be formally oriented to the agency, DOH standards and its related systems (DIDD). This orientation will be documented and filed in the staff's personnel record.
2. The agency will assure that required DIDD training is scheduled and completed within specified time frames using the online portal known as Relias or classroom settings as appropriate.
3. Persons providing professional support services will be encouraged to cultivate their job by taking advantage of training and continuing education courses through DIDD, professional associations and agencies, university classes, and other related resources that demonstrate both the supervisor's and the staff member's commitment to continuous skill development.
4. Approval will be granted as appropriate for staff to take needed leave for professional continuing education courses
5. Staff will be given the ability to attend on site continuing education courses arranged by the Administrator or designee as appropriate.
6. Documentation of all training and/or continuing education will be completed and filed in the staff person's personnel record.

1200-8-34-.04 Administration: Personnel Practices
(12) Contracted Services

A. Policy

If personnel, under hourly or per visit contracts, are utilized by the agency, there shall be a DIDD approved written contract between such personnel and the agency.

B. Objectives

1. To assure that contracted staff complies with agency standards.
2. To outline the requirements and responsibilities of contracted staff.

C. Procedure

1. Contracted staff will be formally oriented to the agency and its related systems, policies and procedures, and job responsibilities. This orientation will be documented and filed in the personnel record.
2. The written contract will clearly designate the following information at a minimum:
 - That consumers are accepted for care only by the agency
 - Which professional support services are to be provided
 - That it is necessary to conform to all applicable organization policies including personnel qualifications
 - The responsibility for participating in developing plans of care
 - The manner in which professional support services will be controlled, coordinated, and evaluated by the agency
 - The procedures for submitting clinical and progress notes (and other documentation), scheduling visits and periodic evaluations
 - The procedures for submitting billing
3. Contracted staff is subject to the performance evaluation process.

1200-8-34-.04 Administration
(16) Human Immunodeficiency Virus (HIV) Testing
1200-8-34-.06 Basic Agency Functions
(7d) Human Immunodeficiency Virus (HIV) Exposure and Testing

A. Policy

Agency staff will report potential exposures to HIV infection and any other identified causative agent of acquired immune deficiency syndrome and will be provided with procedures for post exposure follow-up for both themselves and the consumer.

B. Objectives

1. To provide consumers and staff with a system of follow-up if exposure occurs.
2. To promote a safe, healthy working environment.
3. To identify the agency's approach to the care of consumers and personnel issues related to HIV.

C. Definitions

1. Human T-Lymphotropic Virus type III (HTLV-III), referred to as HIV, is a virus that infects the cells of the T-lymphocyte system. The virus can lead to the disease-related complex known as AIDS, which destroys the immune system, leaving the body vulnerable to a variety of opportunistic diseases.
2. HIV can be transmitted by sexual contact, needle sharing, transfusions of blood or blood products, and perinatally from an infected mother to neonate. There is no evidence that casual contact leads to transmission.

D. Procedures

1. Staffs are required to take *Bloodborne Pathogens* training within 30 days of the date of hire through the Relias training portal and must implement Universal Precautions when working with all individuals.
2. The Center for Disease Control reference, *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*, found at <http://www.cdc.gov/HAI/pdfs/guidelines/standatds-of-ambulatory-care-7-2011.pdf> and other reference material/training deemed appropriate will be used appropriate in orienting agency staff to universal precautions in preventing exposures.
3. If a staff member incurs exposure it is to be reported to their supervisor.
4. Written documentation of the route of exposure and the circumstances related to the incident shall be completed as soon as feasible following the exposure. This is to be given to the supervisor.
5. The agency will inform the source individual (customer) and request that they be tested for HIV infection at their local health department in order to determine their status.
6. All staff members who incur an exposure will be offered confidential post exposure evaluation and follow-up in accordance with the OSHA standards.

1200-8-34-.04 (17) Administration: Complaints and Non-retaliation

A. Policy

_____ supports persons receiving services personally or through legal representatives and/or involved family members/friends to present complaints regarding the provision of services and be assured resolution to complaints and conflicts.

B. Objectives

1. To provide a procedure for person receiving services, involved family members and/or their legal representatives to express complaints and conflicts/issues regarding the provision of services.
2. To describe complaint resolution procedures.
3. To comply with DOH and DIDD regulations.

