INSTRUCTIONS FOR KANSAS HOME HEALTH AGENCY APPLICATION

Please complete the application process as outlined in this letter to ensure you have all required documents, as this will expedite the review process.

• Submission Requirements and Instructions Guide
• Home Health Agency Application attach the HHA
• Classification-A Attestation (Skilled Serviced) Attach
• Classification-B Attestation (Non-medical Services)
• Authorization to Release of Information Form, for each administrative position

PLEASE NOTE ON PAGE 8 of your Submission Requirements and Instruction Guide that policies requested will need to show the name of YOUR Home Health Agency with the policy number, and the date it was initiated/reviewed.

PLEASE NOTE ON PAGE 11 the SPECIFIC instruction of how to cut out each label and organize the requested documents behind each section. Please ensure the labels are secured to each tab. You may check off each item as you put it in your notebook. Each section should be clearly labeled as directed in the instructions and ALL required documents provided. Please send ONLY the documents required.
Please keep your Submission Requirements and Instruction Guide handy as you may need to refer to it if there are missing documents.

Please mail one binder to KDHE. The Health Facilities Program binder should include the originals of:

- Home Health Agency Application
- Attestation Forms
- Authorization to Release Information Forms
- A check made payable to KDHE or Health Facilities Program

Keep copies of all binder contents for your records, the binder will not be returned to you after the review process.

Address the HHA Package to:

ATTN: Lois W. KDHE/Health Facilities Program,
1000 SW Jackson, Suite 330
Topeka, Kansas 66612
Phone (785) 296-0127
HOME HEALTH AGENCY (HHA) APPLICATION
SUBMISSION REQUIREMENTS AND INSTRUCTIONS GUIDE
Use this Requirements and Instructions Guide to gather and submit your documentation to support your application for Kansas HHA licensure.

STATE OF KANSAS
HOME HEALTH AGENCY (HHA)
APPLICATION FOR LICENSURE

PURPOSE:
Use this Requirements and Instructions Guide to gather and submit your documentation to support your application for Kansas HHA licensure initial survey review inspection.*

**These highlighted notations are for those applying for Class B Licensure. Please provide the highlighted if Class B only or if Class A (which includes Class B), include all of the required elements including the highlighted.
<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION</th>
<th>BY WHOM</th>
<th>APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>06-26-2017</td>
<td>INITIAL GUIDE</td>
<td>LEDA FARIA</td>
<td>JIM PERKINS, DIRECTOR</td>
</tr>
<tr>
<td>04-16-2018</td>
<td>UPDATES AND CONSOLIDATION OF GUIDES INTO ONE GUIDE</td>
<td>LEDA FARIA</td>
<td>JIM PERKINS, DIRECTOR</td>
</tr>
<tr>
<td>06-25-2018</td>
<td>REMOVAL OF ‘STAND-BY’</td>
<td>LEDA FARIA</td>
<td>JIM PERKINS, DIRECTOR</td>
</tr>
</tbody>
</table>
Greetings and thank you for your interest and dedication in serving the citizens of Kansas.

We have information that you may find helpful and staff to assist you with your questions in order to follow the application process to become licensed as a Home Health Agency here in the State of Kansas.

Under the Health Facilities Program (HFP), we are the licensing agency for Home Health Agencies (HHAs) within the State.

New Kansas law went into effect as of 07/01/2017 that requires Home Health Agency Licensure through the State of Kansas with now two options for the level of care provided - Class A (A/C) and Class B for the applicant.

- **Class A:** Skilled Services as well as Home and Community Based Services HCBS- Attendant Care Services (also now called Personal Care Services). Under this licensure, Class B is also included.

- **Class B:** Non-Medical Supportive Care Services. Additionally, the new HHA licensure laws that went into effect 07/01/2017 provide another level of HHA licensure as mentioned above - Class B Non-medical supportive care services. This level didn’t require licensure previously and can also be referred to as either chore, companion, or in-home services.

The Kansas Department for Aging and Disability Services (KDADS) over the Home and Community Based Services (HCBS) Programs requires Class A HHA licensure for all waiver programs and perhaps CMS certification for some of the waiver programs or portions thereof. You must check with HCBS regarding specific waiver requirements beyond licensure.

There are draft regulations that are moving through the approval process that are more specific to these changes but the following helpful information was provided via KDHE Legal to provide guidance to applicants.
Two levels of State of Kansas HHA licensure are:

Class A Skilled Services and HCBS. Licensure scope includes A/C and also Class B-Non-Medical Supportive Care Services.

1) These are medical services of a skilled nature and must include nursing services.
2) An Administrator and Alternate Administrator are required.
3) A Clinical Manager (RN) is required.
4) Certified Home Health Aides (and 90 day trainees) are required and supervision and oversight is provided by an RN every 14 days (or as applicable).
5) These services require a physician’s orders and can include any/ all of the therapies as well as nutritional/ dietary.
6) The HHA is required to assess the patient/ client to determine what medical services are required and at what levels in conjunction with the patient/ client needs and desires through an initial/ comprehensive assessment. A physician order is required or certification from a physician of need.
7) HCBS Waiver Program Services (formerly under Class C) require a Class A level of licensure for skilled services as they are medical services driven by a Plan of Care for each patient/ client that stipulates the level of care, which skilled services and the duration/ frequency.
8) See specific HCBS Waiver Program requirements for each specific waiver program applicable.
9) Additional enrollment and requirements must be met as applicable for any payor program so please reach out in advance to best plan your licensure needs.
10) State level survey is required to be compliant with KDHE HFP and maintain HHA licensure. Certification through CMS is available for a Class A Licensure and may be required for HCBS services to be provided so please ensure to inquire in advance to understand all payor program requirements.
11) Policies and procedures need to either specify which level A/C and/or B that they are pertaining to.
**Class B—Non-Medical Supportive Care Services. Licensure scope includes only Class B.**

1) Services under this level of licensure includes chore and/or companionship services as well as Activities of Daily Living (ADLs) with assistance that the consumer could perform when able to such as bathing, dressing, eating, medication reminders, transferring, walking, mobility, toileting, and continence care.

2) An Administrator and Alternate Administrator are required.

3) A Supervisor or Manager function is required.

4) Supportive Care Workers are employees of the home health agency who provide supportive care services but are not able to work as Home Health Aides or Certified Nursing Assistants due to no nursing services under Class B.

5) Training and supervision are required and supervision and oversight is provided by the Supervisor / Manager.

6) These are non-medical services of an unskilled nature and must not require supervision by a healthcare professional. They are not included as any home health services meaning they are non-skilled and/or non-medical in nature.

7) The HHA is required to assess the patient/ client to determine what non-medical services are required and at what levels in conjunction with the patient/ client needs and desires. A physician order is not required.

8) This level of licensure is extremely limited in nature and is mainly accepted by private pay, private duty, and some private insurance.

9) Many payor programs require Class A HHA licensure therefore always check with your payor program(s) requirements prior to application for licensure.

10) State level survey is required to be compliant with KDHE HFP and maintain HHA licensure. Certification through CMS is not available to a Class B Licensure only.

11) All policies and procedures should be specific to Class B Non-medical supportive care services.

Thank you

Marilyn St Peter Director
Health Facilities Program
(785)296-0127

**LAST REVISION 11/20/2019**
Helpful Information:

<table>
<thead>
<tr>
<th>NAME</th>
<th>CONTACT</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>KANSAS HEALTH FACILITIES PROGRAM</td>
<td><a href="http://www.kdheks.gov/bhfr/index.html">http://www.kdheks.gov/bhfr/index.html</a></td>
<td>HOME HEALTH AGENCY STATE LICENSURE APPLICATION (UPDATES ARE BEINGROLLED OUT IN NEXT TWO WEEKS) BY 04/15/18</td>
</tr>
<tr>
<td>KANSAS MEDICAID</td>
<td><a href="https://kmap-state-ks.us/">https://kmap-state-ks.us/</a></td>
<td>KANSAS MEDICAID PROVIDER ENROLLMENT INFORMATION AND PROVIDER MANUALS AVAILABLE</td>
</tr>
<tr>
<td>KANSAS HOME AND COMMUNITY BASED SERVICES (HCBS)</td>
<td><a href="http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)">http://kdads.ks.gov/commissions/home-community-based-services-(hcbs)</a></td>
<td>HCBS WAIVER PROGRAMS</td>
</tr>
<tr>
<td>CMS.GOV</td>
<td><a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/index.html">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/index.html</a></td>
<td>ENROLLMENT REQUIREMENTS FOR HOME HEALTH AGENCY PROVIDERS</td>
</tr>
</tbody>
</table>

Please feel free to review the application, submission instructions and requirements documents as well as other pertinent program information located on the KDHE Health Facilities Program website. http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html
Home Health Agency (HHA)
Packet Submission Instructions and Requirements

Dear Home Health Agency License Applicant:

The following information and policy checklist includes corresponding explanations about the minimum requirements for the submission of a home health agency license in the State of Kansas. This document has been combined to include the Application Submission Instructions and Requirements Guides into one document as of 04-12-2018.

It is important to note that currently the Secretary of the Kansas Department of Health and Environment (KDHE) requires all agencies to be licensed as a home health agency in the State of Kansas unless:

1) The individual or persons are part of a recognized church or religious denomination or sect for the purpose of providing services for the care or treatment of the sick or infirm who depend upon prayer or spiritual means for healing in the practice of the religion of such church, religious denomination or sect; or,

2) A hospice certified to participate in the Medicare program and to which provides services only to hospice patients. Must be certified through Medicare instead.

→ PLEASE NOTE--- All copies provided are retained by KDHE Health Facilities Program and are not returned. Therefore, please only provide copies of all documentation and retain the originals as the Home Health Agency records to be archived.

Some Requirements to Note:

KDHE is available to answer questions about the licensing process but does not provide individual consultation or business advice to applicants. Many policy templates or ideas about content may be found on the internet but it is up to the applicant to determine the templates to utilize that best suits your needs.

Kansas licensing statutes and regulations can be found at http://www.kdheks.gov/bhfr/state_ach_licensure_forms.html and public resources such as the Kansas Home Care Association’s website is located at http://www.kshomecare.org/

Select your Classification on your application: CLASS A or CLASS B

** These highlighted notations are for those applying for Class B Licensure.
POLICIES AND SUPPORTING TEMPLATE FORMS

- There are sections that request specific policies that are on HHA letterhead following the policy and procedure template of your organization.
- They must be under the name of the Home Health Agency on the application and not another name such as the hospital name, business name or another nomenclature.
- It must be clear that these policies have been approved by the governing board and are enacted.

Here is a Checklist of many of the required policies to help you organize what is needed. Additionally, be prepared to provide the template (form) for each also. Please note that this list is not all-encompassing and others may be required.

<table>
<thead>
<tr>
<th>Item</th>
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<tbody>
<tr>
<td>Completed application and licensing fee; Attestation, Release and Sales Contract if applicable.</td>
</tr>
<tr>
<td>Administrator and Alternate Administrator’s qualifications and appointments.</td>
</tr>
<tr>
<td>Copy of governing bylaws (or equivalent) such as Operating Agreement.</td>
</tr>
<tr>
<td>Job Descriptions of all listed staff positions.</td>
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<tr>
<td>__ Administrator</td>
</tr>
<tr>
<td>__ Alternate Administrator</td>
</tr>
<tr>
<td>__ Director of Nursing</td>
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<tr>
<td>__ Registered Nurse</td>
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<td>__ Liscensed Practical Nurse</td>
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<td>__ Attendant Care</td>
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<td>__ Home Health Aide</td>
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<td>__ Physical Therapist</td>
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<td>__ Occupational Therapist</td>
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<td>__ Speech Therapist</td>
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<tr>
<td>__ Registered Dietitian</td>
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<tr>
<td>__ Social Worker</td>
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<tr>
<td>Organizational Chart and Staff Roster.</td>
</tr>
<tr>
<td>Policy: Personnel Policies- Interviewing, Reference Checks, Validation of Credentials and Licensure, Background Checks, Performance Evaluations, and General Good Health; TB Testing and Screening. Include both policies and templates for each.</td>
</tr>
<tr>
<td>Policy: Personnel files containing required elements from personnel policies and templates utilized with policies.</td>
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<td>Policy:</td>
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<td>Policy:</td>
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</table>
Where do the completed applications and evidentiary support go?

a. While using the HHA Application Submission Instructions and Requirements document—set up your binder for each section and label and use the tabs to set up each section. Highlight what is being referenced to meet the element being asked for. You may highlight electronically.

b. Follow the directions and place any documents you want considered for each element of the review in the specific tab that is titled for that section. This is true even if you have provided the same document in another section.

c. Failure to follow these instructions may cause unavoidable delays with your submission and review or even return of your application and binder.

d. Completed applications with accompanying required documents should be submitted by being mailed, emailed, or dropped off to the attention of Lois Wilkins at the following address:

Kansas Department of Health & Environment (KDHE)
Bureau of Community Health Systems (BCHS) Health
Facilities Program (HFP)
1000 SW Jackson, Suite 330
Topeka, Kansas 66612-1365
785-296-0127

Please let us know if you have any questions. We can set up a time to go through your application submission after the review is complete and you have received your letter.

We look forward to working with you.

Thank you,

Lois and Deanna
HOME HEALTH AGENCY (HHA)
APPLICATION SUBMISSION REQUIREMENTS AND
INSTRUCTIONS GUIDE*  Updated 04-12-18

*Use this Requirements and Instructions Guide to gather and submit your documentation
to support your application for Kansas HHA licensure.

** These highlighted notations are for those applying for Class B Licensure only.

**Instructions:** Set up a binder with each section labeled with the associated tab. Provide all of the requested items in the right-hand column in each section for review. If an item needs to be included in multiple sections—it needs to be included in each section you wish it considered in the review as each section of documentation submitted is considered separately.

<table>
<thead>
<tr>
<th>SECTION TAB LABELS ☢----------</th>
<th>WHAT SECTION MUST INCLUDE ☢ ☢</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cut and tape these as divider page section tabs.</td>
<td>Cut and tape each list on divider page and check off as added to keep track of assembly.</td>
</tr>
</tbody>
</table>

**Remember:**
Each section and application stands alone. Please include all evidence under EACH applicable section where you are submitting it to be considered and reviewed. Label and cross-reference it.

**Helpful Hints:**
- No section is “Not Applicable”.
- “See Attached” is not appropriate.
- Citations must be specific and all documentation must be present for the section under that section.
**APPLICATION AND ATTESTATION FORM**

**GOVERNING BODY on Binder tab section for all of the required elements:**
- Double check your application to be sure it is complete. An incomplete application will delay licensure. Make sure that there are no areas that are left blank or indicate “see Attached”. No areas are “Not Applicable”. If a section only applies to Class A and you are applying for Class B only—mark Class B in that area to indicate why it is not included. If you are applying for Class A—everything must be provided as it is all part of this class of Kansas HHA Licensure.
- All parts of the process are required and if it has been determined by the applicant that a service is not being provided at this time, e.g. Respiratory Therapy (RT) with a Class A application submission—it is still required as part of the framework submission to be considered for approval because at any point in the future- a licensed home health agency may elect to add the service. If so, the home health agency would not need additional approval as it is

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<tr>
<th>This section includes completed:</th>
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<tbody>
<tr>
<td>• Application</td>
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<tr>
<td>• Fees</td>
</tr>
<tr>
<td>• Attestation Statement / Release Forms</td>
</tr>
<tr>
<td>• Sales Contract, if applicable for Chow</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>This section includes completed:</th>
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</thead>
<tbody>
<tr>
<td>A. Governing Body. Each home health agency shall have a governing body or a clearly defined body having legal authority to operate the agency. The governing body shall:</td>
</tr>
<tr>
<td>(1) Have bylaws or their equivalent which shall be renewed annually;</td>
</tr>
<tr>
<td>(2) employ a qualified administrator as defined in K.A.R. 28-51-100(a);</td>
</tr>
<tr>
<td>(3) adopt, revise, and approve procedures for the operation and administration of the agency as needed;</td>
</tr>
<tr>
<td>(4) provide the name and address of each officer, director, and owner of the agency to the licensing agency;</td>
</tr>
<tr>
<td>(5) disclose corporate ownership interests of 10 percent or more to the licensing agency; and</td>
</tr>
<tr>
<td>(6) disclose past home health agency ownership or management, including the name of the agency, its location, and current status, to the licensing agency.</td>
</tr>
<tr>
<td>“Bylaws” means a set of rules adopted by a home health agency for governing the agency’s operation.</td>
</tr>
<tr>
<td>Please send a complete copy of the organization’s bylaws dated and signed. Within the body of the document the items ABOVE (1-6) must be included.</td>
</tr>
<tr>
<td>The Administrator must be “appointed” by the Governing Body.</td>
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<tr>
<td>The Alternate Administrator maybe appointed by the Governing Body or simply by the Administrator</td>
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</table>
contained under the original licensure.

- The Attestation Statement requires that all boxes are agreed to and checked down the left-hand side along with printing, signing, and dating the form. The Attestation is an agreement with KDHE that the HHA will remain in compliance with all of the State and/or Federal requirements. Failure to do so may result in but is not limited to loss of State of Kansas HHA licensure.

- Send a copy of your governing bylaws or its equivalent such as an Operating Agreement.

- Within the body of your document it must state the requirement to review and renew the Bylaws (or equivalent document) annually. Please be prepared to provide this evidence in the event of an audit or survey.

- **List of your governing body** to include names, addresses, phone numbers and positions as applicable.

2. The Administrator and the Alternate Administrator shall have the following responsibilities documented in either an agency policy or in the agency job description or in the appointment letter from the Governing body:
- Employee qualified personnel in accordance with position descriptions;
- Acts as a liaison between the governing body and staff;
- Provide written personnel policies and job descriptions;
- Maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;
- Ensure completion, maintenance, and submission of such reports as required;
- Ensure that each patient admitted to the agency receives in writing the patient bill of rights as per K.A.R 28-51-111.

**ADMINISTRATOR/ ALTERNATE**

Send proof that the Administrator and Alternate Administrator meet the qualification regulation.

If these positions are filled by qualified health professionals, send proof of current licensure in the state of Kansas and official college transcripts.

If these positions are filled by persons who are not qualified health professionals, send a resume or Curriculum Vitae (CV) along with proof of educational training that meets the requirements, such as transcripts and diplomas or certificates of program completion.

The definition of qualified administrator (and the alternate administrator) is “Either

**THIS SECTION INCLUDES COMPLETED:**

B. Administrator.
The administrator shall be responsible for the management of the agency to the extent authority is delegated by the governing body. A qualified person shall be designated to act in the absence of the administrator. The administrator shall have at least the following responsibilities:

___(1) Organize and direct the agency's ongoing functions;

___(2) act as a liaison between the governing body and staff;

___(3) employ qualified personnel in accordance with job descriptions;

___(4) provide written personnel policies and job descriptions that are made available to all employees;

___(5) maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;

___(6) provide orientation for new staff, regularly scheduled in-service education programs, and opportunities for continuing education of the staff;

___(7) ensure the completion, maintenance, and submission of such reports and records as required by the secretary of health and environment; and

___(8) ensure that each patient admitted to the home health agency receives, in writing, the patient's bill of rights listed at K.A.R. 28-51-111.
a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care or a qualified health professional (physician, RN, physical therapist, occupational therapist, respiratory therapist, speech therapist, dietitian or social worker licensed in the state of Kansas)."

This list is NOT all-inclusive and other licensed degree health care providers are able to be considered as well, e.g. pharmacist. The Administrator must be "appointed" by the Governing Body and this must be in writing. The Alternate may be appointed by the Governing Body or simply selected by the Administrator. You must send evidence of each of these appointments.

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<table>
<thead>
<tr>
<th>PERSONNEL RECORDS on Binder tab section for all of the required elements: Multiple items are required:</th>
<th>THIS SECTION INCLUDES COMPLETED: Current personnel records shall be maintained for each employee. The personnel records for an employee shall include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Policies, template documents, and records.</td>
<td>(1) The title of that employee’s position and a description of the duties and functions assigned to that position;</td>
</tr>
<tr>
<td>b. Written policies should be submitted that serve to document your agency’s personnel policies and the intended practices concerning Human Resources (HR) matters. The following policy items must be addressed:</td>
<td>(2) the qualifications for the position;</td>
</tr>
<tr>
<td>c. That performance evaluations are made within</td>
<td>(3) evidence of licensure or certification if required;</td>
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<tr>
<td></td>
<td>(4) performance evaluations made within six months of employment and annually thereafter;</td>
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<td></td>
<td>(5) documentation of reference checks and a personnel interview prior to employment; and</td>
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<td>(6) evidence of good general health and a negative tuberculin skin test or chest X-ray upon employment. Subsequent periodic health assessments or physical examinations shall be given in accordance with agency policies.</td>
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<td>Please send the following: Written policies on how the organization</td>
</tr>
</tbody>
</table>
six months and then annually thereafter.

d. The requirement for your agency to do reference checks and personal interviews prior to employment.

e. The requirement that there is evidence of “good health” and a negative TB test or chest x-ray upon employment.

f. The requirement that periodic health assessments or physical exams are done as per your agency’s policy.

Note: These are minimum requirements. If your agency wants to establish stricter requirements—that is fine—just as long as you meet the stricter requirements all of the time.

3. Personnel Records

Submit copies of personnel files. The following items need to be submitted for review:

<table>
<thead>
<tr>
<th>Personnel Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Organization chart</td>
</tr>
<tr>
<td>— all positions within the organization and the reporting structure</td>
</tr>
</tbody>
</table>

Conducts the hiring process including but not limited to:

- Interviews,
- Reference checks,
- Criminal Background Checks (CBCs),
- License and or certification checks,
- Health assessments,
- TB testing, and
- Performance evaluations.

Key Staff Job Descriptions for all positions in the organization such as but not limited to:

| Administrator | Alternate Administrator |
| Director of Nursing | Registered Nurse |
| Licensed Practical Nurse | Respiratory Therapist |
| Home Health Aide | Physical Therapist |
| Occupational Therapist | Speech Therapist |
| Registered Dietitian | Social Worker |
| Attendant Care worker | Supportive Care Worker |

- Organization Chart
- Staff Roster List Of All Personnel In The Organization That Crosswalks To The Records Submitted With Their Sample That Includes The Name, Licensure If Applicable, Position, Status, And Date Of Hire (DOH)

Personnel records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/ Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117.

- TABBED PERSONNEL RECORDS: Number each person selected out of the sample selected from on the Staff Roster—e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet.

In The Personnel Records Packet For Each Person In The Sample—It Needs To Include:

- Personnel Application
- Resume Or Curriculum Vitae (CV)
- Job Description That Includes Qualifications Of The Position
- Proof Of Licensure and/or Certification Validation
status, and date of hire (DOH).

c. **Tabbed personnel records:**
   Number each person selected out of the sample selected from off of the Staff Roster--- e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet.

   • Personnel records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117.
   
   • In the personnel records packet for each person in the sample—it needs to include:
     • Personnel application with the employees name and position within the agency with date of hire
     • Resume or Curriculum Vitae
     • Evidence of their reference checks—three references
     • Evidence of their personal interview (e.g. notations made and interview document signed)
     • Evidence of their background check completed in accordance with K.S.A 65-5117 and agency policy.


**Background checks are required for the administrator and alternate administrator, as well.** Employees who are licensed by the state of

- Performance Evaluations As Applicable
- Interview And Reference Checks Documentation Prior To DOH Date
- Health Assessment Validating Good Health
- Tb Test/ Chest X-ray
- Criminal Records Check Evidence* Unless-Licensed Staff

*Administrator and/or Alternate Administrator Must Provide Criminal Records Check Evidence If Not Licensed.
Kansas such as nurses or physicians do not require background checks at this time but this may be changing.

- Job description that includes qualifications of the position
- Evidence of licensure or certification, if appropriate for the individual
- Proof of licensure and/or certification validation
- Performance evaluations as applicable
- Interview and reference checks documentation prior to date of hire (DOH) date
- Health assessment validating “good general health”
- Evidence they are in “good general health”
- (Assessment for Good General Health can be title or something similar of the document that contains health assessment information completed for each employee to include vital signs and medical history and employee attestation or similar.)
- TB test/ chest x-ray evidence of a TB test or chest x-ray within 6 months of employment using CDC Healthcare Worker guidelines; Reference https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

PER VISIT CONTRACTS on Binder tab section for all of the required elements: **Two items are required.**

THIS SECTION INCLUDES COMPLETED:
D. Personnel under hourly or per visit contracts. There shall be a written contract between the agency and personnel under hourly or per visit arrangements. The contract shall include the following provisions:
1) A policy addressing personnel who work under an “hourly” or “per visit” contract.

2) The policy shall require these services are provided with a “written contract.” **Include a sample contract.**

The contract must include the following:

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<thead>
<tr>
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<tbody>
<tr>
<td>a.</td>
<td>A statement that patients are accepted for care only by the primary HHA.</td>
</tr>
<tr>
<td>b.</td>
<td>A description of the services to be provided.</td>
</tr>
<tr>
<td>c.</td>
<td>A statement that each employee shall conform to applicable agency policies, including those related to qualifications.</td>
</tr>
<tr>
<td>d.</td>
<td>A statement that each employee shall be responsible for participating in the development of plans of care.</td>
</tr>
<tr>
<td>e.</td>
<td>A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency.</td>
</tr>
<tr>
<td>g.</td>
<td>The procedures for determining charges and reimbursement.</td>
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</tbody>
</table>

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</tr>
<tr>
<td>(4)</td>
<td>A statement that each employee shall be responsible for participating in the development of plans of care</td>
</tr>
<tr>
<td>(5)</td>
<td>A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency</td>
</tr>
<tr>
<td>(6)</td>
<td>Procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations.</td>
</tr>
<tr>
<td>(7)</td>
<td>The procedures for determining charges and reimbursement</td>
</tr>
</tbody>
</table>

Please send a policy addressing personnel who work under an “hourly” or “per visit” contract. The policy shall require these services are provided with a “written contract.” The contract must include the provisions listed in the left hand column.

Even if you do not employ personnel under hourly or per visit contracts, you must still meet the regulation by having a policy in place in the event this would occur.
**ABUSE NEGLект EXPLOITATION** on Binder tab section for all of the required elements: Two items are required.

1) A policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report. These specific KSA definitions of each must be in the policy.

2) The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.

2) Include a sample copy of the Patient/**Client Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt by patient/client or their designee signature and date along with staff signature and date.

**HOME HEALTH SERVICES** on Binder tab section for all of the required elements: Home health agency policies must be submitted that address the following requirements:

- **Patient/**Client Acceptance: A home health only accepts a patient/**Client when the agency reasonably expects that the patient’s medical, rehabilitation, and social needs can be met adequately by the agency in the patient’s place of residence.

**THIS SECTION INCLUDES COMPLETED:**

E. Each employee of the agency shall be responsible for reporting in accordance with agency policies and K.S.A. 39-1430 et. seq., and amendments thereto, any evidence of abuse, neglect, or exploitation of any patient served by the agency. 

Each patient shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.

ABUSE: “The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.” (See 42 CFR Part 488.301.)

NEGLECT: “Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.” (See 42 CFR Part 488.301.)

MISAPPROPRIATION OF PROPERTY: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident’s belongings or money without the resident’s consent. (See 42 CFR Part 488.301.)

___ Please send a policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report.

**THESE SPECIFIC KSA DEFINITIONS OF EACH MUST BE IN THE POLICY**. The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.

___ Please send HHA policies that address these requirements.

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LAST REVISION 11/20/2019
PROVISION OF SERVICES on
Binder tab section for all of the required elements:

- Provision of Services—Patient/Client care shall follow a written care plan and that plan is periodically reviewed by the supervising professional (RN) or other appropriate health care or professionals* that are providing services to the patient.
- **“Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services.
- All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure their efforts complement one another and support the plan of care.
- An RN shall be available or on-call all hours that nursing or HH aide services are provided. Submit the policy for RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided.

For Class B—please provide an on-call process for workers, as applicable.
- Supervision of HH aide services shall address that a physician, RN, or appropriate qualified health professional shall visit each patient’s/ home every two weeks to supervise the HH aide services when skilled nursing or other therapy services or both, are furnished to the patient.
- “Other appropriate qualified health professional would include a Physical Therapist if a certified PT Therapy assistant is providing services or an Occupational Therapist should a OT Assistant be providing services.
- **Note:** This visit may be made less often if only HH aide services are being furnished to a patient and is documented in the clinical record. A supervisory visit shall then be made at least every 60 days.
- **For Class B** replace ‘patients’ with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse.

