**NORTH CAROLINA DIVISION OF AGING**

**HOME HEALTH MONITORING TOOL FY24**

Community Service Provider:

Review Date:       State Fiscal Year:

Interviewer:

Person(s) Interviewed and Title:

**Part I: PROGRAM ADMINISTRATION**

Provisions of the Standard

1. All Home Health services provided are prescribed by a physician. (Nursing, Physical, Speech, and Occupational Therapy, Medical Social Services, and Nutrition Care) (Page 2 - Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Skilled services provided include at least one of the following:
2. Nursing (RN, LPN) Yes[ ]  No[ ]
3. Physical therapy Yes[ ]  No[ ]
4. Speech therapy Yes[ ]  No[ ]
5. Occupational therapy Yes[ ]  No[ ]
6. Medical social services Yes[ ]  No[ ]
7. Nutrition care services Yes[ ]  No[ ]

(Pages 2, 3, 4, and 5 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Nursing Services are provided by a Registered Nurse with a current NC license or a Licensed Practical Nurse with a current NC license who is supervised by a Registered Nurse. (Page 2 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Nursing Services are provided in accordance with the North Carolina Nursing Practice Act – Article 9A of G.S. 90-171.20(7) (8). (Components of Nursing Practice for the Registered Nurse and the Licensed Practical Nurse attached. NCAC 21 Chapter 36) (Pages 2 and 3 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Physical Therapists and Physical Therapy Assistants hold a current North Carolina license to provide therapy services. Yes[ ]  No[ ]

(Page 3 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. If appropriate, a licensed therapy assistant is supervised by a licensed therapist. (Page 3 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Occupational Therapists and Occupational Therapy Assistants hold a current license to provide therapy services. (Page 3 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Speech therapists hold a current North Carolina License as defined in the Licensure Act for Speech And Language Pathologists and Audiologists.

(Page 4 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Medical Social Services are provided in the client’s home by a master’s degree Social Worker or by a Medical Social Worker Assistant under the supervison of a master’s degree Social Worker. Yes[ ]  No[ ]

(Page 4 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Nutrition Care Services are provided by a Dietician/Nutritionist with a current NC

License. (Page 4 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Skilled services provided support the client’s Plan of Care. Yes[ ]  No[ ]

(Page 5 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Individuals provided with Home Health Services are:
2. 60 years of age or older; and Yes[ ]  No[ ]
3. In need of skilled medical care Yes[ ]  No[ ]

(Page 5 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Provisions of Home Health Services include:
2. Home Health Services provided complement one another and support the plan of care. Yes[ ]  No[ ]
3. Each client contact is recorded in the client’s record. Yes[ ]  No[ ]
4. An assessment of each client is made upon referral. Yes[ ]  No[ ]
5. The Plan of Care is authorized by a physician. Yes[ ]  No[ ]
6. Client reassessments are provided according to the policies and procedures of the home care agency. Yes[ ]  No[ ]
7. Reviewing the Plan of Care is done according to the agency’s policies and procedures. Yes[ ]  No[ ]
8. There are policies and procedures regarding the notification of the client’s physician when the client’s medical condition warrants changes in the Plan of Care. Yes[ ]  No[ ]
9. Drugs and treatments are administered only as directed by the physician responsible for the client’s medical care. Yes[ ]  No[ ]
10. Written and/or verbal medical orders are signed by the physician responsible for client’s medical care within two weeks. Yes[ ]  No[ ]
11. The registered nurse records the date and time of all verbal orders provided by the physician responsible for the client’s medical care. Yes[ ]  No[ ]
12. Verbal orders for allied health services other than nursing are given to either a licensed nurse or the appropriate health professional, recorded and signed by the person receiving the orders and countersigned by the physician responsible for the client’s medical care within two weeks. Yes[ ]  No[ ]
13. All medications are reviewed with the client. Yes[ ]  No[ ]
14. A qualified individual such as a physician or public health nurse is available at all times during operating hours. Yes[ ]  No[ ]

 (Page 5-6 Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Staff qualifications are documented in the personnel records. Yes[ ]  No[ ]

(Page 6 – Home Health Services Standard)

 Documentation verifying compliance include:

1. Copy of current license. Yes[ ]  No[ ]
2. Performance evaluations. Yes[ ]  No[ ]
3. Required health examinations. Yes[ ]  No[ ]

Comments:

1. Skilled nursing and other therapeutic services are provided under the supervision and direction of a physician or a registered nurse. Yes[ ]  No[ ]

(Page 6 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. A record is kept for each client. Yes[ ]  No[ ]

(Page 6 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Client records are maintained for at least five years from the date of the most recent discharge. (Page 7 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. Community service providers offering Home Health services are licensed by the Division of Health Service Regulation in accordance with the North Carolina Home Care Agency Licensure Act (G.S. 131E-142). Yes[ ]  No[ ]

(Page 7 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. An update of client registration information is conducted during regularly scheduled service reassessments. (Page 8 – Home Health Services Standard) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

**Part II: UNIT VERIFICATION**

**Verified** source documentation exists that unit(s) reported, and for which reimbursement has been received, were in fact received by the specified person on the date(s) indicated on the Unit of Service Report – DAAS ZG 901, 902, 903 or comparable document. Yes[ ]  No[ ]

**SOURCE DOCUMENTATION** for **HOME HEALTH SERVICES** is the      , located in      . If the DAAS ZG 901, 902, 903 or a comparable document, contains 10 or fewer clients reported as receiving a unit(s), sample all persons and all units. If 11 or more persons are reported, sample 10% of the persons, or no less than 10, and **all units** reported for each person in the sample.