C. General Procedures for Complaint Resolution:

1. Staff will provide a copy of the complaint and conflict resolution policy to persons receiving services, involved family members and/or legal representative prior to the initiation of assessment to ensure that information regarding complaint and conflict resolution is made available to them.
2. All attempts will be made to resolve complaints at the most local level whenever possible.
3. Complaints or other issues may be presented verbally, informally, by phone, in written form, in person or mailed to the attention of the Director/Administrator.
4. The Director/Administrator is _____ and she can be reached at _____.
5. The complaint will be documented by the Director/Administrator and placed in the person receiving service's record.
6. The Director/Administrator will respond to the issue within 2 working days following receipt of the complaint.
7. If necessary, a meeting will be held with all involved parties to discuss the issue and develop a plan for resolution.
8. All complaints will be resolved within 30 days from the receipt of the complaint unless other levels of involvement within DIDD or mediation are required.
9. When the issue is resolved, the Director/Administrator will document the resolution in the person receiving service's record as well as in the agency's internal complaints tracking system.
10. At any time, or if the issue is not brought to an acceptable resolution within a timely manner (no longer than 30 days), the provider or complainant/person receiving services can request assistance from the DIDD Complaint Resolution Coordinator to achieve resolution.
11. The Director/Administrator will track all complaints and the resolution of complaints in order to use the information during the agency's self-assessment process to utilize trends and patterns in order to initiate actions that will promote systemic improvements. The following will be tracked:
 - Date complaint received
 - Name of complainant
 - Contact information of complainant
 - Name of person receiving services
 - ISC/CM and support agency names (as applicable)
 - Description of complaint
 - Resolution
 - Date of resolution
 - Date provider confirmed resolution with complainant

12. Retaliation by any employee of this agency against a complainant will result in disciplinary action and possible termination.
13. All Complaint Resolution System records will be made available to DOH or DIDD Central Office upon request.

SAMPLE

(Template not provided)

SAMPLE

A. Policy

The agency will provide professional support services as prescribed by the attending physician and follow discharge procedures as set forth by the Provider Agreement with the Department of Intellectual and Developmental Disabilities and TennCare.

B. Objectives

1. To assure services are provided under the care of a physician.
2. To assure that agencies do not discriminate against consumers.
3. To assure consumer discharges are in compliance with DIDD/TennCare regulations per the provider agreement.
4. To assure that services are not discontinued prior to another agency being in place, if the consumer still needs those services.
5. To assure that an agency appropriately recommends discharging a consumer when expected goals are reached, trainers are in place, and no additional needs are identified.

C. Procedures for Admissions

1. The agency shall accept referrals for professional support services on the basis of a reasonable expectation that the person's nursing and therapy needs can be met adequately by the agency.
2. A diagnosis will be entered in the consumer's demographic information/intake form in the medical record.
3. The agency staff shall obtain written consent for professional support services.
4. The signed consent form shall be included with the person's medical record.
5. The agency staff shall determine, through evaluation, if the person's needs can be met by the agency's services and capabilities.
6. Professional support services shall be provided as prescribed by the person's attending physician (who holds a license in good standing, as defined in this chapter). The physician's name shall be listed in the consumer's record.
7. The plan for providing professional support services and the expected outcomes shall be reflected in the person's plan of care (POC) and must relate to support needs and outcomes identified in the person's individual support plan (ISP).
8. No medication or treatment shall be provided to any consumer of an agency.

D. Procedures for Discharges

1. Proposed discharges based on the accomplishment of POC goals and/or delivery of recommended equipment shall be planned, communicated, and documented.
2. Discharge plans will be in writing per information in the POC.
3. A discharge summary or appropriate delivery note for equipment will be completed within 7 days of the discharge and per DIDD Provider Manual standards.
4. For other discharges initiated by the agency, prior to discontinuation of authorized services, the agency will obtain approval from the DIDD.
5. The agency will notify the person, their conservator or guardian, the support coordinator, and DIDD no less than sixty (60) days prior to the planned discharge.
6. If the person or his/her representative file an appeal in accordance with the Grier Revised Consent Decree (Grier order) the discharge will not occur prior to the final decision and resolution of the administrative appeal unless ordered by a court and approved by the state.
(see: <http://www.tn.gov/tenncare/forms/grier020508.pdf>)
7. The agency shall continue to provide services until the person is provided with other services that are of acceptable and appropriate quality in order to maintain continuity of care.

8. If the person or his/her representative request to be discharged from the agency, the agency will follow the steps as outlined above and provide transfer documentation to new provider, if requested, in order to maintain continuity of care and facilitate transfer.
9. No individual will be denied services on the basis of race, color, national origin, or handicap.

SAMPLE

1200-8-34-.06 **Basic Agency Functions**
(1-5) **General, Nursing, and Therapy services**

A. Policy

The agency will provide professional support services as prescribed by the attending physician, with a plan of care written in coordination with other services being provided to the consumer.

B. Objective

To assure services are integrated and based on functional outcomes.

C. General Procedures

1. All personnel providing professional support services shall assure that their efforts effectively complement other services provided to the person, are functionally integrated into the individual daily routine and support needs and outcomes outlined in the individual support plan.
2. A written report of progress shall be provided to the person's support coordinator/case manager monthly.
3. A written summary report for each person shall be sent to the attending physician at least annually.
4. The written plan of care, developed in consultation with other disciplines supporting the person, shall cover all pertinent diagnoses, including:
 - mental status
 - types of services and equipment required
 - frequency of services
 - prognosis
 - rehabilitation potential (as applicable)
 - functional limitations
 - activities permitted
 - nutritional requirements
 - medications and treatments
 - any safety measures to protect against injury
 - instructions for timely discharge or referral
 - any other appropriate items
5. A copy of this plan shall be provided to the person's Individual Support Coordinator as supporting documentation for service authorization with the Individual Support Plan.
6. If a physician refers a person under a plan of care, which cannot be completed until after an evaluation visit, the physician shall be consulted to approve additions or modifications to the original plan. Orders for professional support services shall include the specific treatment or modalities to be used and the amount, frequency and duration. The therapist and other organization personnel shall participate in developing the plan of care.
7. The plan(s) of care for acute or episodic illness shall be reviewed by the attending physician and agency personnel involved in the consumer's care as often as the severity of the patient's condition requires, but at least annually. Evidence of review by the physician must include the physician's signature and date of the review on the plan of care. A facsimile of the physician's signature is acceptable. Professional staff shall promptly alert the physician to any changes that suggest a need to alter the plan of care.
8. Drugs and treatments shall be administered by appropriately licensed agency personnel, acting within the scope of their licenses. Orders for drugs and treatments shall be signed and dated by the physician.

D. Therapy Services Procedures

1. All therapy services offered by the agency directly or under arrangement shall be planned, delegated, supervised or provided by a qualified therapist in accordance with the plan of care. A qualified therapist assistant may provide therapy services under the supervision of a qualified therapist in accordance with the plan of care. The therapist shall assist the physician in evaluating the level of function, helping develop the plan of care (revising as necessary), preparing clinical and progress notes, advising and consulting with the family and other agency personnel, and participating in in-service programs.
2. Speech therapy services shall be provided only by a licensed speech language pathologist in good standing.

(As applicable)

E. Nursing Procedures:

1. When skilled nursing is provided, the services shall be provided by or under the supervision of a registered nurse who has no current disciplinary action against his/her license, in accordance with the plan of care. This person shall be available at all times during operating hours and participate in all activities relevant to the professional support services provided, including the development of qualifications and assignment of personnel.
2. The registered nurse's duties shall include but are not limited to the following: make the initial evaluation visit, except in those circumstances where the physician has ordered therapy services as the only skilled service; regularly evaluate the consumer's nursing needs; initiate the plan of care and necessary revisions; provide those services requiring substantial specialized nursing skill; initiate appropriate preventive and rehabilitative nursing procedures; prepare clinical and progress notes; coordinate services; inform the physician and other personnel of changes in the consumer's condition and needs; counsel the consumer and family in meeting nursing and related needs; participate in in-service programs; supervise and teach other nursing personnel. The registered nurse or appropriate agency staff shall initially and periodically evaluate drug interactions, duplicative drug therapy and non-compliance to drug therapy.
3. The licensed practical nurse shall provide services in accordance with agency policies, which may include but are not limited to the following: prepare clinical and progress notes; assist the physician and/or registered nurse in performing specialized procedures; prepare equipment and materials for treatments; observe aseptic technique as required; and assist the consumer in learning appropriate self-care techniques.

1200-8-34-.06 Basic Agency Functions
(6) Performance Improvement

A. Policy

An agency will conduct an internal performance review of its professional support services at least annually.

B. Objectives

1. To assist the agency in using its personnel and facilities to meet individual and community needs.
2. To identify and correct deficiencies which undermine quality of care and lead to waste of agency and personnel resources.
3. To help the agency make critical judgments regarding the quality and quantity of its services through self-examination.
4. To provide opportunities to evaluate the effectiveness of agency policies and when necessary make recommendations to the administration as to controls or changes needed to assure high standards of patient care.
5. To augment in-service staff education, when applicable.
6. To provide data needed to satisfy state licensure and certification requirements.
7. To establish criteria to measure the effectiveness and efficiency of the professional support services provided to consumers.
8. To develop a record review system for the agency to evaluate the necessity or appropriateness of the professional support services provided and their effectiveness and efficiency.

C. Procedures

1. The agency shall follow DIDD Provider Manual policy to review, at least annually, past and present professional support services including contract services, in accordance with a written plan, to determine their appropriateness and effectiveness and to ascertain that professional policies are followed in providing these services.
2. The agency will formally document this review process and maintain it on file for review by the Department of Intellectual and Developmental Disabilities and the Department of Health.

1200-8-34-.06 Basic Agency Functions
(7) Infection Control

A. Policy

The agency must have in place a program that addresses the prevention, control and investigation of infections and communicable diseases.

B. Objectives

1. To provide and maintain a safe working and social environment.
2. To assure that the risk of infection is kept to a minimum.
3. To provide a non-discriminatory environment that supports people living with infectious disease.

C. Procedures

1. All staff will complete Bloodborne Pathogens training through the Relias training portal within 30 days of hire and annually as refresher training.
2. Universal precautions involves the use of protective barriers and practices to protect employees from exposure to infectious agents via puncture of the skin, contact with mucous membranes, saliva and non-intact skin. Mucous Membranes include the lining of the mouth, nose and respiratory tract, the conjunctival membrane covering the eye, the gastrointestinal tract, and the urinogenital tract. Universal Precautions will be observed in order to prevent contact with blood, blood products, or other potentially infectious materials. All blood, blood product, or other potentially infectious material will be considered infectious regardless of the perceived status of the source or source individual.
3. Hands must be washed after contact with blood or body fluids, before eating or drinking and between working with multiple persons. Routine hand washing is paramount when there is any routine physical contact with people and particularly important when there has been contact with blood or body fluids.
4. The wearing of gloves substantially reduces the risk of hands being contaminated with blood and body fluids and therefore gloves must be readily available to all employees likely to handle blood or body substances.
5. After proper removal and disposal of personal protective gloves or other personal protective equipment, employees shall wash their hands and any other potential contaminated skin area immediately or soon as feasible with soap and water.
6. Gloves contaminated with blood or body fluids should be discarded between treating persons - the wearing of gloves does not prevent cross-infection.
7. Hands should be thoroughly washed after discarding gloves.
8. If staff members incur exposure to a person's blood or body fluids to their skin or mucous membranes, then those areas shall be washed or flushed with water as appropriated or as soon as feasible following contact and the supervisor shall be notified.

9. Precautions shall be taken to prevent the contamination of sterile and clean supplies by soiled supplies. Sterile supplies shall be packaged and stored in a manner that protects the sterility of the contents.
10. Education on infection control, including cause, effect, transmission, prevention, and elimination of infections will be made available by the agency as a part of the orientation process as evidenced by staff being able to verbalize or demonstrate an understanding of basic techniques see:

<http://www.cdc.gov/HAI/pdfs/guidelines/standatds-of-ambulatory-care-7-2011.pdf>

11. Appropriate staff and/or consumers, their family and/or their support staff will be educated in the practice of aseptic techniques such as handwashing and scrubbing practices, proper hygiene, use of personal equipment, dressing care techniques, disinfecting and sterilizing techniques, and the handling and storage of consumer care equipment and supplies.

SAMPLE

1200-8-34-.06 Basic Agency Functions
(8) Medical Records
and 1200-8-34-.12(1g) Rights for Release of Information

A. Policy

A medical record shall be developed and maintained for each consumer admitted.

B. Objectives

1. To maintain required documentation.
2. To note progress towards POC goals.
3. To facilitate integration of services.

C. Procedures

1. A medical record containing past and current findings in accordance with accepted professional standards will be maintained for every consumer receiving professional support services.
2. In addition to the Plan of Care, the record shall contain:
 - Appropriate identifying information
 - The person's or his/her designee's written consent for professional support services
 - Name of physician
 - Signed and dated clinical notes
 - All (known) medications and treatments
3. Clinical notes shall be written the day on which service is rendered and incorporated no less often than weekly.
4. Copies of summary reports shall be sent to the physician.
5. A discharge summary shall be dated and signed within 7 days of discharge.
6. All medical records, either written, electronic, graphic or otherwise acceptable form, must be retained in their original or legally reproduced form for a minimum period of at least ten (10) years after which such records may be destroyed. However, in cases of consumers under mental disability or minority, their complete agency records shall be retained for the period of minority or known mental disability, plus one (1) year, or ten (10) years following the discharge of the consumer, whichever is longer.
7. Records destruction shall be accomplished by burning, shredding or other effective method in keeping with the confidential nature of the contents. The destruction of records must be made in the ordinary course of business, must be documented and in accordance with the agency's policies and procedures, and no record may be destroyed on an individual basis.
8. Even if the agency discontinues operations, records shall be maintained as mandated by this chapter and the Tennessee Medical Records Act (T.C.A. §§ 68-11-308). If a person is transferred to another health care facility or agency, a copy of the record or an abstract shall accompany the person when the agency is directly involved in the transfer, as appropriate.
9. Medical records information shall be safeguarded against loss or unauthorized use. Written consent shall be required from the person receiving services (or his/her legal guardian or conservator) for release of information when the release is not otherwise authorized by law.
10. For purposes of this rule, the requirements for signature or countersignature must follow standards set forth in the DIDD Electronic Signature policy.
11. For purposes of this rule, requirements set forth in the DIDD Provider Manual and the agency's confidentiality policy as required by DIDD will be followed in regards to copying and giving others access to a person's records.
12. Records shall be available for review by the Department of Health and the Department of Intellectual and Developmental Disabilities.

A. Policy

Each agency shall develop, maintain and implement a system for defining and handling its infectious and hazardous waste and which complies with the standards of other applicable state and federal regulations.

B. Objective

To assure proper disposal of normal and hazardous waste and needles.

C. Procedures

1. The following waste shall be considered to be infectious waste:

- (a) Waste human blood and blood products such as serum, plasma, and other blood components;
- (b) All discarded sharps (including but not limited to, hypodermic needles, syringes, pasteur pipettes, broken glass, scalpel blades) used in patient care; and
- (c) Other waste determined to be infectious by the agency in its written policy.

2. Waste must be packaged in a manner that will protect waste handlers and the public from possible injury and disease that may result from exposure to the waste. Such packaging must provide for containment of the waste from the point of generation up to the point of proper treatment or disposal. Packaging must be selected and utilized for the type of waste the package will contain, how the waste will be treated and disposed, and how it will be handled and transported prior to treatment and disposal.

- (a) Contaminated sharps must be directly placed in leakproof, rigid and puncture-resistant containers, which must then be tightly sealed.
- (b) Infectious and hazardous waste must be secured in fastened plastic bags before placement in a garbage can with other household waste.
- (c) Reusable containers for infectious waste must be thoroughly sanitized each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners or other devices removed with the waste.

3. After packaging, waste must be handled, transported and stored by methods assuring containment and preserving of the integrity of the packaging, including the use of secondary containment where necessary.

4. Waste must be stored in a manner which preserves the integrity of the packaging, inhibits rapid microbial growth and putrefaction, and minimizes the potential of exposure or access by unknowing persons. Waste must be stored in a manner and location which affords protection from animals, precipitation, wind and direct sunlight, does not present a safety hazard, does not provide a breeding place or food source for insects or rodents and does not create a nuisance.

5. In the event of spills, ruptured packaging, or other incidents where there is a loss of containment of waste, the agency must assure that proper actions are immediately taken to:

- (a) Isolate the area;
- (b) Repackage all spilled waste and contaminated debris in accordance with the requirements of this rule; and,
- (c) Sanitize all contaminated equipment and surfaces appropriately.

SAMPLE

1200-08-34-.11 Records and Reports

A. Policy

Each agency shall develop and implement a system for maintaining required reports and for reporting incidents.

B. Objective

To assure incidents are reported as required and that reports are reviewed and used in the internal quality assurance/self-assessment process.

C. Procedures

1. The agency shall retain legible copies of the following records and reports for thirty-six (36) months following their issuance. They shall be maintained in a single file and shall be made available for inspection during normal business hours to any person who requests to view them:
 - (a) Department licensure and fire safety inspections and surveys;
 - (b) Centers for Medicare and Medicaid Services (CMS) surveys and inspections, if any;
 - (c) Orders of the Commissioner or Board, if any; and
 - (d) Comptroller of the Treasury's audit report and finding, if any.
2. The agency providing professional support services shall report all incidents of abuse,
 - (a) neglect, and misappropriation to the Department of Health in accordance with T.C.A. §68-11-211.
3. The agency providing professional support services shall report the following incidents to the Department of Health in accordance with T.C.A. § 68-11-211.
 - (a) Strike by staff at the facility;
 - (b) External disasters impacting the facility;
 - (c) Disruption of any service vital to the continued safe operation of the home care organization providing professional support services or to the health and safety of its consumers and personnel; and,
 - (e) Fires at the home care organization providing professional support services that disrupt the provision of consumer services or cause harm to the consumers or staff, or that are reported by the facility to any entity, including but not limited to a fire department charged with preventing fires.

1200-8-34-.12 Consumer Rights

A. Policy

_____ will ensure that staffs protect the rights of persons receiving services.

B. Objective

To ensure that the rights of persons receiving services are protected.

C. Procedure

1. _____ follows the values listed in Title 33 as the basis for service delivery including the promotion of:
 - a. Individual Rights
 - b. Self-Determination
 - c. Optimal health and safety
 - d. Inclusion in the community, utilizing natural supports and generic community services as much as possible
2. _____ supports persons receiving services in exercising the following rights without limitation:
 - a. To be treated with respect and dignity as a human being;
 - b. To have the same legal rights and responsibilities as any other person unless limited by law;
 - c. To receive services regardless of gender, race, creed, marital status, national origin, disability or age;
 - d. To be free of abuse, neglect or exploitation;
 - e. To receive appropriate, quality services and supports in accordance with the Plan of Care and the Individual Support Plan (ISP);
 - f. To receive services and supports in the most integrated and least restrictive setting that is appropriate based on individual needs;
 - g. To have access to DIDD rules, policies and procedures pertaining to services and supports;
 - h. To refuse treatment (the person must be informed of the potential or inherent consequences of this decision);
 - i. To have access to personal records and to have services, supports and personal records explained so that they are easily understood;
 - j. To have personal records maintained confidentially;
 - k. To own and have control over personal property, including personal funds;
 - l. To have access to information and records pertaining to expenditures of funds for services provided;
 - m. To have choices and make decisions and be involved in all aspects of their care;
 - n. To have privacy during treatment and personal care;
 - o. To refuse experimental treatment and drugs.
 - p. To be able to associate, publicly or privately, with friends, family and others;
 - q. To practice religion or faith of one's choosing;
 - r. To be free from inappropriate use of physical or chemical restraint;
 - s. To have access to transportation and environments used by the general public;
 - t. To seek resolution of rights violations or quality of care issues without retaliation.

A. Policy

The agency will support persons' healthcare decision making processes in compliance with the Tennessee Health Care Decisions Act.

B. Objectives

1. To promote the agency's knowledge of when a service recipient has an advanced directive for health.
2. To promote knowledge about the Tennessee Health Care Decisions Act with persons and their families when referred to the agency, as appropriate.
3. To promote compliance with the health care decisions set forth in an advanced directive for health for service recipients referred to the agency.

C. Procedure

1. Upon accepting a referral, the agency will request, from the referral source, information regarding the existence of an advance directive for health and a named health care decision maker.
2. If the referral source indicates that there is no advance directive for health care or health care agent in place, or they are uncertain, the agency will provide information regarding the Tennessee Health Care Decisions Act to the person and/or his/her legal representative/conservator.
3. At no time will the agency refuse a referral of or refuse to provide authorized services to a service recipient based on the presence or absence of an advanced directive for health.
4. Upon accepting a referral the agency will acknowledge their requirement to comply with any known advance directive for health for the service recipient with the following exceptions:
 - a. the advanced directive for health is contrary to agency policy based on reasons of conscience, assuming the policy was communicated to the health care agent once the conflict was determined;
 - b. the advanced directive for health requires inappropriate health care contrary to generally accepted health care standards applicable to the health care provider; or,
 - c. the advanced directive for health is believed to be invalid.
5. Agency staff will not be involved in any person's decision making process related to the development of an advanced care directive for health.
6. Agency staff will not act as a witness for a person receiving services in the development of an advanced directive for health.
7. Agency staff will not be designated as a health care agent or as a surrogate for any person receiving services from the agency.
8. In the event that a person receiving services experiences cardiac or respiratory arrest in the presence of agency staff, agency staff will comply with any known Universal Do Not Resuscitate (DNR) order, but will provide emergency medical interventions as appropriate including contacting emergency personnel if there is no evidence of a DNR.