



Virginia Department of Health

Office of Licensure and Certification

Home Care Licensure Survey Checklist

Requirements and Instructions for Initial Home Care Licensing

This checklist has been developed to provide applicants with the information necessary to obtain a license to operate a home care organization in Virginia. For an initial license, an on-site survey must be conducted by the Home Care Licensing staff of the Virginia Department of Health. It is the responsibility of the applicant to be prepared and to provide all necessary assistance to the surveyor. Failure to provide appropriate and timely assistance will result in denial of the license and reapplication and payment of the licensing fee.

Step I

Thoroughly read and familiarized yourself with the *Rules and Regulations for the Licensure of Home Care Organizations* (12VAC5-391). Copies of the *Rules and Regulations* can be downloaded from the Internet at: <http://www.vdh.virginia.gov/OLC/Laws/index.htm>.

All policies and procedures contained in the regulation, all employee personnel and client medical record forms must be developed and ready for surveyor review. This checklist can assist with identifying the necessary items needed for initial licensure.

Step II

Once employee personnel and client medical record forms and the policies and procedures have been completed, the applicant can submit:

1. A completed application and \$500 fee
2. A copy of the organization's emergency preparedness plan (12VAC5-381-150)
3. A listing of governing body members and meeting minutes (12VAC5-381-160)
4. Evidence of indemnity coverage (12VAC5-381-210)
5. A copy of the business plan, the working budget and balance sheet
6. The organization's client rights policies and procedures (12VAC5-381-230); and
7. The job description, qualifications and specific responsibilities of the Administrator, the nursing director, and the financial manager.

to:

Home Care Licensure
Office of Licensure and Certification
Virginia Department of Health
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233

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Pursuant to §32.1-162.9, a nonrefundable license fee of \$500 is charged for each license application. Payment may be check, money order or certified check made payable to: The Virginia Department of Health. The law prohibits a license from being issued if the fee has not been paid. Therefore, no license is issued until the check has cleared the bank.

Step III

Upon receipt of the completed application and fee, the applicant will be notified of the next available pre-licensure conference. These conferences are not mandatory; however, applicants are encouraged to attend. The primary reason applicants are denied licensure is because they fail to comply with the instructions contained in this guideline and the licensure regulations. These are minimal requirements; failure to comply will result in additional preparation time. Therefore, it is recommended that applicants fully prepare for the initial survey.

Step III

The applicant is notified of the time and date of the initial survey. Failure to be fully prepared will result in cancellation of the initial survey. Should that occur, the license is denied and the applicant cannot reapply for 120 days.

Policy/Procedures and Forms Checklist

To ensure compliance with the *Rules and Regulations for the Licensure of Home Care Organizations* (12VAC5-391) and to prepare for the initial survey, new providers are advised to have the following items ready for review prior to the on-site arrival of the surveyor.

NOTE: Replication of the cited regulation does not satisfy the intent of this checklist or the applicable regulation.

I. Administrative policies and procedures – including, but not limited to:

- The applicant's knowledge or experience in operating a home care organization
- The organizational chart
- The existence of the premises where the agency will operate (i.e., lease agreement or ownership documentation)
- The geographic service areas (localities) to be served by the organization
- Contract services (12VAC5-381-220)
- Billing practices and financial resources (12VAC5-391-190)
- Infection control (12VAC5-391-260)
- The annual quality improvement program (12VAC5-391-250)

II. Client care policies and procedures – including but not limited to:

- Scope of service and applicable service policies

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Skilled care
Personal care
Therapy services
Pharmacy services

- The client records (12VAC5-391-280)
- Client rights (12VAC5-391-230)
- Client complaint policy (12VAC5-391-240)
- Admission and discharge (12VAC5-391-180)
- Coordination of care with other community services or home care agencies, including applicable

sample forms

- On-call services
- Emergency operation plan
- Copies of all client record forms, including but not limited to: (i) admission, (ii) client medical history, (iii) initial needs assessment, (iv) plan of care, and (v) medication sheets.

III. Personnel policies and procedures – including, but not limited to:

- Employment application
- Standards of conduct
- Employee and contractor orientation policy
- Screening employees for TB, alcohol abuse and drug usage
- In-service training policy and records of curriculum
- Employee annual performance evaluation
- Personnel records, content, access, storage, retention policy
- Competency evaluation processes
- Job descriptions of nursing and home attendant staff, including criminal record check (12VAC5-391-200)
- Personnel records for: (i) administrator, (ii) nursing director, and (iii) two complete personnel records for each service/discipline requested on the application
- Copies of all personnel record forms, including, but not limited to: (i) application, (ii) license or certification verification, (iii) competency evaluation, and (iv) reference checks or verification of previous employment and professional licensure/certification, if applicable.

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Frequently Asked Questions: Initial Licensure

Question: Is my business required to have a home care organization license?