Attach (as part of work papers) Unit of Service Report of comparable document used to sample clients and units. **IDENTIFY ON THIS FORM** below the names of people sampled and the sampled date(s) on which units were reported as being provided.

Number of UNITS found unverifiable      .

This represents      % of the total units reported for the month of      , 20     .

Identify by client the date(s) on which a unit(s) could not be verified:

**CLIENT NAME DATE(S) UNVERIFIED UNITS**

(Copy and give to provider if unverifiable units are found)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of AAA Administrator/DA Staff Date

**NORTH CAROLINA DIVISION OF AGING**

**HOME HEALTH MONITORING TOOL FY24**

**Part III: Client Record Review**

Community Service Provider:

Review Date:       State Fiscal Year:

Interviewer:

Person(s) Interviewed and Title:

1. Documentation in each client record includes:
2. Identification data. Yes[ ]  No[ ]
3. Source of referral. Yes[ ]  No[ ]
4. Name of physician(s) responsible for client’s care Yes[ ]  No[ ]
5. Admission and discharge dates from hospital or other institutions when applicable. Yes[ ]  No[ ]
6. Assessment of home environment. Yes[ ]  No[ ]
7. Names of family members, next of kin and/or legal guardian. Yes[ ]  No[ ]
8. Copy of the Client’s Bill of Rights and documentation showing that each client received a copy of his rights. Yes[ ]  No[ ]
9. A copy of a signed “Advanced Directive” if applicable. Yes[ ]  No[ ]

(Page 6 and 7 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

1. Documentation of service data in each client’s record includes:
2. Client’s diagnosis. Yes[ ]  No[ ]
3. Physician’s orders for pharmaceuticals and medical treatments. Yes[ ]  No[ ]
4. Initial assessment by appropriate professionals. Yes[ ]  No[ ]
5. A record of services provided with entries dated and signed by the individuals providing each service. Yes[ ]  No[ ]
6. Identification of problems, the establishment of goals and proposed interventions. Yes[ ]  No[ ]
7. Discharged/termination summary. Yes[ ]  No[ ]
8. Evidence of coordination of services. Yes[ ]  No[ ]

(Page 7 – Home Health Services Standard)

Documentation verifying compliance:

Comments:

A copy of a completed Services Cost-Sharing form which addresses the purpose of Service Cost-Sharing, the total cost of the service, the agency’s procedures for requesting Service Cost-Sharing, and a statement indicating that services will not be terminated for failure to contribute is contained in the service recipient’s file. (Page 116 – NC Home and Community Care Block Grant Procedures Manual for Community Service Providers) Yes[ ]  No[ ]

Documentation verifying compliance:

Comments:

1. A copy of updated Service Cost-Sharing forms exist in the client’s file indicating that the following information was reviewed with each service recipient annually:
2. The purpose of Service Cost-Sharing; Yes[ ]  No[ ]
3. The agency’s procedures for requesting Service Cost-Sharing; Yes[ ]  No[ ]
4. That services will not be terminated for failure to share in the cost of the services received; and Yes[ ]  No[ ]
5. The total cost of the service. Yes[ ]  No[ ]

(Page 113 – Home and Community Care Block Grant Procedures Manual for Community Service Providers)

Documentation verifying compliance:

Comments:

Additional Comments:

**SUMMARY OF CLIENT RECORD REVIEW**

For the client record review section, pull a random sample of 5-10% of the active client files, or not less than 10. If less than 10 files, examine all files. Answer the questions in the Part III: Client Record Review document for the client file reviewed, making additional copies as needed for each client reviewed. After reviewing the client files, complete the questions below to summarize the information found in the client records.

Of the       (number) of client files reviewed,

1. (number) had a completed assessment/reassessment;

1. (number) had a physician authorized Plan of Care;

1. (number) had physician’s orders for pharmaceuticals and medical treatments;

1. (number) had medical orders signed by the physician within two weeks;

1. (number) had a copy of the Client’s Bill of Rights and documentation that the client received a copy of his rights;

1. (number) had documentation of identification data;

1. (number) had name of physician responsible for client’s care;

1. (number) had names of family members, etc.;

1. (number) had a copy of a signed “Advanced Directive” (if applicable);

1. (number) had client’s diagnosis;

1. (number) had record of services provided with entries dated and signed by the individual providing each service;

1. (number) client files contained a completed Service Cost=Sharing form;
2. Out of      (number) clients that needed an annual update of the Service Cost-Sharing form,      (number) clients had the Service Cost-Sharing information reviewed with them.

General Comments: