

<p style="text-align: center;">HH 800: Home Health Plan of Care</p> <p style="text-align: center;">WAC: 246-335-540 Home Health Plan of Care</p>	
Date of Origin: 03/01/20	Revised: 05/22/2025

Policy Statement:

Develop and implement a written home health Plan of Care for each patient with input from the patient, designated family member, or legal representative and authorizing practitioner.

Procedure:

- 1) Ensure each Plan of Care is developed by appropriately trained or credentialed agency personnel and is based on a patient assessment
- 2) Ensure the Home Health Plan of Care includes:
 - a) Current diagnoses and information on health status
 - b) Goals and outcome measures, which are individualized for the patient
 - c) Types and frequency of services to be provided
 - d) Palliative care, if applicable
 - e) Use of telehealth or telemedicine for patient consultation purposes or to acquire patient vitals and other health data in accordance with state and federal laws, if applicable
 - f) Home medical equipment and supplies used by the patient
 - g) Orders for treatments and their frequency to be provided and monitored by the licensee
 - h) Special nutritional needs and food allergies
 - i) Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency
 - j) Medication allergies
 - k) The patient's physical, cognitive, and functional limitations
 - l) Discharge and referral plan
 - m) Patient and family education needs pertinent to the care being provided by Hanford Home Health
 - n) Indication that the patient has a signed advanced directive or POLST, if applicable include resuscitation status according to advance directives or POLST, if applicable
 - o) The level of medication assistance to be provided.
- 3) Develop and implement a system to:
 - a) Ensure and document that the Plan of Care is reviewed and updated by appropriate agency personnel according to the following time frames:
 - i. For patients requiring acute care services, every two (2) months
 - ii. For patients requiring maintenance services, every six (6) months
 - iii. For patients requiring only professional medical equipment assessment services or Home Health Aide only services, every twelve (12) months.

- b) Ensure the Plan of Care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner, according to the following time frames above.
 - c) Ensure the signed or authenticated plan care is returned to Hanford Home Health within sixty (60) days of the initial date of service or date of review and update;
 - d) Inform the authorizing practitioner regarding changes in the patient's condition that indicate a need to update the Plan of Care
 - e) Obtain approval from the authorizing practitioner for additions and modifications
 - f) Ensure all verbal orders for modification to the Plan of Care are immediately documented in writing
 - i. Signed or authenticated and dated by an agency individual authorized within their scope of practice to receive the order
 - ii. signed or authenticated by the authorizing practitioner
 - iii. returned to Hanford Home Health within sixty (60) days of the date the verbal orders were received.
- 4) Home health agencies providing only Home Health Aide services to a patient:
- a) May develop a modified Plan of Care by providing only the following information on the Plan of Care:
 - i. Types and frequency of services to be provided
 - ii. Home medical equipment and supplies used by the patient
 - iii. Special nutritional needs and food allergies
 - iv. The patient's physical, cognitive, and functional limitations
 - v. The level of medication assistance to be provided.
 - b) The Plan of Care does not require an authorizing practitioner signature on the Plan of Care.
- 5) The Plan of Care will include orders for all disciplines and services to be provided by Hanford Home Health.
- 6) The Plan of Care will be reviewed and/or revised by the Director of Clinical Services or appropriate agency staff:
- a) At least every sixty (60) days for acute care patients. Acute care is defined as care provided by an in-home services agency licensed to provide home health services for patients who are not medically stable or have not attained a satisfactory level of rehabilitation. These patients require frequent monitoring by a licensed nurse, therapist, dietitian, or social worker to assess health status and progress.
 - b) At least every twelve (12) months for maintenance care patients. Maintenance care is defined as care provided by in-home services agencies licensed to provide home health services that are necessary to support an existing level of health, to preserve a patient from further decline, or to manage expected deterioration of disease.

- c) At least every twelve (12) months for patients requiring only professional medical equipment
 - d) At least every twelve (12) months for Home Health Aide only services
- 7) Home health agencies providing a one-time visit for a patient may provide the following written documentation in lieu of the home health Plan of Care and patient record requirements in WAC 246-335-550(3):
- a) Patient name, age, current address, and phone number;
 - b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-535;
 - c) Patient consent for services to be provided
 - d) Authorizing practitioner orders
 - e) Documentation of services provided