<table>
<thead>
<tr>
<th>PROVISION OF SERVICES</th>
<th>THIS SECTION INCLUDES COMPLETED:</th>
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<tbody>
<tr>
<td><strong>For Class B</strong> replace ‘patients’ with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse.</td>
<td>B. Provision of Services</td>
</tr>
<tr>
<td>___(1) Patient care shall follow a written care plan, which is periodically reviewed by the supervising nurses or other appropriate health professionals or supervising professional (Class B).</td>
<td>___(1) Patient care shall follow a written care plan, which is periodically reviewed by the supervising nurses or other appropriate health professionals or supervising professional (Class B).</td>
</tr>
<tr>
<td>___(2) All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure that their efforts effectively complement one another and support the objectives as outlined in the plan of care.</td>
<td>___(2) All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure that their efforts effectively complement one another and support the objectives as outlined in the plan of care.</td>
</tr>
<tr>
<td>___(3) For each patient receiving professional services, including the services of a RN, PT, OT, SP, and Dietary Consultation, a written summary note shall be sent to the physician every 60 days. Services under arrangement with another agency shall be subject to a written contract conforming to these requirements.</td>
<td>___(3) For each patient receiving professional services, including the services of a RN, PT, OT, SP, and Dietary Consultation, a written summary note shall be sent to the physician every 60 days. Services under arrangement with another agency shall be subject to a written contract conforming to these requirements.</td>
</tr>
<tr>
<td>___(4) A registered nurse shall be available or on-call to the staff during all hours that nursing or home health aide services are</td>
<td>___(4) A registered nurse shall be available or on-call to the staff during all hours that nursing or home health aide services are</td>
</tr>
<tr>
<td>1. <strong>HOME HEALTH AIDE SERVICES</strong> on Binder tab section for all of the required elements:</td>
<td></td>
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<tr>
<td>a. Home Health Aide Services—There should be evidence that home health aides meet the training requirements as outlined in K.A.R. 28-51-112, 28-51-113, 28-51-114 and 28-51-115. Agency policy must state and it must be evidenced in</td>
<td></td>
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<tr>
<td>provided. Need a reference/policy to an RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided. Policy needs to include the coverage for afterhours, weekends, holidays, et al.</td>
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</tr>
<tr>
<td><strong>Please send HHA policies that address these requirements</strong></td>
<td></td>
</tr>
</tbody>
</table>

**SUPERVI**For Class B—please provide the supervisory policies for Supportive Care Services Workers.

**THIS SECTION INCLUDES COMPLETED:**
C. Supervision of home health aide services. 

(1) A physician, a registered nurse, or an appropriate qualified health professional shall visit each patient's home every two weeks to supervise home health aide services when skilled nursing or other therapy services, or both are also being furnished to a patient. 

(2) This visit may be made less often if only home health aide services are being furnished to a patient and this is documented in the clinical record. A supervisory visit shall then be made at least every 60 days. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5104; effective, T- 86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)

**Please send HHA policies that address these requirements**
practice, that each home health aide is supervised by an RN and shall be given written instructions for patient care prepared by a qualified health professional (RN or physician).

b. Home health aide trainees are allowed to provide HH aide services to clients of the agency under the supervision of a registered nurse.

c. Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour HH aide course may work for a HHA as a HH aide trainee. The HHA’s RN shall retain in the trainee’s personnel file a department-approved form attesting that the trainee has met the minimum competencies for HH aide trainee. **Exempt - Class B

d. **Exempt - Class B - For Class B—please provide the training curriculum and policies for Supportive Care Services Workers.

**Exempt - Class B **Exempt for Class B.

Nursing Service requirements shall include a written policy that nursing services are provided under the supervision of an RN

**Exempt - Class B **Exempt for Class B.

THIS SECTION INCLUDES COMPLETED:

A. Nursing services shall be provided under the supervision of a registered nurse and in accordance with a plan of care.

B. A registered nurse shall make an initial evaluation visit to each patient, shall regularly reevaluate the patient’s nursing needs, and shall initiate the patient’s plan of care and make any necessary revisions.
and in accordance with a written plan of care.

The policy should also include that a RN makes an initial evaluation visit to each patient, shall regularly re-evaluate the patient’s nursing needs and that an RN shall initiate the patient’s plan of care and make any necessary recommendations.

LPNs may not do these things in lieu of the RN, as it is beyond their scope of practice in the state of Kansas.

**THREE** THERAPY SERVICES on Binder tab section for all of the required elements: Therapy Services—For therapy services (PT, OT, Speech or Respiratory Therapy), a policy must state that “the therapist shall make an evaluation visit to each patient requiring services and shall regularly re-evaluate the patient’s therapy needs, and shall initiate the patient’s therapy plan of care and make any necessary revisions.”

**Exempt- Class B**

<table>
<thead>
<tr>
<th>Please send HHA policies that address these requirements</th>
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</table>

**FIVE** SOCIAL SERVICES on Binder tab section for all of the required elements: Social Services—For social services, a policy must state that “The social worker shall participate in the development of the patient plan of care.”

**Exempt- Class B**

| Please send HHA policies that address these requirements |

THIS SECTION INCLUDES COMPLETED:
A. Therapy services offered directly or under arrangement shall be provided by the following:

(1) A physical therapist;
(2) A physical therapist assistant functioning under the supervision of a physical therapist;
(3) An occupational therapist;
(4) An occupational therapist assistant functioning under the supervision of an occupational therapist;
(5) A speech therapist; or
(6) A respiratory therapist.

B. The therapist shall make an evaluation visit to each patient requiring services, shall regularly reevaluate the patient’s therapy needs, and shall initiate the patient’s therapy plan of care and make any necessary revisions.

**Please send HHA policies that address these requirements**

Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.

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<tbody>
<tr>
<td>THIS SECTION INCLUDES COMPLETED:</td>
</tr>
<tr>
<td>A. Services shall be given by a social worker according to the patient’s plan of care. <strong>AND</strong></td>
</tr>
<tr>
<td>B. The social worker shall participate in the development of the patient’s plan of care.</td>
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</table>

**Please send HHA policies that address these requirements**

Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.
<table>
<thead>
<tr>
<th>NUTRITIONAL AND DIETARY SERVICES</th>
<th>Description in place in the event these services are activated.</th>
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<tbody>
<tr>
<td>THIS SECTION INCLUDES COMPLETED:</td>
<td>Please send HHA policies that address these requirements.</td>
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<td>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</td>
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<tr>
<th>RESPIRATORY SERVICES</th>
<th>Description in place in the event these services are activated.</th>
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<tr>
<td>THIS SECTION INCLUDES COMPLETED:</td>
<td>Please send HHA policies that address these requirements.</td>
</tr>
<tr>
<td>Even if you do not employ respiratory services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</td>
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</table>

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<thead>
<tr>
<th>CLINICAL **CLIENT RECORDS</th>
<th>Description in place in the event these services are activated.</th>
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</thead>
<tbody>
<tr>
<td>THIS SECTION INCLUDES COMPLETED:</td>
<td>General provisions. A clinical record containing pertinent past and current findings shall be maintained in accordance with accepted professional standards for each patient receiving home health services.</td>
</tr>
<tr>
<td>Content of record. Each patient’s clinical record shall contain at least the following:</td>
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<tr>
<td>(1) The patient’s plan of care;</td>
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<tr>
<td>(2) the name of the patient’s physician;</td>
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<tr>
<td>(3) drug, dietary, treatment, and activity orders;</td>
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<tr>
<td>(4) signed and dated admission and clinical notes that are written the day the service is rendered and incorporated at least weekly;</td>
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<tr>
<td>(5) copies of summary reports sent to the physician;</td>
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<tr>
<td>(6) copies of progress notes; and</td>
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<tr>
<td>(7) the discharge summary.</td>
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<tr>
<td>Retention. Clinical records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient. If the home health agency discontinues</td>
<td></td>
</tr>
</tbody>
</table>
• Signed and dated admission and clinical notes that are written on the day the services was rendered and incorporated into the clinical record at least weekly
• Any copies of summary reports sent to the physician **Exempt- Class B**
• Copies of all progress notes or service notes
• A discharge summary

| A. | A Clinical/ **Client** Record Retention policy that states that records are retained in a retrievable form for at least 5 years after the date of the last discharge of the patient. “Retention.—Clinical/ **Client** records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient/ **Client**. If the home health agency discontinues operation, provision shall be made for retention of records.” **Provide the actual policy.** |
| B. | A policy concerning how the clinical/ **Client** record is safeguarded against loss or unauthorized review or use. The policy must discuss record use and removal and the conditions for the release of information. Safeguard against loss or unauthorized use. **Provide the actual policy.** |
| C. | Written policies and procedures regarding use and removal of records and the conditions for release of information. The patient’s/ **Client’s** or guardian’s written consent shall be required | operation, provision shall be made for retention of records.  
G. Safeguard against loss or unauthorized use. Written policies and procedures shall be developed regarding use and removal of records and the conditions for release of information. The patient’s or guardian’s written consent shall be required for release of information not required by law.  
___Please send HHA policies that address these requirements.|
for release of information not required by law. There must be the
inclusion in clinical/ **Client record policy the statement that “the
patient’s/ **Client’s guardian’s written consent shall be required
for the release of information if that release is not required by law.”
Provide the actual policy.

**PAT** **CLIENT BILL OF RIGHTS** on
Binder tab section for all of the required
elements:
Patient/ **Client Rights—Patient/ **Client
rights must be provided in writing to the
patient/ **Client or their legally identified
representative) at the start of care and the
patient/ **Client or their representative
sign’s as acknowledgement.
• The right to choose care
providers and to communicate with
those providers.
• Each patient/ **Client shall
have the right to participate in
planning of the patient’s/
**Client’s care and the right to
appropriate instruction and education regarding the plan.
• Each patient/ **Client shall
have a right to request
information about the
patient’s/ **Client’s diagnosis,
prognosis and treatment, including alternatives to care
and risks involved, in terms
that the patient/ **Client and
the family can readily
understand so that they can
give their informed consent.
• Each patient/ **Client shall
have the right to refuse home
health care and to be informed

THIS SECTION INCLUDES COMPLETED:
Patient rights must be provided in writing to the patient
or their legally identified representative) at the start of
care.
— Please send a Patient Rights policy that detail the
following rights:
The governing body shall establish a bill of rights that
will be equally applicable to all patients. At a minimum,
the following provisions shall be included in the
patients’ bill of rights:
—(a) Each patient shall have the right to choose care
providers and the right to communicate with those
providers.
—(b) Each patient shall have the right to participate in
planning of the patient’s care and the right to
appropriate instruction and education regarding the plan.
—(c) Each patient shall have a right to request
information about the patient’s diagnosis, prognosis,
and treatment, including alternatives to care and risks
involved, in terms that the patient and the patient’s
family can readily understand so that they can give
their informed consent.
—(d) Each patient shall have the right to refuse home
health care and to be informed of possible health
consequences of this action.
—(e) Each patient shall have the right to care that is
given without discrimination as to race, color, creed,
sex, or national origin.
—(f) Each patient shall be admitted for service only if
the agency has the ability to provide safe, professional
care at the level of intensity needed.
—(g) Each patient shall have the right to reasonable
continuity of care.
—(h) Each patient shall have the right to be advised in
advance of the disciplines that will furnish care and the
frequency of visits proposed to be furnished.

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of possible health consequences of this action.

- Each patient/ **Client** shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin.
- Each patient/ **Client** shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
- Each patient/ **Client** shall have the right to reasonable continuity of care.
- Each patient/ **Client** shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.
- Each patient/ **Client** shall have the right to be advised in advance of any change in the plan of care before the change is made.
- Each patient/ **Client** shall have the right to confidentiality of all records, communications, and personal information.
- Each patient/ **Client** shall have the right to review all health records pertaining to them unless it is medically contraindicated in the clinical record by the physician.
- Each patient/ **Client** denied service for any reason shall have the right to be referred elsewhere.
- Each patient/ **Client** shall have the right to voice grievances and suggest changes

___(i) Each patient shall have the right to be advised in advance of any change in the plan of care before the change is made.
___(j) Each patient shall have the right to confidentiality of all records, communications, and personnel information.

(Please note These are minimum rights that must be protected for home health agency patients. Additional rights may be listed in the policy if the agency desires but these rights must be included.)

___ The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.

___ Please send a sample copy of the Patient Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt.

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in services or staff without fear of reprisal or discrimination.

- Each patient/ **Client** shall have the right to be fully informed of agency policies and charges for services, including eligibility for, and the extent of payment from third-party reimbursement sources, prior to receiving care. Each patient shall be informed of the extent to which payment may be required from the patient.
- Each patient/ **Client** shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.
- Each patient/ **Client** shall have the right to have his or her property treated with respect.
- Each patient/ **Client** shall have the right to be advised in writing of the availability of the licensing agency’s toll-free complaint telephone number -- KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1-800-842-0078. This telephone number must be in the policy as well as the document provided to the patient for them to keep.

**Note:** These are minimum rights that must be protected for home health agency patients/ **Clients**. Additional rights may be listed in the policy if the agency desires but these rights must be included.

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**HOME HEALTH AIDE TRAINING**

**PROGRAM**
on Binder tab section for all of the required

**LAST REVISION 11/20/2019**

**THIS SECTION INCLUDES COMPLETED:**

A. Each individual employed or contracted by a home health agency who is not licensed or registered
| Elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated. **Exempt --For Class B— please provide the training curriculum and policies for workers, as applicable.** | to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to patients shall meet the training requirements in K.A.R. 28-51-113 through K.A.R. 28-51-116. This regulation shall not apply to any individual providing only attendant care services as defined in K.S.A. 65-6201, and amendments thereto. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994; amended Oct. 27, 2006.)

<p>| __ Each home health aide candidate shall be a Kansas-certified nurse aide in good standing on the public nurse aide registry and complete a 20-hour home health aide course approved by the licensing agency. |
| Upon completing a home health aide course as specified in subsection (a) of this regulation, each home health aide shall be required to pass a state test as specified in K.A.R. 28-51-116. |
| __ Each person who completes the requirements specified in subsections (a) and (b) of this regulation shall be issued a home health aide certificate by the licensing agency and shall be listed on the public nurse aide registry. |
| __ Each home health aide trainee shall be allowed to provide home health aide services to clients of the home health agency under the supervision of a registered nurse. |
| __ Each home health aide trainee who completes an approved 20-hour course shall be issued a home health aide certificate by the licensing agency, upon completion of the requirements specified in subsections (a) and (b) of this regulation, within 90 days from the beginning date of the initial course in order to continue employment providing home health aide services. Home health aide trainee status shall be for one 90-day period only. |
| __ Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour home health aide course may work for a home health agency as a home health aide trainee. The home health agency’s registered nurse shall retain in the trainee’s personnel file a department-approved form attesting that the trainee has met the minimum competencies for a home health aide trainee. |
| __ Each 20-hour course shall be prepared and administered in accordance with the guidelines established by the licensing agency in the “Kansas certified home health aide guidelines (20 hours),” dated July 1, 2005, and the “Kansas home health aide sponsor and instructor manual, “excluding the appendices, |</p>
<table>
<thead>
<tr>
<th>HOME HEALTH AIDE COURSE INSTRUCTORS</th>
<th>THIS SECTION INCLUDES COMPLETED:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exempt -- For Class B— please provide the training curriculum and policies for workers, as applicable.</strong></td>
<td>C. Each instructor for the 20-hour course shall meet the following requirements:</td>
</tr>
<tr>
<td></td>
<td>____ Each person who intends to be a course instructor shall submit a completed instructor approval application form to the licensing agency at least three weeks before offering an initial course and shall be required to receive approval as an instructor before the first day of an initial course.</td>
</tr>
<tr>
<td></td>
<td>____ Each instructor shall be a registered nurse with a minimum of two years of licensed nursing experience, including at least 1,750 hours of experience in the provision of home health care services.</td>
</tr>
<tr>
<td></td>
<td>Each instructor and course sponsor shall be responsible for ensuring that the following requirements are met:</td>
</tr>
<tr>
<td></td>
<td>____ (1) Each student in a 20-hour home health aide course shall be prescreened and tested for reading comprehension of the written English language at an eighth-grade reading level before enrolling in the course.</td>
</tr>
<tr>
<td></td>
<td>____ (2) A completed course approval application form shall be submitted to the licensing agency at least three weeks before offering the course. Approval of the course shall be obtained from the licensing agency at the beginning of each course whether the course is being offered initially or after a previous approval. Each change in course location, schedule, or instructor shall require prior approval by the licensing agency.</td>
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<tr>
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<td>____ (3) All course objectives shall be accomplished.</td>
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<td></td>
<td>____ (4) Health care professionals with appropriate skills and knowledge may be selected to conduct any part of the training. Each health care professional shall have at least one year of experience in the subject area in which the individual is providing training.</td>
</tr>
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<td></td>
<td>____ (5) Each person providing a portion of the training shall do so under the direct supervision of the instructor.</td>
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<tr>
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<td>____ (6) If clinical instruction is included in the course, each student shall be under the direct supervision of the instructor.</td>
</tr>
</tbody>
</table>

DATED July 1, 2005, which are hereby adopted by reference. 
---

Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM 

Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.

LAST REVISION 11/20/2019
<table>
<thead>
<tr>
<th>HOME HEALTH AIDE TRAINING ENDORSEMENT on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated. <strong>Exempt — For Class B—please provide the training curriculum and policies for workers, as applicable.</strong></th>
</tr>
</thead>
</table>

- **(7)** During the clinical instruction, the instructor shall perform no other duties than the provision of direct supervision to the students.
- **(8)** The 20-hour home health aide course shall be prepared and administered in accordance with the guidelines in the “Kansas certified home health aide guidelines (20 hours)” and the “Kansas home health aide sponsor and instructor manual,” as adopted in K.A.R. 28-51-113.
- Any instructor or course sponsor who does not fulfill the requirements of this regulation may be subject to withdrawal of approval to serve as a course instructor or a course sponsor. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)
- **Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM**

  Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.

- **THIS SECTION INCLUDES COMPLETED:**
  - **A.** Each person who meets one of the following conditions shall be deemed to have met the requirements of K.A.R. 28-51-113(a) and shall be eligible to take the state test as specified in K.A.R. 28-51-116:
    - The person has been licensed in Kansas or another state, within 24 months from the date of application, as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual’s license.
    - The person is currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the individual’s license.
    - The person has received training from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement. Training shall have included a basic skills component comprised of personal hygiene, nutrition and feeding, safe transfer and ambulation techniques, normal range of motion and positioning, and supervised clinical experience in geriatrics.
<table>
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<tr>
<th>HOME HEALTH AIDE TEST ELIGIBILITY</th>
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<tbody>
<tr>
<td>on Binder tab section for all of the required elements: Please send HHA policies that address these requirements. Provide the actual policy. Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</td>
</tr>
<tr>
<td><strong>Exempt --For Class B—please provide the training curriculum and policies for Supportive Services Care Workers, as applicable.</strong></td>
</tr>
</tbody>
</table>

| Each person qualified under subsection (a) of this regulation shall receive written notice from the licensing agency that the person is eligible to take the state test. Upon receiving written approval from the licensing agency, that person may be employed by a home health agency as a home health aide trainee to provide patient care on behalf of the home health agency. Each person employed as a home health aide trainee shall be certified as a home health aide by the licensing agency, upon successful completion of the requirements specified in K.A.R. 28-51-113(a) or subsection (a) of this regulation, within one 90-day period starting from the date of approval, in order to continue employment providing home health aide services on behalf of the home health agency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.) |

| Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM |
| Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated. |

| THIS SECTION INCLUDES COMPLETED: |
| Each person shall have a maximum of three attempts per year from the beginning date of the course to pass the state written test after successfully completing an approved 20-hour course pursuant to K.A.R. 28-51-113. |

| If the person does not pass the state test within one year from the starting date of taking an approved 20-hour course, the person shall retake the entire course to be eligible to retake the state test. |

| If a person whose training has been endorsed as specified in K.A.R. 28-51-115 does not pass the state test on the first attempt, the person shall complete an approved 20-hour course as specified in K.A.R. 28-51-113 before retaking the state test. |

| The state test shall be comprised of 30 multiple-choice questions for persons who have successfully completed an approved 20-hour course or have successfully completed training that has been endorsed as specified in K.A.R. 28-51-115. A score of 22 or higher shall constitute a passing score. |

| Each home health aide trainee shall pay a nonrefundable application fee of $20.00 before taking the state test. A nonrefundable test application fee |
shall be required each time the test is scheduled to be taken. Each person who fails to take the state test and who has made payment for the test shall submit another fee before being scheduled for another opportunity to take the test.

Each course instructor shall collect the application fee for each home health aide trainee eligible to take the state test and shall submit the fees, class roster, and application forms to the licensing agency or its designated agent.

Each person who is eligible to take the state test and who has submitted the application fee and application form shall be issued written approval, which shall be proof of eligibility to sit for the test.

Any reasonable test accommodation or auxiliary aid to address a disability may be requested by any person who is eligible to take the state test.

A request for reasonable accommodation or auxiliary aid shall be submitted each time a candidate is scheduled to take the test.

No test shall be given orally or by a sign language interpreter since reading and writing instructions or directions is an essential job task of a home health aide.

Each person requesting a test accommodation shall submit an accommodation request form along with an application form to the instructor. The instructor shall forward these forms to the licensing agency or its designated agent at least three weeks before the desired test date. Each instructor shall verify the need for the accommodation by signing the accommodation request form.

Each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to one additional hour may be offered to persons with limited English proficiency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)

Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM

Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.
**PRE-FILLING INSULIN SYRINGES**

Binder tab section for all of the required elements: Kansas statute requires a specific policy stating the following, “Unlicensed employees are prohibited from pre-filling insulin syringes.” **Provide the actual policy.**

---

**CRIMINAL BACKGROUND CHECK**

Binder tab section for all of the required elements: Submit a policy that covers how and when a background check is completed and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.

- The policy must also include the current State of Kansas list of Offenses. KSA 39-970 & 65-5117.
- Must request through KDADS under Health Occupations Credentialing.
  - **Provide the actual policy.**
  - **Provide the requested background check for each appropriate person in their personnel file.**

Remember, it is a statutory requirement that any facility licensed under the Kansas Adult Care Home Act or Kansas Home Health Licensure Law must submit criminal record checks through KDADS. Staffing agencies who supply employees to work in an adult care home or home health agency must also submit criminal record checks.

---

**THIS SECTION INCLUDES COMPLETED:**

- No unlicensed person employed by a home health agency, in the course of employment with a home health agency, shall prefill insulin syringes for any patient served by the home health agency. "home health agency" means a home health agency licensed in accordance with the provisions of K.S.A. 65-5101 through 65-5115 and K.S.A. 75-5614.

- Please send HHA policy as Kansas statute requires a specific policy stating the following, “Unlicensed employees are prohibited from pre-filling insulin syringes.
  
  **Policy must have above statement included.**

---

**THIS SECTION INCLUDES COMPLETED:**

- Please provide the HHA policy concerning the review of background checks and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.

  The policy must also list the crimes that prevent employment as they are listed in the Kansas statute. Policy must include current State of Kansas list of Offenses. **KSA 39-970 & 65-5117**


  Is there a difference between the criminal record information obtained though KBI’s online service and the information accessed from KBI through KDADS? YES. The law specifies that KDADS accesses criminal history information through KBI records. Under these laws, certain juvenile convictions would constitute a prohibition of employment, which is one reason applicable facilities are required to access information from KBI through KDADS. These laws allow KDADS access to juvenile records. Most other sources you as an operator/administrator may access, including KBI’s online service, would not allow access to juvenile records.

  Can we use our own (or corporation’s) CRC request form?

  NO. Use the form prepared and provided by KDADS:
http://www.kdads.ks.gov/LongTermCare/HOC/downloads/CRC_Request_form.pdf

What is the criminal record check requirement for employment (staffing) agencies in the State of Kansas? Both laws (KSA 39-370 and 65-5117) address this under subsection (d), “ . . . any employment agency which provides employers with written certification that such employees are not prohibited from working the adult care home under this act.” KDADS receives and processes requests from employment agencies. The requestor will be notified of any matches of prohibited offenses.

Prohibited individuals are flagged on the Kansas Nurse Aide Registry. As long as KNAR confirmation is obtained prior to hiring, why is it necessary to pay for criminal record check requests through KDADS? Aren’t they the same thing?

No, they are not the same thing, although a portion of CRC information is integrated to the Kansas Nurse Aide Registry. Criminal record check results provide the details of criminal history information on file with the Kansas Bureau of Investigation. KNAR confirmation provides current employment status of Certified Nurse Aides, Medication Aides and Home Health Aides. Both CRC requests and KNAR confirmation are required at the time of employment.

This information is being requested to support your application for a Home Health Agency (HHA) for licensure within the State of Kansas. All policies and references must be specifically for Kansas and under the named Home Health Agency listed on the application.

(Even if other states are under the same umbrella; even if documents are under a corporate name that is separate.)

Please note that the information requested is specifically to meet statutory and regulatory requirements for the State of Kansas licensure only. Certification is a separate action and requires additional activities after application licensure.

PLEASE NOTE--- All copies provided are retained by KDHE Health Facilities Program and are not returned. Therefore, please only provide copies of all documentation and retain the originals as the Home Health Agency.
Instructions for completing the Kansas Home Health Agency Application
*Please Read and Follow the Instructions Carefully.

**Part I. Home Health Agency Information:**

A. **Provide the full name of the home health agency, as it should appear on the license.** Include the agency postal address, County with full 9-digit zip code; web address, directory telephone and fax number.

B. Identify the Administrator designated by the governing body to be responsible for the daily management of the agency. If the administrator is a health professional other than an RN, please specify the discipline (e.g. physical therapist). If the administrator is not an appropriate qualified health professional as defined by KAR 28-51-100(a), then check “Other” and include the educational transcripts, resume and experience.

C. Identify the Alternate Administrator designated by the governing body to be responsible for the daily management of the agency. If the administrator is a health professional other than an RN, please specify the discipline (e.g. physical therapist). If the alternate administrator is not an appropriate qualified health professional as defined, by KAR 28-51-100(a), then check “Other” and include the educational transcripts, resume and experience.

D. Application Processing and Fee: Select the packet that applies to your home health agency Classification. If you are currently providing Class-B services, defined as Non-medical Supportive Care Services through your agency:
   ➢ Request the Temporary Operating Permit (TOP) from KDHE
   ➢ Sign the Class-B Attestation Form of confirmation.

E. Indicate the geographic extent of the agency’s operation. Indicate whether the agency provides services in a single county or multiple counties by checking the appropriate geographic category. List all of the counties served by your agency.

Indicate if this Kansas home health agency is associated with a Medicare Certified home health agency that has a reciprocal state agreement with Kansas.

F. List the branch office in the reciprocal state. Provide the agency name, telephone number, postal address and the counties served.

**Part II. Ownership Information: Select the number(s) that applies to your agency**

G. 1. Write the disclosing entity name as it is registered with The Kansas Secretary of State Business Center.
   2. Give the legal name of the disclosing entity.
   3. Select the disclosing entity type and list all names of the individuals that have a percentage interest in this home health agency.
   4. Give the legal name and address of the organization that has the controlling interest or owns this home health agency.

**Part III. Renewal Information:**

H. Identify the number of unduplicated Patients/Clients registered with your agency during the previous calendar year.

I. Identify the number of Home Visits made during the previous calendar year.

J. Annual Renewal Report Fee Schedule: Select the fee according to the number of home visits.

K. Indicate if this home health agency is register with an Accrediting Organization (TJC, CHAP or AOA).

L. Indicate if this home health agency holds a Clinical Laboratory Improvement Act (CLIA) Certificate.

M. Authorization consent and signature.
Kansas Home Health Agency Licensure Application
Initial Application, Change of Ownership, Classification Change and or Annual Renewal
Kansas Department of Health and Environment
Bureau of Community Health Systems and Health Facilities Program

**Part I. Home Health Agency Information:**

A. Name of Agency: _____________________________________________________________
   
   Street Address __________________________ City __________________________ County __________________________ Zip Code __________________________
   
   Web address __________________________ Directory Phone __________________________ Directory Fax __________________________
   
   B. Administrator Name: __________________________________________ Email __________________________
   
   Discipline of Administrator: ______ License No. _______ Phone No. _______
   Other Health Professional (Please attach documents of health care educational transcripts, resume and experience).
   
   C. Alternate Administrator Name: __________________________________________ Email __________________________
   
   Discipline of Alternate Administrator: ______ License No. _______ Phone No. _______
   Other Health Professional (Please attach documents of health care educational transcripts, resume and experience).
   
   *(Class-A services only). If the administrator is not a nurse, tell us whom the Clinical Manager/Director of Nursing in charge of patient care __________________________ KS Nursing License # ________________
   
   D. Application Processing Fee: Select the box that applies to our agency Class of service.

<table>
<thead>
<tr>
<th>Application Fee Amounts</th>
<th>Class-A License (Skilled Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Application $100.00</td>
<td>Includes All of the (Patient) Services of (A/C +B License)</td>
</tr>
<tr>
<td>Change in Ownership $100.00</td>
<td>*Clinical Manager/Director of Nursing</td>
</tr>
<tr>
<td>Annual Renewal Fee Schedule</td>
<td>Scope of Services Under Class-A/C License</td>
</tr>
<tr>
<td>on Part III</td>
<td>Nursing Care Medical Social Services</td>
</tr>
<tr>
<td></td>
<td>Home Health Aide Occupational Therapy</td>
</tr>
<tr>
<td></td>
<td>Physical Therapy Respiratory Therapy</td>
</tr>
<tr>
<td></td>
<td>Speech Therapy Dietitian and Nutritional Services</td>
</tr>
</tbody>
</table>

**Scope of services including:**

*Class-C: Attendant/Personal Care-HCBS/Medicaid Waiver Programs. *Also may require certification.

Class-B: Non-medical Supportive Care Services

License Effective Date: __________________________ License ID No.: __________________________
Annual Renewal Date: __________________________ Reviewer: __________________________

Select one:
_ Initial Application Class-A
_ Initial Application Class-B w/TOP
_ Change in Ownership w/TOP
_ Classification Change
_ Annual Renewal Report

**Do not write below this line**

________________________________________
Page 3
Application Fee Amounts

<table>
<thead>
<tr>
<th>Class-B (only) License</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class-B License</td>
</tr>
</tbody>
</table>

| Initial Application   | $100.00 |
| Change in Ownership   | $100.00 |

Classification Change $100.00
From Class-B to (A/C) Classification License

Annual Renewal Fee Schedule

**Scope of Services Under Class-B License**
B-Class: Non-medical Supportive Care Services

---

E. Geographic Area Covered by Agency Operation

- Single County
- Multi Counties

List Kansas Counties Served

List Branch Locations

F. Is this Kansas agency associated with a Medicare certified home health agency in a reciprocal state agreement?

- Yes

If yes, provide the following information below.

List the branch office in the reciprocal state. Provide the agency name, telephone number and the postal address.

List Counties Served

---

**Part II. Ownership Information:**

G. Write the Disclosing Entity name as it is registered with the Kansas Secretary of State Business Center.

Disclosing Entity Name:

Entity Postal Address:

**Type of Entity:**

- Sole Proprietorship
- Partnership
- Limited Liability Company
- Corporation for profit
- Corporation nonprofit
- Government

1. List the names, postal addresses and percentage per each individual who has any direct or indirect ownership of the entity listed above. *(Please print)* or feel free to add an attachment.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Ownership %</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>Ownership %</td>
<td>Address</td>
</tr>
<tr>
<td>Print Name</td>
<td>Title</td>
<td>Ownership %</td>
<td>Address</td>
</tr>
</tbody>
</table>
2. *List the Corporation or LLC with ownership of 5 percent or more interest; identify each individual or attach a list showing the individual names and postal address.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Ownership %</th>
<th>Address</th>
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</table>

3. Provide the names and postal addresses of each officer, director and or owner.

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<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Address</th>
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4. If the disclosing entity is a governmental unit, attach a list showing the names and addresses of each responsible official (i.e., county commissioner).

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
<th>Address</th>
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</table>

**Part III. Annual Renewal Information:**

H. Number of Unduplicated Patients/ Clients during the previous calendar year: ________________

I. Number of Home Visits made during the previous calendar year: ________________

J. Annual Renewal Report Fee Schedule: Check the box that applies to your agency annual renewal fee.

<table>
<thead>
<tr>
<th>Home Visits</th>
<th>Fee Amount</th>
<th>Home Visits</th>
<th>Fee Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 500</td>
<td>$25.00</td>
<td>5,001 - 6,000</td>
<td>$330.00</td>
</tr>
<tr>
<td>501 - 1,000</td>
<td>$60.00</td>
<td>6,001 - 7,000</td>
<td>$380.00</td>
</tr>
<tr>
<td>1,001 - 2,000</td>
<td>$120.00</td>
<td>7,001 - 8,000</td>
<td>$440.00</td>
</tr>
<tr>
<td>2,001 - 3,000</td>
<td>$170.00</td>
<td>8,001 - 10,000</td>
<td>$490.00</td>
</tr>
<tr>
<td>3,001 - 4,000</td>
<td>$220.00</td>
<td>10,001 - 20,000</td>
<td>$550.00</td>
</tr>
<tr>
<td>4,001 - 5,000</td>
<td>$280.00</td>
<td>Over 20,000</td>
<td>$580.00</td>
</tr>
</tbody>
</table>
K. Is this an Accredited and deemed Home Health Agency? ____________

Tell us the name of your Accreditation Organization and attach the Accreditation Decision Letter of Deemed Status showing the accreditation ID Number and effective dates of service.

____________________________________________________________________________

L. Does this HHA hold a Clinical Laboratory Improvement Act (CLIA) certificate or waiver?

__________ if yes, please attach copy of the CLIA Certificate showing the ID Number and effective dates.

(Initials) __________ I certify that all information given is true and correct. I am authorized to represent the governing body, corporation, individual, or partnership; in whom is vested the responsibility for operation of the agency.
I understand that this application may be subject to release pursuant to the Kansas Open Records Act (K.S.A. 45-215 et seq.).

____________________________________  __________________________
Signature                          Title                                      Print Name

____________________________________
Telephone Number                                    Date

Return the Home Health Agency Application and submit the appropriate fee to the Kansas Department of Health and Environment

Bureau of Community Health Systems
Health Facilities Program
1000 SW Jackson St., Suite 330
Topeka, Kansas 66612

Phone (785) 296-0127              Fax (785) 559-4250

Page 6
Class-A/C License Attestation Form
Kansas Department of Health and Environment/Health Facilities Program
Attestation Statement for Home Health Agency License

*By Signing and dating this Attestation Form, you are agreeing to comply with each of the KSA Statues and or the KAR Regulations*

I ____________________________ am an authorized representative of ____________________________

Print your name

____________________________ __________
Agency Name Agency Address

I attest that I have reviewed each state requirement for licensure of a home health agency and this agency is in compliance with:

√ KSA 65-5105 et seq. and amendments thereto; and KAR 28-51-1 et seq. and amendments thereto further attest that the agency:

√ If owned by a corporation, it is registered that corporation with the Kansas Secretary of State’s Office;

√ I will neither serve home health agency patients/clients nor establish branch offices beyond 100 miles of the parent location;

√ I understand that violations of any of the provisions of KSA 65-5101 et seq. is a Class B misdemeanor;

√ I understand that skilled services of ANY kind are only included within the scope of the Class-A/C licensure, this includes services under HCBS. These levels require the Class-A/C HHA Licensure in order to be provided. All program waiver may require additional CMS Certification. Please check with the HCBS Program for requirements.

√ I understand that a Class-A licensure must be held to cover these skilled services. The provision of ANY services that are not within the scope of the HHA Class Level of licensure obtained are grounds for but not limited to termination or loss of all or any HHA State Licensure;
√ I understand that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, implementing regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;

√ I understand that KDHE may conduct survey inspections at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;

√ I will utilize home health aides meeting the requirements of KSA 65-5115 and KAR 28-51-108 and KAR 28-51-112 through KAR 28-51-116;

√ I will notify the Health Facilities Program of changes in the address, administrator, ownership, services offered, geographic area served and other materials circumstances including closure of the agency;

√ I will utilize an administrator and a person designated to act in the absence of the administrator who meet the requirements of KAR 28-51-100 (a) and (c);

√ I will comply with the employee background check provisions of KSA 65-5117.

I understand that this statement is a public record. I certify that all information given is true and correct. I am authorized to represent the governing body, corporation, individual, or partnership; in whom is vested the responsibility for operation of the agency.

____________________________________  ______________________________
Signature / Title Date

____________________________________  ______________________________
Print Name Telephone No.
Class-B License Attestation Form
Kansas Department of Health and Environment/Health Facilities Program
Attestation Statement for Home Health Agency License

*By Signing and dating this Attestation Form, you are agreeing to comply with each of the KSA Statues and or the KAR Regulations*

I _______________________________ am an authorized representative of

Print your name

Print Agency Name

Print Agency Address

If applicable, if already licensed as a Class-A Home Health Agency- I attest that I have reviewed each state requirement for Class-B licensure of a home health agency and this agency is requesting to step down from a Class-A licensure to a Class-B licensure.

I understand that if I select to change my HHA Licensure from Class-B to a Class A at any point forward, I need to submit an initial application for Class-A and meet all of the current Class-A requirements, regardless of prior licensure level. Additionally, I will comply with the following √ requirements:

√ K.S.A. 65-5101 et seq. as amended and the regulations adopted thereunder as well as HFP internal program standards, policies, and requirements: thereto further attest that the agency will fully comply:

√ Complete and submit an annual Attestation form and a Release form as part of both the initial as well as the annual renewal process for home health agency licensure.

√ The Class-B HHA licensure is extremely limited in scope and practice and I understand the limitations and restrictions;

√ If owned by a corporation, it is registered that corporation with the Kansas Secretary of State’s Office;

√ I will only serve home health agency clients under this Class-B licensure as defined as Non-medical Supportive Care Services.

√ I understand that violations of any of the provisions of KSA 65-5101 et seq. as amended is a Class-B misdemeanor;
Certified Nursing Assistant and/or Home Health Aide positions are excluded with this licensure. For the purposes of State HHA licensure, these are also considered in skilled services. The positions allowed are for unskilled Supportive Care Services Worker under the Class-B licensure and the HHA is responsible for training, client plan of care and records as well as supervision.

I understand the Class-B HHA Licensure for the unskilled Supportive Care Services Worker;

I understand that skilled services of ANY kind are only included within the scope of the Class-A/C licensure, this includes services under HCBS. These levels require the Class-A/C HHA Licensure in order to be provided. Any waiver programs may require additional CMS Certification. Please check with the HCBS Program for requirements.

Nursing services of any kind are prohibited with a Class-B licensure. This includes a nurse providing supervisory, assignment, delegation, oversight, medication administration, treatments, assessments, or any other activities that fall within the Kansas Nurse Practice Act through the Kansas Board of Nursing.

I understand that a Class-A HHA Licensure must be held to cover these skilled services. The provision of ANY services that are not within the scope of the HHA Class B Level of licensure obtained are grounds for but not limited to termination or loss of all or any HHA State Licensure;

I understand that a home health agency license may be denied, suspended or revoked for failure to achieve or maintain substantial compliance with the home health agency licensure law, implementing regulations and any other standard adopted by KDHE or if a license has been obtained by means of fraud, misrepresentation or concealment of material facts;

I understand that KDHE may conduct surveys for this licensure at any time during normal business hours and that failure to allow access for conducting such surveys constitutes grounds for denial, suspension or revocation of a license;

I will notify the Health Facilities Program timely in writing for changes in the address, administrator, ownership, services offered, geographic area served and other materials circumstances including closure of the agency and maintenance of the patient/client records;

I will utilize an administrator and an alternate administrator who is a person designated to act in the absence of the administrator who meet the requirements of KAR 28-51-100 (a) and (c);

I will comply with the employee background check provisions of KSA 39-970, and KSA 65-5117 as amended.

I am authorized to represent the governing body, corporation, individual, and/or partnership; in whom is vested the responsibility for operation of the agency. I understand and attest that these statements provided are complete, true, and accurate to the best of my knowledge. Failure to provide information or the provision of information by means of fraud, misrepresentation or concealment of material facts are grounds for but not limited to termination or loss of all or any HHA State Licensure.

_________________________________________      ______________________________
Signature / Title                               Date

_________________________________________      ______________________________
Print Name                                    Telephone No.
Authorization for Release of Employment and Information
Application to the Kansas Department of Health and Environment

Print full names; (first, middle and last name)
Including other names under which you have worked

Name:__________________________________________

First    Middle    Last

Alias:__________________________________________

Date of Birth:_____________________________________

I, ________________________________________________, authorize all
my employers and/or authorities or associated entities to release to the Kansas Department of
Health and Environment any information requested by them for the purpose of evaluating me for
possible licensure.

In doing so, I hereby release all individuals and organizations from any liability, who in good
faith, provide information to the Kansas Department of Health and Environment concerning my
occupational competence, character and other qualifications for licensure purposes, and I hereby
consent to the release of such information to the Kansas Department of Health and Environment.

Photocopies and fax copies of this document will be as binding as the original.

__________________________________________    ________________________________
Applicant Signature    Date

Administrator [ ]    Alternate Administrator [ ]
Health Facilities Program Contact Personnel

Marilyn St. Peter, Director
Phone: 785-296-0131
Fax: 785-559-4250

Policy and Procedure Questions
Deanna Taylor, RN
State Surveyor I
Phone: 785-230-3494
deanna.taylor@ks.gov

Licensure Questions
Lois Wilkins
Phone: 785-296-0127
lois.wilkins@ks.gov

The Complaint Hotline
1-800-842-0078
Hours of Operations
8:00-12:00 and 1:00-4:00
Monday thru Friday
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65-5101. Definitions. As used in this act, unless the context otherwise requires:

(a) "Council" means the home health services advisory council created by this act;

(b) "home health agency" means a public or private agency or organization or a subdivision or subunit of such agency or organization that provides for a fee one or more home health services at the residence of a patient but does not include local health departments which are not federally certified home health agencies, durable medical equipment companies which provide home health services by use of specialized equipment, independent living agencies, the department of social and rehabilitation services and the department of health and environment;

(c) "home health services" means any of the following services provided at the residence of the patient on a full-time, part-time or intermittent basis: Nursing, physical therapy, speech therapy, nutritional or dietetic consulting, occupational therapy, respiratory therapy, home health aid, attendant care services or medical social service;

(d) "home health aide" means an employee of a home health agency who is not licensed or professionally registered to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to patients but shall not include employees of a home health agency providing only attendant care services;

(e) "independent living agency" means a public or private agency or organization or a subunit of such agency or organization whose primary function is to provide at least four independent living services, including independent living skills training, advocacy, peer counseling and information and referral as defined by the rehabilitation act of 1973, title VII, part B, and such agency shall be recognized by the secretary of social and rehabilitation services as an independent living agency. Such agencies include independent living centers and programs which meet the following quality assurances:

(1) Accreditation by a nationally recognized accrediting body such as the commission on accreditation of rehabilitation facilities; or

(2) Receipt of grants from the state or the federal government and currently meets standards for independent living under the rehabilitation act of 1973, title VII, part B, sections (a) through (k), or comparable standards established by the state; or

(3) Compliance with requirements established by the federal government under rehabilitation services administration standards for centers for independent living;
(f) "part-time or intermittent basis" means the providing of home health services in an interrupted interval sequence on the average of not to exceed three hours in any twenty-four-hour period;

(g) "patient's residence" means the actual place of residence of the person receiving home health services, including institutional residences as well as individual dwelling units;

(h) "secretary" means secretary of health and environment;

(i) "subunit" or "subdivision" means any organizational unit of a larger organization which can be clearly defined as a separate entity within the larger structure, which can meet all of the requirements of this act independent of the larger organization, which can be held accountable for the care of patients it is serving and which provides to all patients care and services meeting the standards and requirements of this act; and

(j) "attendant care services" shall have the meaning ascribed to such term under K.S.A. 65-6201 and amendments thereto.


65-5102. Home health agencies required to be licensed. No home health agency, including medicare and medicaid providers, shall provide one or more of the home health services specified in subsection (c) of K.S.A. 65-5101 and amendments thereto, other than attendant care services, or shall hold itself out as providing one or more of such home health services, other than attendant care services, or as a home health agency unless it is licensed in accordance with the provisions of this act.

History: L. 1984, ch. 335, §§ 2; L. 1990, ch. 233, §§ 2; April 26.

65-5103. Application for license; annual fee. (a) Persons desiring to receive a license to operate a home health agency shall file a written application with the secretary on a form prescribed by the secretary.

(b) The application shall be accompanied by a license fee fixed by rules and regulations of the secretary which establish a sliding scale for such fee based upon the actual or estimated number of home health visits to be performed by a home health agency during a calendar year. The initial license fee may be greater than subsequent annual fees as established by the secretary by rules and regulations.


65-5104. Issuance of license; grounds for suspension or revocation; annual report and annual fee; posting; not transferable or assignable; temporary operating permit; statistical reports; reciprocal agreements with bordering states. (a) The secretary shall review the applications and shall issue a license to applicants who have complied with the
requirements of this act and have received approval of the secretary after a survey
inspection.

(b) A license shall remain in effect unless suspended or revoked, when the following
conditions have been met:

(1) An annual report is filed upon such uniform dates and containing such information in
such form as the secretary prescribes and is accompanied by the payment of an annual fee;

(2) the home health agency is in compliance with the requirements established under the
provisions of this act as evidenced by an on-site survey conducted at least within a
fifteen-month period subsequent to any previous survey inspection; and

(3) the annual report is accompanied by a statement of any changes in the information
previously filed with the secretary under K.S.A. 65-5103 and amendments thereto.

(c) If the annual report is not filed and the annual fee is not paid, such license is
automatically cancelled. The annual fee shall be fixed by rules and regulations of the
secretary. The license fee for renewal of a license in effect immediately prior to the effective
date of this act shall constitute the annual fee until an annual fee is established by the
secretary under this subsection.

(d) Each license shall be issued only for the home health agency listed in the
application and annual report. Licenses shall be posted in a conspicuous place in the main
offices of the licensed home health agency.

(e) A license shall not be transferable or assignable. When a home health agency is sold or
ownership or management is transferred, or the corporate legal organization status is
substantially changed, the license of the agency shall be voided and a new license obtained.
Application for a new license shall be made to the secretary in writing, at least 90 days
prior to the effective date of the sale, transfer or change in corporate status. The
application for a new license shall be on the same form, containing the same information
required for an original license, and shall be accompanied by the license fee. The secretary
may issue a temporary operating permit for the continuation of the operation of the home
health agency for a period of not more than 90 days pending the survey inspection and the
final disposition of the application. The secretary shall require all licensed home health
agencies to submit statistical reports. The content, format and frequency of such reports
shall be determined by the secretary.

(f) Not withstanding the foregoing provisions of this section, the secretary may enter into
reciprocal agreements with states bordering Kansas whereby licenses may be granted,
without an on-site survey and upon the filing of the prescribed application and payment of
the prescribed fee, to home health agencies duly licensed in a bordering state, so long as the
secretary finds that the requirements for licensure of the state from which the applicant
applies are substantially the same as those in Kansas and the applicant is recommended
favorably in writing by the licensing agency of the bordering state in which the applicant is
licensed. If a bordering state does not license home health agencies or does not have
licensing requirements substantially the same as those in Kansas, home health agencies
located in that state which do business in Kansas shall meet all requirements of this act and
shall operate in Kansas from offices located in Kansas.
65-5105. Survey inspections. (a) In addition to the survey inspection required for licensing or for a license to remain in effect, the secretary may make other survey inspections during normal business hours.

(b) Each home health agency shall allow the secretary or the authorized representatives of the secretary to enter upon the premises of the home health agency during normal business hours for the purpose of conducting the survey inspection. Failure to allow such entry upon its premises shall constitute grounds for denial, suspension or revocation of a license.


65-5106. Same; written report; list of deficiencies; exit interview; copies of report. After completion of each survey inspection, a written report of the findings with respect to compliance or noncompliance with the provisions of this act and the standards established hereunder as well as a list of deficiencies found shall be prepared. The list of deficiencies shall specifically state the statute or rule and regulation which the home health agency is alleged to have violated. A copy of the survey inspection report shall be furnished to the applicant, except that a copy of the preliminary survey inspection report signed jointly by a representative of the home health agency and the inspector shall be left with the applicant when an inspection is completed. This preliminary survey inspection report shall constitute the final record of deficiencies assessed against the home health agency during the inspection, all deficiencies shall be specifically listed and no additional deficiencies based upon the data developed at that time shall be assessed at a later time. An exit interview shall be conducted in conjunction with the joint signing of the preliminary survey inspection report. Upon request, every home health agency shall provide to any person a copy of the most recent survey inspection report and related documents, provided the person requesting such report agrees to pay a reasonable charge to cover copying costs.


65-5107. Complaint against home health agency; investigation and hearing; notice. Any person may make a complaint against a home health agency licensed under the provisions of this act by filing a complaint in writing with the secretary stating the details and facts supporting the complaint. If the secretary determines after an investigation that the charges are sufficient to warrant a hearing to determine whether the license of the home health agency should be suspended or revoked, the secretary shall fix a time and place for a hearing and require the home health agency to appear and defend against the complaint in accordance with the provisions of the Kansas administrative procedure act. A copy of the complaint shall be given to the home health agency at the time it is notified of the hearing. The notice of the hearing shall be given at least 20 days prior to the date of the hearing.

History: L. 1984, ch. 335, §§ 6; July 1.

65-5108. Refusal to issue, suspension or revocation of license; grounds; hearing. (a) The secretary shall refuse to issue or shall suspend or shall revoke the license of any home health agency for failure to substantially comply with any provision of this act or with any
rule and regulation or standard of the secretary adopted under the provisions of this act or for obtaining the license by means of fraud, misrepresentation or concealment of material facts.

(b) Any home health agency which has been refused a license or which has had its license revoked or suspended by the secretary may request a hearing which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.


65-5109. Rules and regulations; application. (a) The secretary may adopt reasonable rules and regulations necessary to carry out the provisions of this act. The rules and regulations shall be initially adopted within one year of the effective date of this act.
(b) The rules and regulations adopted by the secretary under the provisions of this act shall apply to all health services covered by this act which are rendered to any patient being served by a home health agency regardless of source of payment for the service, patient's condition or place of residence.


65-5111. Injunction to restrain violations. The secretary may file an action in the district court for the county in which any home health agency alleged to be violating the provisions of this act resides or may be found for an injunction to restrain the home health agency from continuing the violation.

History: L. 1984, ch. 335, §§ 11; July 1.

65-5112. Act not applicable to certain individuals or organizations. The provisions of this act shall not apply to:
(a) Individuals who personally provide one or more home health services if such persons are not under the direct control and doing work for and employed by a home health agency;
(b) individuals performing attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201, if the individuals performing such services are not under the direct control and doing work for and employed by a home health agency; or
(c) any person or organization conducting a home health agency by and for the adherents of any recognized church or religious denomination or sect for the purpose of providing services for the care or treatment of the sick or infirm who depend upon prayer or spiritual means for healing in the practice of the religion of such church, religious denomination or sect; or
(d) a hospice which is certified to participate in the medicare program under 42 code of federal regulations, chapter IV, section 418.1 et seq. and amendments thereto and which provides services only to hospice patients.

65-5113. Disposition of moneys. All moneys received by the secretary under this act shall be deposited in the state treasury and credited to the state general fund.

History: L. 1984, ch. 335, §§ 13; July 1.

65-5114. Violation of act; misdemeanor. Any person who violates any of the provisions of this act is guilty of a class B misdemeanor.

History: L. 1984, ch. 335, §§ 14; July 1.

65-5115. Home health aides; requirements for employment; instruction and examination; examination fee, disposition. (a) The secretary may require, as a condition to continued employment by a home health agency that home health aides, after 90 days of employment, successfully complete an approved course of instruction and take and satisfactorily pass an examination prescribed by the secretary. The secretary may not require as a condition to employment or continued employment by a home health agency that persons providing only attendant care services as an employee of a home health agency complete any course of instruction or pass any examination.

(b) A course of instruction for home health aides may be prepared and administered by any home health agency or by any other qualified person. A course of instruction prepared and administered by a home health agency may be conducted on the premises of the home health agency which prepared and which will administer the course of instruction. The secretary shall not require home health aides to enroll in any particular approved course of instruction, but the secretary shall prepare guidelines for the preparation and administration of courses of instruction and shall approve or disapprove courses of instruction.

(c) Prior to July 1, 1991, the secretary may require that home health aides complete the course of instruction and pass the examination established pursuant to subsection (c)(3) of K.S.A. 39-936 and amendments thereto before enrolling in an approved course of instruction authorized by this section. On and after July 1, 1991, the secretary may not require that home health aides complete the course of instruction and pass the examination established pursuant to subsection (c)(3) of K.S.A. 39-936 and amendments thereto before enrolling in an approved course of instruction authorized by this section. Home health aides may enroll in any approved course of instruction.

(d) The examination required under this section shall be prescribed by the secretary and shall be reasonably related to the duties performed by home health aides. The same examination shall be given by the secretary to all home health aides.

(e) The secretary shall fix, charge and collect an examination fee to cover all or any part of the cost of the examination required under subsection (a). The examination fee shall be fixed by rules and regulations of the secretary. The examination fee shall be deposited in the state treasury and credited to the state general fund.

65-5116. Unlicensed employees prohibited from prefiling insulin syringes; penalty. (a) As used in this section "home health agency" means a home health agency licensed in accordance with the provisions of K.S.A. 65-5101 through 65-5115 and K.S.A. 75-5614.

(b) No unlicensed person employed by a home health agency, in the course of employment with a home health agency, shall prefll insulin syringes for any patient served by the home health agency.

(c) Any person who violates the provisions of subsection (b) shall be guilty of a class C misdemeanor.

History: L. 1984, ch. 305, §§ 1; July 1.

65-5117. Operation of home health agency precluded, when; access of secretary of health and environment to certain records; background check of employees, civil liability, fee for information request; provision of criminal history record information by secretary; licensed or registered professional service providers, volunteers and certain employees exempt; report of convictions and adjudications by the Kansas bureau of investigation. (a) (1) No person shall knowingly operate a home health agency if, for the home health agency, there works any person who has been convicted of or has been adjudicated a juvenile offender because of having committed an act which if done by an adult would constitute the commission of capital murder, pursuant to K.S.A. 21-3439 and amendments thereto, first degree murder, pursuant to K.S.A. 21-3401 and amendments thereto, second degree murder, pursuant to subsection (a) of K.S.A. 21-3402 and amendments thereto, voluntary manslaughter, pursuant to K.S.A. 21-3403 and amendments thereto, assisting suicide, pursuant to K.S.A. 21-3406 and amendments thereto, mistreatment of a dependent adult, pursuant to K.S.A. 21-3437 and amendments thereto, rape, pursuant to K.S.A. 21-3502 and amendments thereto, indecent liberties with a child, pursuant to K.S.A. 21-3503 and amendments thereto, aggravated indecent liberties with a child, pursuant to K.S.A. 21-3504 and amendments thereto, aggravated criminal sodomy, pursuant to K.S.A. 21-3506 and amendments thereto, indecent solicitation of a child, pursuant to K.S.A. 21-3510 and amendments thereto, aggravated indecent solicitation of a child, pursuant to K.S.A. 21-3511 and amendments thereto, sexual exploitation of a child, pursuant to K.S.A. 21-3516 and amendments thereto, sexual battery, pursuant to K.S.A. 21-3517 and amendments thereto, or aggravated sexual battery, pursuant to K.S.A. 21-3518 and amendments thereto, an attempt to commit any of the crimes listed in this subsection (a)(1), pursuant to K.S.A. 21-3301, and amendments thereto, a conspiracy to commit any of the crimes listed in this subsection (a)(1), pursuant to K.S.A. 21-3302, and amendments thereto, or criminal solicitation of any of the crimes listed in this subsection (a)(1), pursuant to K.S.A. 21-3303, and amendments thereto, or similar statutes of other states or the federal government.

(2) A person operating a home health agency may employ an applicant who has been convicted of any of the following if five or more years have elapsed since the applicant satisfied the sentence imposed or was discharged from probation, a community correctional services program, parole, postrelease supervision, conditional release or a suspended sentence; or if five or more years have elapsed since the applicant has been finally discharged from the custody of the commissioner of juvenile justice or from
probation or has been adjudicated a juvenile offender, whichever time is longer: A felony conviction for a crime which is described in: (A) Article 34 of chapter 21 of the Kansas Statutes Annotated and amendments thereto, except those crimes listed in subsection (a)(1); (B) articles 35 or 36 of chapter 21 of the Kansas Statutes Annotated and amendments thereto, except those crimes listed in subsection (a)(1) and K.S.A. 21-3605 and amendments thereto; (C) an attempt to commit any of the crimes listed in this subsection (a)(2) pursuant to K.S.A. 21-3301, and amendments thereto; (D) a conspiracy to commit any of the crimes listed in subsection (a)(2) pursuant to K.S.A. 21-3302, and amendments thereto; (E) criminal solicitation of any of the crimes listed in subsection (a)(2) pursuant to K.S.A. 21-3303, and amendments thereto; or (F) similar statutes of other states or the federal government.