Answer: Businesses requiring licensure as a home care organization include the following:

- Those intended to offer more than one health care professional discipline including but not limited to:
(i) nursing, (ii) therapies, (iii) home attendant services, and (iv) personal care services;
- A home care professional and: (i) one or more home care attendants, (ii) one or more certified nursing assistants, or (iii) a home care attendant and a certified nursing assistant working together and intend to offer services in the home; or
- Those offering home care services, including hands on personal care, but not skilled services

Home care services include the following:

- Nursing
- Physical, occupational, respiratory, or speech therapy
- Home care attendant services
- Personal care services

Question: What is the difference between a home care organization, a nurse registry, and homemaker or companion services?

Answer:

Home Care organizations:

- Provide services that are privately paid for or paid for by insurance or other means to clients in their home or place of residence
- Provide staff to do services in assisted living facilities, schools, or other business entities on a temporary or school year basis proving a contract is in place
- Can qualify for Medicare and Medicaid reimbursement
- Hire employees or contract with independent contractors to provide services
- Provide at least one home care service

Nurse registries:

- Provide services that are privately paid for or paid for by insurance or other means to clients in their home or place of residence
- Provide staff to do services in assisted living facilities, schools, or other business entities on a temporary or school year basis proving a contract is in place
- Use registered nurses, licensed practical nurses, and other direct care workers as independent contractors
- Cannot qualify for Medicare or Medicaid reimbursement, but may participate in the Medicaid Waiver program

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Homemaker companion services:

- Hire or contract with homemakers that do household chores that include housekeeping, cooking, shopping assistance, laundry, and other routine household activities
- Hire or contract with companions to provide companionship for the client such as keeping the client company at home or going with the client on outings or to appointments
- Cannot provide any hands-on personal care to a client. Personal care, such as assistance with the activities of daily living (i.e., bathing, dressing, eating, or toileting, or assistance with physical transfer, ambulation or administering medication), cannot be provided by homemaker or companion services

Question: Can I have a nurse registry, home care organization and homemaker/companion agency under one license?

Answer: In Virginia, nurse registries and homemaker/companion services do not require licensure.

Question: How long does it take to get licensed?

Answer: It can take up to 60 days from the date the initial application is received by the Home Care Unit to receive a license. The applicant cannot begin serving clients until receipt of the license.

The process includes the following steps:

- Initial application and fee is received
- The application is reviewed for completeness; incomplete applications are returned
- Applicant is notified of the next available licensure pre-conference session
- A licensure pre-conference is conducted
- Applicant is notified of the intended initial survey
- Initial survey/inspection is conducted
- Surveyor prepares a deficiency report based on deficiencies identified during the survey/inspection
- Applicant has 15 days to correct any cited deficiencies and submit an acceptable Plan of Correction
- The Plan of Correction is reviewed and approved; if unacceptable the applicant is notified
- A license is issued

Question: What is the cost of home care licensure?

Answer: The licensure fee, which must accompany the application, is \$500 per year and is nonrefundable. Checks, money orders or certified checks are accepted. At this time, it is not possible to pay on-line.

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Question: How much funding should I have to start a home care organization?

Answer: There is no standard amount that could be used as a funding start point as each applicant's services and staff to be hired will be different. It is recommended that applicants contact a CPA and prepare a business plan. Resources for beginning a small business are available on the OLC web site at: <http://www.vdh.virginia.gov/OLC/Laws/index.htm>

NOTE: The revenue from Medicare or Medicaid does not begin until the organization completes the federal certification process, which can take 5 to 6 months, or longer, to complete after the organization has been licensed by the state. Projecting Medicare or Medicaid revenue to start during the first months as a licensed organization is not feasible as a result of the certification process.

Question: What is the required personnel to start a home care organization?

Answer: There are four required administrative positions required to start a home care organization that intends to offer skilled services: (i) an administrator, (ii) an alternate administrator, (iii) a nursing director, and (iv) a financial manager. The administrator and nursing director may be the same individual if appropriately qualified.

Question: What are the required qualifications for the administrator and alternate administrator?

Answer: The requirements for administrator and alternate administrator are located in Section 12VAC5-381-170 of the *Rules and Regulations for the Licensure of Home Care Organizations*.

Question: What are the qualifications for the financial manager?

Answer: The organization needs to have an individual responsible for financial operations. There are no educational or experience requirements for this position. The individual needs to clear the criminal background checks as required by law. Any of the other required positions listed above may also serve as the financial manager, if they are appropriately qualified.

Question: If my organization is only going to offer non-skilled or personal care services and will not be Medicare or Medicaid certified, do I need a nursing director?

Answer: No. Home care organizations that offer only non-skilled or personal care services, and that will not be Medicare or Medicaid certified, do not require a nursing director. However, they do need to have a registered nurse to supervise the care provided as stated in 12VAC5-381-360. This individual does not have to be full time and may be a contract employee.

Question: Does my emergency management plan need to be reviewed before my organization can be licensed?

Answer: Yes, The emergency management plan must be developed prior to the initial survey and must accompany the initial application and required fee.