(b) No person shall operate a home health agency if such person has been found to be a person in need of a guardian or a conservator, or both, as provided in K.S.A. 2003 Supp. 59-3050 through 59-3095, and amendments thereto. The provisions of this subsection shall not apply to a minor found to be in need of a guardian or conservator for reasons other than impairment.

(c) The secretary of health and environment shall have access to any criminal history record information in the possession of the Kansas bureau of investigation regarding felony convictions, convictions under K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, adjudications of a juvenile offender which if committed by an adult would have been a felony conviction, and adjudications of a juvenile offender for an offense described in K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, concerning persons working for a home health agency. The secretary shall have access to these records for the purpose of determining whether or not the home health agency meets the requirements of this section. The Kansas bureau of investigation may charge to the department of health and environment a reasonable fee for providing criminal history record information under this subsection.

(d) For the purpose of complying with this section, the operator of a home health agency shall request from the department of health and environment information regarding only felony convictions, convictions under K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, adjudications of a juvenile offender which if committed by an adult would have been a felony conviction, and adjudications of a juvenile offender for an offense described in K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, which relates to a person who works for the home health agency or is being considered for employment by the home health agency, for the purpose of determining whether such person is subject to the provisions of this section. For the purpose of complying with this section, information relating to convictions and adjudications by the federal government or to convictions and adjudications in states other than Kansas shall not be required until such time as the secretary of health and environment determines the search for such information could reasonably be performed and the information obtained within a two-week period. For the purpose of complying with this section, the operator of a home health agency shall receive from any employment agency which provides employees to work for the home health agency written certification that such employees are not prohibited from working for the home health agency under this section. For the purpose of complying with
this section, a person who operates a home health agency may hire an applicant for employment on a conditional basis pending the results from the department of health and environment of a request for information under this subsection. No home health agency, the operator or employees of a home health agency or an employment agency, or the operator or employees of an employment agency, which provides employees to work for the home health agency shall be liable for civil damages resulting from any decision to employ, to refuse to employ or to discharge from employment any person based on such home health agency's compliance with the provisions of this section if such home health agency or employment agency acts in good faith to comply with this section.

(e) The secretary of health and environment shall charge each person requesting information under this section a fee equal to cost, not to exceed $10, for each name about which an information request has been submitted under this section.

(f) (1) The secretary of health and environment shall provide each operator requesting information under this section with the criminal history record information concerning felony convictions and convictions under K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, in writing and within three working days of receipt of such information from the Kansas bureau of investigation. The criminal history record information shall be provided regardless of whether the information discloses that the subject of the request has been convicted of an offense enumerated in subsection (a).

(2) When an offense enumerated in subsection (a) exists in the criminal history record information, and when further confirmation regarding criminal history record information is required from the appropriate court of jurisdiction or Kansas department of corrections, the secretary shall notify each operator that requests information under this section in writing and within three working days of receipt from the Kansas bureau of investigation that further confirmation is required. The secretary shall provide to the operator requesting information under this section information in writing and within three working days of receipt of such information from the appropriate court of jurisdiction or Kansas department of corrections regarding confirmation regarding the criminal history record information.

(3) Whenever the criminal history record information reveals that the subject of the request has no criminal history on record, the secretary shall provide notice to each operator requesting information under this section, in writing and within three working days after receipt of such information from the Kansas bureau of investigation.

(4) The secretary of health and environment shall not provide each operator requesting information under this section with the juvenile criminal history record information which relates to a person subject to a background check as is provided by K.S.A. 38-1618 and amendments thereto, except for adjudications of a juvenile offender for an offense described in K.S.A. 21-3701, and amendments thereto. The secretary shall notify the operator that requested the information, in writing and within three working days of receipt of such information from the Kansas bureau of investigation, whether juvenile criminal history record information received pursuant to this section reveals that the
operator would or would not be prohibited by this section from employing the subject of the request for information and whether such information contains adjudications of a juvenile offender for an offense described in K.S.A. 21-3701, and amendments thereto.

(5) An operator who receives criminal history record information under this subsection (f) shall keep such information confidential, except that the operator may disclose such information to the person who is the subject of the request for information. A violation of this paragraph (5) shall be an unclassified misdemeanor punishable by a fine of $100.

(g) No person who works for a home health agency and who is currently licensed or registered by an agency of this state to provide professional services in this state and who provides such services as part of the work which such person performs for the home health agency shall be subject to the provisions of this section.

(h) A person who volunteers to assist a home health agency shall not be subject to the provisions of this section because of such volunteer activity.

(i) No person who has been employed by the same home health agency for five consecutive years immediately prior to the effective date of this act shall be subject to the requirements of this section while employed by such home health agency.

(j) The operator of a home health agency shall not be required under this section to conduct a background check on an applicant for employment with the home health agency if the applicant has been the subject of a background check under this act within one year prior to the application for employment with the home health agency. The operator of a home health agency where the applicant was the subject of such background check may release a copy of such background check to the operator of a home health agency where the applicant is currently applying.

(k) For purposes of this section, the Kansas bureau of investigation shall only report felony convictions, convictions under K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, adjudications of a juvenile offender which if committed by an adult would have been a felony conviction, and adjudications of a juvenile offender for an offense described in K.S.A. 21-3437, 21-3517 and 21-3701, and amendments thereto, to the secretary of health and environment when a background check is requested.

(l) This section shall be part of and supplemental to the provisions of article 51 of chapter 65 of the Kansas Statutes Annotated and acts amendatory thereof or supplemental thereto.

DEFINITIONS

28-51-100. Definitions. (a) “Administrator” means either a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care, or a qualified health professional.

(b) “Admission note” means a dated notation that is written by a professional member of the health team after the initial assessment of a patient and that documents the relevant diagnoses; the patient’s health history; environmental, safety, and social factors of the patient’s home; the patient’s nutritional requirements, medications, and treatments; and the patient’s physical and mental levels of functioning.

(c) “Branch office” means a location or site from which a home health agency provides services within a portion of the total geographic area served by the parent agency. The branch office shall be part of the home health agency and shall be located close to share administration, supervision, and services in a manner that renders it unnecessary for the branch to independently meet the conditions of licensure as a home health agency. Each branch office shall be within 100 miles of the parent agency.

(d) “Bylaws” means a set of rules adopted by a home health agency for governing the agency’s operation.

(e) “Clinical record” means a legal document containing facts that meet the following criteria:

1. Provide a basis for planning and implementing the patient’s care program;
2. indicate the patient’s status and response to treatment;
3. serve as a record of communication for the professional groups responsible for the patient’s care; and
4. serve as a repository of data that can be used to review and evaluate the care provided.

(f) “Dietitian” means a person who is licensed by the Kansas department of health and environment as a dietitian.

(g) “Direct supervision” means that the supervisor is on the facility premises and is accessible for one-on-one consultation, instruction, and assistance, as needed.

(h) “Discharge summary report” means a concise statement, signed by a qualified health professional, reflecting the care, treatment, and response of the patient in accordance with the patient’s plan of care and the final disposition at the time of discharge.
(i) “Home health aide” means an individual who has a home health aide certificate issued by the licensing agency as specified in K.A.R. 28-51-113.

(j) “Home health aide trainee” means an individual who meets either of the following:

(1) The individual has completed a 90-hour nurse aide course prescribed in K.A.R. 28-39-165.

(2) The individual’s training has been endorsed as specified in K.A.R. 28-51-115.

(k) “Licensed nursing experience” means experience as a registered nurse or licensed practical nurse.

(l) “Licensing agency” means the Kansas department of health and environment.

(m) “Occupational therapist” means a person who is licensed with the Kansas state board of healing arts as an occupational therapist.

(n) “Occupational therapy assistant” means a person who is licensed with the Kansas state board of healing arts as an occupational therapy assistant.

(o) “Parent home health agency” means a home health agency that develops and maintains administrative control of subunits or branch offices, or both.

(p) “Physical therapist” means a person who is licensed with the Kansas state board of healing arts as a physical therapist.

(q) “Physical therapist assistant” means a person who is certified by the Kansas state board of healing arts as a physical therapist assistant.

(r) “Physician” means a person licensed in Kansas or an adjoining state to practice medicine and surgery.

(s) “Plan of care” means a plan based on the patient’s diagnosis and the assessment of the patient’s immediate and long-range needs and resources. The plan of care is established in consultation with the home health services team. If the plan of care includes procedures and services that, according to professional practice acts, require a physician’s authorization, the plan of care shall be signed by a physician and shall be renewed every 62 days.

(t) “Progress note” means a dated, written notation by a member of the home health services team summarizing the facts about the patient’s care and response during a given period of time.

(u) “Qualified health professional” means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.

(v) “Registered nurse” means a person who is licensed by the Kansas state board of nursing as a registered professional nurse.
(w) “Respiratory therapist” means a person who is licensed by the Kansas state board of healing arts as a respiratory therapist.

(x) “Simulated laboratory” means an enclosed area that is in a school, adult care home, or other facility and that is similar to a home setting. In a simulated laboratory, trainees practice and demonstrate basic home health aide skills while an instructor observes and evaluates the trainees.

(y) “Social worker” means a person who is licensed by the Kansas behavioral sciences regulatory board as a social worker.

(z) “Speech therapist” means a person who is licensed by the Kansas department of health and environment as a speech-language pathologist.

(aa) “Summary report” means a concise statement, signed by a qualified health professional, that reflects the care and treatment given and the response by the patient.

(bb) “Supervision” means the authoritative procedural guidance that is given by a qualified health professional. This term shall include initial direction and periodic inspection of the act of accomplishing the function or activity. (Authorized by and implementing K.S.A. 65-5109; effective, T-86-23, July 1, 1985; amended May 1, 1987; amended Feb. 28, 1994; amended Dec. 29, 2003; amended Oct. 27, 2006.)
LICENSING PROCEDURE

28-51-101. Licensing procedure. (a) License application. Each application for an initial home health agency license shall be filed on forms provided by the licensing agency before the agency begins treating patients. A license shall remain in effect unless suspended or revoked by the licensing agency.

(b) Annual report and fees. Each licensed agency shall file an annual report and annual fee upon uniform dates and forms provided by the licensing agency.

(c) Change of administrator. Each licensee shall notify the licensing agency, in writing, within five days following the effective date of a change of administrator. The notification shall include the name, address, and qualifications of the new administrator.

(d) New services. Each licensee shall notify the licensing agency whenever it begins offering a new service covered under these regulations.

(e) Change of address or name. Each licensee shall notify the licensing agency, in writing, within five days following the change of address or name of the home health agency. The home health agency shall forward the previously issued license certificate to the licensing agency with a request for an amended license certificate reflecting the new address.

(f) Change of ownership. Each home health agency involved in a change of ownership shall comply with the provisions of K.S.A. 65-5104(e).

(g) Plan of correction. A license shall be granted if:

1. The applicant is found to be in substantial compliance with these regulations; and

2. the applicant submits an acceptable plan for correcting any deficiencies cited.

LICENSINE FEE

28-51-102. License fee. (a) Each initial license application for an agency shall be accompanied by a fee in the amount of $100.00.

(b) The annual report for each licensed agency shall be accompanied by a fee determined in accordance with the following schedule. The visits shall be all those performed by the during the calendar year prior to submittal of the annual report.

<table>
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<tr>
<th>Visits</th>
<th>Fee</th>
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<tbody>
<tr>
<td>0-500</td>
<td>$25.00</td>
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<tr>
<td>501-1,000</td>
<td>60.00</td>
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<td>1,001-2,000</td>
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<td>2,001-3,000</td>
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<td>3,001-4,000</td>
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<td>4,001-5,000</td>
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<td>10,001-20,000</td>
<td>550.00</td>
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<tr>
<td>Over 20,000</td>
<td>580.00</td>
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(c) If an agency performs services on an hourly basis, four hours of service shall be considered the equivalent of one visit. All home visits made by county or regional public health department personnel that are public health services, as determined by the secretary of health and environment, shall not be required to be included in the number of visits used to determine the annual fee. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5103; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)
ORGANIZATION AND ADMINISTRATION

28-51-103. Organization and administration. (a) Governing body. Each home health agency shall have a governing body or a clearly defined body having legal authority to operate the agency. The governing body shall:

(1) Have bylaws or their equivalent which shall be renewed annually;

(2) employ a qualified administrator as defined in K.A.R. 28-51-100(a);

(3) adopt, revise, and approve procedures for the operation and administration of the agency as needed;

(4) provide the name and address of each officer, director, and owner of the agency to the licensing agency;

(5) disclose corporate ownership interests of 10 percent or more to the licensing agency; and

(6) disclose past home health agency ownership or management, including the name of the agency, its location, and current status, to the licensing agency.

(b) Administrator. The administrator shall be responsible for the management of the agency to the extent authority is delegated by the governing body. A qualified person shall be designated to act in the absence of the administrator. The administrator shall have at least the following responsibilities:

(1) Organize and direct the agency's ongoing functions;

(2) act as a liaison between the governing body and staff;

(3) employ qualified personnel in accordance with job descriptions;

(4) provide written personnel policies and job descriptions that are made available to all employees;

(5) maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;

(6) provide orientation for new staff, regularly scheduled in-service education programs, and opportunities for continuing education of the staff;

(7) ensure the completion, maintenance, and submission of such reports and records as required by the secretary of health and environment; and

(8) ensure that each patient admitted to the home health agency receives, in writing, the patient's
(c) Personnel records. Current personnel records shall be maintained for each employee. The personnel records for an employee shall include:

(1) The title of that employee's position and a description of the duties and functions assigned to that position;

(2) the qualifications for the position;

(3) evidence of licensure or certification if required;

(4) performance evaluations made within six months of employment and annually thereafter;

(5) documentation of reference checks and a personal interview prior to employment; and

(6) evidence of good general health and a negative tuberculin skin test or chest X-ray upon employment. Subsequent periodic health assessments or physical examinations shall be given in accordance with agency policies.

(d) Personnel under hourly or per visit contracts. There shall be a written contract between the agency and personnel under hourly or per visit arrangements. The contract shall include the following provisions:

(1) A statement that patients are accepted for care only by the primary home health agency;

(2) a description of the services to be provided;

(3) a statement that each employee shall conform to all applicable agency policies, including those related to qualifications;

(4) a statement that the employee shall be responsible for participating in the development of plans of care;

(5) a description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency;

(6) the procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations; and

(7) the procedures for determining charges and reimbursement.

(e) Abuse, neglect, or exploitation. Each employee of the agency shall be responsible for reporting in accordance with agency policies and K.S.A. 39-1430 et. seq., and amendments thereto, any evidence of abuse, neglect, or exploitation of any patient served by the agency.

(Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5104; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)
HOME HEALTH SERVICES

28-51-104. Home health services. (a) General provisions. Each home health agency shall accept a patient only when the agency reasonably expects that the patient's medical, rehabilitation, and social needs can be met adequately by the agency in the patient's place of residence.

(b) Provision of services.

(1) Patient care shall follow a written plan, which is periodically reviewed by the supervising nurses or other appropriate health professionals.

(2) All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure that their efforts effectively complement one another and support the objectives as outlined in the plan of care.

(3) For each patient receiving professional services, including the services of a registered nurse, physical therapy, occupational therapy, speech therapy, and dietary consultation, a written summary report shall be sent to the attending physician every 62 days. Services under arrangement with another agency shall be subject to a written contract conforming to these requirements.

(4) A registered nurse shall be available or on call to the staff during all hours that nursing or home health aide services are provided.

(c) Supervision of home health aide services.

(1) A physician, a registered nurse, or an appropriate qualified health professional shall visit each patient's home every two weeks to supervise home health aide services when skilled nursing or other therapy services, or both are also being furnished to a patient.

(2) This visit may be made less often if only home health aide services are being furnished to a patient and this is documented in the clinical record. A supervisory visit shall then be made at least every 60 days. (Authorized by K. S.A. 65-5109; implementing K. S.A. 65-5104; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)
NURSING SERVICES

28-51-105. Nursing services. (a) Nursing services shall be provided under the supervision of a registered nurse and in accordance with a plan of care.

THERAPY SERVICES

28-51-106. Therapy services. (a) Therapy services offered directly or under arrangement shall be provided by the following:

(1) A physical therapist;

(2) A physical therapist assistant functioning under the supervision of a physical therapist;

(3) An occupational therapist;

(4) An occupational therapist assistant functioning under the supervision of an occupational therapist;

(5) A speech therapist; or

(6) A respiratory therapist.

(b) The therapist shall make an evaluation visit to each patient requiring services, shall regularly reevaluate the patient's therapy needs, and shall initiate the patient's therapy plan of care and make any necessary revisions. (Authorized by K.S.A.1984 Supp. 65-5 109, as amended by 1985 H.B.2468; implementing K.S.A. 1984 Supp. 65-5104, as amended by 1985 H.B. 2468; effective, T-86-23, July 1, 1985; effective May 1, 1986.)
28-51-107. Social services. (a) Services shall be given by a social worker according to the patient's plan of care.

(b) The social worker shall participate in the development of the patient's plan of care.  
HOME HEALTH AIDE SERVICES

28-51-109. **Nutritional and dietary consultation.** (a) Nutritional and dietary consultation services offered directly or under arrangement shall be given in accordance with the written plan of care.

(b) If nutritional services are provided, a dietitian shall evaluate the nutritional needs of each patient requiring such services and shall participate in developing the plan of care for that patient. (Authorized by K.S.A. 1984 Supp. 65-5 109, as amended by 1985 H.B. 2468; implementing K.S.A. 1984 Supp. 65-5 104, as amended by 1985 H.B. 2468; effective, T-86-23, July 1, 1985; effective May 1, 1986.)
CLINICAL RECORDS

28-51-110. Clinical records. (a) General provisions. A clinical record containing pertinent past and current findings shall be maintained in accordance with accepted professional standards for each patient receiving home health services.

(b) Content of record. Each patient's clinical record shall contain at least the following:

(1) The patient's plan of care;

(2) the name of the patient's physician;

(3) drug, dietary, treatment, and activity orders;

(4) signed and dated admission and clinical notes that are written the day the service is rendered and incorporated at least weekly;

(5) copies of summary reports sent to the physician;

(6) copies of progress notes; and

(7) the discharge summary.

(c) Retention. Clinical records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient. If the home health agency discontinues operation, provision shall be made for retention of records.

(d) Safeguard against loss or unauthorized use. Written policies and procedures shall be developed regarding use and removal of records and the conditions for release of information. The patient's or guardian's written consent shall be required for release of information not required by law. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5104; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)
28-51-111. Patients' bill of rights. The governing body shall establish a bill of rights that will be equally applicable to all patients. At a minimum, the following provisions shall be included in the patients' bill of rights.

(a) Each patient shall have the right to choose care providers and the right to communicate with those providers.

(b) Each patient shall have the right to participate in planning of the patient's care and the right to appropriate instruction and education regarding the plan.

(c) Each patient shall have a right to request information about the patient's diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that the patient and the patient's family can readily understand so that they can give their informed consent.

(d) Each patient shall have the right to refuse home health care and to be informed of possible health consequences of this action.

(e) Each patient shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin.

(f) Each patient shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.

(g) Each patient shall have the right to reasonable continuity of care.

(h) Each patient shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.

(i) Each patient shall have the right to be advised in advance of any change in the plan of care before the change is made.

(j) Each patient shall have the right to confidentiality of all records, communications, and personal information.

(k) Each patient shall have the right to review all health records pertaining to them unless it is medically contraindicated in the clinical record by the physician.

(l) Each patient denied service for any reason shall have the right to be referred elsewhere.

(m) Each patient shall have the right to voice grievances and suggest changes in services or staff without fear of reprisal or discrimination.
(n) Each patient shall have the right to be fully informed of agency policies and charges for services, including eligibility for, and the extent of payment from third-party reimbursement sources, prior to receiving care. Each patient shall be informed of the extent to which payment may be required from the patient.

(o) Each patient shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.

(p) Each patient shall have the right to have his or her property treated with respect.

(q) Each patient shall have the right to be advised in writing of the availability of the licensing agency's toll-free complaint telephone number. (Authorized by K.S.A. 65-5 109; implementing K.S.A. 65-5 104; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)
HOME HEALTH AIDE TRAINING PROGRAM

28-51-112. Home health aide training program. (a) Each individual employed or contracted by a home health agency who is not licensed or registered to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to patients shall meet the training requirements in K.A.R. 28-51-113 through K.A.R. 28-51-116.

(b) This regulation shall not apply to any individual providing only attendant care services as defined in K.S.A. 65-6201, and amendments thereto. (Authorized by K.S.A. 65-5 109; implementing K. S.A. 65-5115; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994; amended Oct. 27, 2006.)
Amended Permanent Regulation

28-51-113. Home health aide training program. (a) Each home health aide candidate shall be a Kansas-certified nurse aide in good standing on the public nurse aide registry and complete a 20-hour home health aide course approved by the licensing agency.

(b) Upon completing a home health aide course as specified in subsection (a) of this regulation, each home health aide shall be required to pass a state test as specified in K.A.R. 28-51-116.

c) Each person who completes the requirements specified in subsections (a) and (b) of this regulation shall be issued a home health aide certificate by the licensing agency and shall be listed on the public nurse aide registry.

(d) Each home health aide trainee shall be allowed to provide home health aide services to clients of the home health agency under the supervision of a registered nurse.

(2) Each home health aide trainee who completes an approved 20-hour course shall be issued a home health aide certificate by the licensing agency, upon completion of the requirements specified in subsections (a) and (b) of this regulation, within 90 days from the beginning date of the initial course in order to continue employment providing home health aide services. Home health aide trainee status shall be for one 90-day period only.

(3) Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour home health aide course may work for a home health agency as a home health aide trainee. The home health agency’s registered nurse shall retain in the trainee’s personnel file a department-approved form attesting that the trainee has met the minimum competencies for a home health aide trainee.

(e) Each 20-hour home health aide course shall be administered according to the following criteria:

(1) Any person issued a nurse aide certificate by the licensing agency or enrolled in a 90-hour nurse aide course as specified in K.A.R. 28-39-165 may enroll in a 20-hour home health aide course after being prescreened and tested for reading comprehension at an eighth-grade level.

(2) Each 20-hour course shall be sponsored by one of the following:

(A) A home health agency;

(B) a postsecondary school under the jurisdiction of the state board of regents; or

(C) a postsecondary school accredited by the north central association of colleges and schools.
(3) A home health agency shall not sponsor or provide clinical instruction for a 20-hour home health aide course if that home health agency meets any of the conditions listed in 42 C.F.R. 484.36(a)(2)(i), as in effect on October 1, 2001, which is hereby adopted by reference.

(4) Each 20-hour course shall be prepared and administered in accordance with the guidelines established by the licensing agency in the “Kansas certified home health aide guidelines (20 hours),” dated July 1, 2005, and the “Kansas home health aide sponsor and instructor manual,” excluding the appendices, dated July 1, 2005, which are hereby adopted by reference.

(f) No correspondence course shall be accepted as a 20-hour home health aide course.

(g) Distance-learning educational offerings and computer-based educational offerings shall meet the requirements specified in subsection (e) of this regulation. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)
HOME HEALTH AIDE COURSE INSTRUCTOR

28-51-114. Home health aide course instructors. (a) Each instructor for the 20-hour course shall meet the following requirements:

(1) Each person who intends to be a course instructor shall submit a completed instructor approval application form to the licensing agency at least three weeks before offering an initial course and shall be required to receive approval as an instructor before the first day of an initial course.

(2) Each instructor shall be a registered nurse with a minimum of two years of licensed nursing experience, including at least 1,750 hours of experience in the provision of home health care services.

(b) Each instructor and course sponsor shall be responsible for ensuring that the following requirements are met:

(1) Each student in a 20-hour home health aide course shall be prescreened and tested for reading comprehension of the written English language at an eighth-grade reading level before enrolling in the course.

(2) A completed course approval application form shall be submitted to the licensing agency at least three weeks before offering the course. Approval of the course shall be obtained from the licensing agency at the beginning of each course whether the course is being offered initially or after a previous approval. Each change in course location, schedule, or instructor shall require prior approval by the licensing agency.

(3) All course objectives shall be accomplished.

(4) Health care professionals with appropriate skills and knowledge may be selected to conduct any part of the training. Each health care professional shall have at least one year of experience in the subject area in which the individual is providing training.

(5) Each person providing a portion of the training shall do so under the direct supervision of the instructor.

(6) If clinical instruction is included in the course, each student shall be under the direct supervision of the instructor.

(7) During the clinical instruction, the instructor shall perform no other duties than the provision of direct supervision to the students.

(8) The 20-hour home health aide course shall be prepared and administered in accordance with the guidelines in the “Kansas certified home health aide guidelines (20 hours)” and the “Kansas home health aide sponsor and instructor manual,” as adopted in K.A.R. 28-51-113.
(c) Any instructor or course sponsor who does not fulfill the requirements of this regulation may be subject to withdrawal of approval to serve as a course instructor or a course sponsor.  
ALLIED HEALTH TRAINING ENDORSEMENT FOR HOME HEALTH AIDE

28-51-115. Allied health training endorsement for home health aide. (a) Each person who meets one of the following conditions shall be deemed to have met the requirements of K.A.R. 28-51-113(a) and shall be eligible to take the state test as specified in K.A.R. 28-51-116:

(1) The person has been licensed in Kansas or another state, within 24 months from the date of application, as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual’s license.

(2) The person is currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the individual’s license.

(3) The person has received training from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement. Training shall have included a basic skills component comprised of personal hygiene, nutrition and feeding, safe transfer and ambulation techniques, normal range of motion and positioning, and supervised clinical experience in geriatrics.

(b) Each person qualified under subsection (a) of this regulation shall receive written notice from the licensing agency that the person is eligible to take the state test. Upon receiving written approval from the licensing agency, that person may be employed by a home health agency as a home health aide trainee to provide patient care on behalf of the home health agency. Each person employed as a home health aide trainee shall be certified as a home health aide by the licensing agency, upon successful completion of the requirements specified in K.A.R. 28-51-113(a) or subsection (a) of this regulation, within one 90-day period starting from the date of approval, in order to continue employment providing home health aide services on behalf of the home health agency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)
STATE HOME HEALTH AIDE TEST ELIGIBILITY

28-51-116. State home health aide test eligibility. (a) Each person shall have a maximum of three attempts per year from the beginning date of the course to pass the state written test after successfully completing an approved 20-hour course pursuant to K.A.R. 28-51-113.

(1) If the person does not pass the state test within one year from the starting date of taking an approved 20-hour course, the person shall retake the entire course to be eligible to retake the state test.

(2) If a person whose training has been endorsed as specified in K.A.R. 28-51-115 does not pass the state test on the first attempt, the person shall complete an approved 20-hour course as specified in K.A.R. 28-51-113 before retaking the state test.

(3) The state test shall be comprised of 30 multiple-choice questions for persons who have successfully completed an approved 20-hour course or have successfully completed training that has been endorsed as specified in K.A.R. 28-51-115. A score of 22 or higher shall constitute a passing score.

(b) Each home health aide trainee shall pay a nonrefundable application fee of $20.00 before taking the state test. A nonrefundable test application fee shall be required each time the test is scheduled to be taken. Each person who fails to take the state test and who has made payment for the test shall submit another fee before being scheduled for another opportunity to take the test.

(c) Each course instructor shall collect the application fee for each home health aide trainee eligible to take the state test and shall submit the fees, class roster, and application forms to the licensing agency or its designated agent.

(d) Each person who is eligible to take the state test and who has submitted the application fee and application form shall be issued written approval, which shall be proof of eligibility to sit for the test.

(e) Any reasonable test accommodation or auxiliary aid to address a disability may be requested by any person who is eligible to take the state test.

(1) A request for reasonable accommodation or auxiliary aid shall be submitted each time a candidate is scheduled to take the test.

(2) No test shall be given orally or by a sign language interpreter since reading and writing instructions or directions is an essential job task of a home health aide.

(3) Each person requesting a test accommodation shall submit an accommodation request form along with an application form to the instructor. The instructor shall forward these forms to the licensing agency or its designated agent at least three weeks before the desired test date.
Each instructor shall verify the need for the accommodation by signing the accommodation request form.

(f) Each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to one additional hour may be offered to persons with limited English proficiency. (Authorized by K.S.A. 65-5 109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)