



**STANDARD I**

**THE PROVIDER SHALL HAVE LEGAL AUTHORITY TO OPERATE AND SHALL MEET  
COMMISSION ELIGIBILITY REQUIREMENTS.**

**Complete the following and attach documentation as appropriate:**

IMPORTANT NOTE: To be eligible to apply, Providers must meet all requirements during the four month period prior to the date the application is received in the CAHC office. This section will help you determine whether you are eligible. Therefore, when completing this section, refer to the Manual and call the CAHC office before proceeding with the rest of the application, if you have any questions.

\_\_\_ 1 A. Attach a copy of current Health Care Service Firm license.

\_\_\_ 2 A. State date that agency opened (month/day/year): \_\_\_\_\_

\_\_\_ Attach a copy of your Health Care Service Firm license with an effective date at least one year prior to the date that the application is submitted to CAHC.

\_\_\_ 2 B. PCS ONLY: State date when service was initiated for the first patient who received Personal Care Services from your agency (month/day/year): \_\_\_\_\_

\_\_\_ IHSN ONLY: State date when service was initiated for the first patient who received In-Home Skilled Nursing services from your agency:  
(month/day/year): \_\_\_\_\_

\_\_\_ 2 C. At time of submission of this application, how many months of compliance with CAHC Standards can be demonstrated by your agency? \_\_\_\_\_

\_\_\_ 3 A. Attach a copy of current agency general liability insurance.

\_\_\_ 3 B. Does your agency directly employ and pay the wages and mandated State and Federal employment taxes for all certified homemaker-home health aides and nurses?

Yes  No

If no, explain:

\_\_\_ 3 C. Is there a qualified Director of Nursing that provides clinical oversight for all Personal Care Services/In-Home Skilled Nursing Services?

Yes  No

If no, explain:

\_\_\_ Attach a copy of the Director of Nursing's qualifications and current nursing license.



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\_\_\_ 3 D. Do all Nursing Supervisors, including the Director of Nursing hold a current, valid license as a registered nurse (RN) issued by the New Jersey Board of Nursing?  
 Yes  No  
If no, state why: \_\_\_\_\_

\_\_\_ 3 E. PCS ONLY: Are all paraprofessionals providing personal care services certified?  
If no, state why: \_\_\_\_\_

Do all certified homemaker-home health aides hold a current, valid certificate as a certified homemaker-home health aide issued by the New Jersey Board of Nursing?

\_\_\_ 3 F. IHSN ONLY: Do all nurses providing home care services hold a current, valid license as a registered nurse (RN) or licensed practical nurse (LPN) issued by the New Jersey Board of Nursing?  
 Yes  No  
If no, state why: \_\_\_\_\_

\_\_\_ 3 G. PCS ONLY: Are all services provided to patients who reside within a 50 mile radius of your office?  
 Yes  No  
If no, state why: \_\_\_\_\_

\_\_\_ PCS and IHSN: If this office is a satellite, are all services provided to patients who reside within the 50 mile radius of the headquarters/branch office?  
 Yes  No  
*(Note: If No, this office does not qualify as a Satellite office.)*

\_\_\_ 3 H. Does the provider agree to uphold the conditions of the CAHC Memorandum of Agreement?  
 Yes  No  
  
Is the original CAHC Memorandum of Agreement signed and dated by an authorized, designated representative?  
 Yes  No

\_\_\_ 3 I. Is there a Corporate Compliance policy in effect? Is the provider in compliance with all laws and regulations?  
 Yes  No



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- \_\_\_ 1 A. Original current Health Care Service Firm license.
- \_\_\_ 3 A. Original current liability insurance policy.
- \_\_\_ 3 B. New Jersey WR-30 for past quarter.

Personnel and clinical records will be reviewed on-site.

**COMMENTS**



STANDARD II

THE PROVIDER SHALL HAVE WRITTEN POLICIES AND JOB DESCRIPTIONS TO ENSURE A CONSISTENT APPROACH TO AGENCY OPERATIONS.

Complete the following and attach documentation as appropriate:

1 A. Does your agency have a policy manual that includes the following components? (Check all that apply):
Administrative policies
Personnel policies
Clinical policies
Job descriptions

1 B. Does each policy contain the following components? (Check all that apply):
The general policy statement of intent
Documentation requirements
The procedure to follow for implementation of the policy, such as:
Who is responsible
What steps or actions are to be taken
Where the required action is to take place
Time frame for the required action.

1 C. Are the policies and job descriptions reviewed at least annually to ensure compliance with all federal, state and local laws; contractual requirements; and CAHC standards?
Yes No

List date of the last annual review: \_\_\_\_\_

1 D. Are implementation dates and revision dates for each policy documented?
Yes No

Attach the list of all CAHC-required policies and job descriptions. For each policy and job description, the list must contain:
the implementation date (the date a new policy is put into effect)
the revision date (the date a policy revision is put into effect)
the annual review date.

2 A. Attach a job description for each position on the organizational chart. Submit, at a minimum:
Director of Nursing
Nursing Supervisor
PCS ONLY: Certified Homemaker-Home Health Aide
IHSN ONLY: Field Nurse



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- \_\_\_ 2 B. Each job description must contain, at minimum:
- Qualifications, including:
    - \_\_\_ Relevant education requirements
    - \_\_\_ Required certification/license, if applicable
  - Duties and responsibilities
  - Reporting structure.

**For surveyor review on-site:**

**All manuals will be reviewed on-site.**

**COMMENTS**



### STANDARD III

**THE PROVIDER SHALL ENSURE THAT THERE IS A RESPONSIBILITY AND ACCOUNTABILITY FOR AGENCY OPERATIONS AND THAT THERE IS A FORMAL PROCESS TO ENSURE SERVICE QUALITY.**

**Complete the following and attach documentation as appropriate:**

- \_\_\_ 1 A. Attach the written statement which clearly defines with whom the authority, ultimate responsibility and accountability rest.
- \_\_\_ 1 B. Attach an organizational chart of the site, including the designee for the Director of Nursing and person responsible for operational issues.
- \_\_\_ 1 C. Attach an organizational chart of headquarters/branch office, if applicable.
- \_\_\_ 2 A. Attach Corporate Compliance policy.
- \_\_\_ 2 B. Who is the corporate compliance officer? \_\_\_\_\_
- \_\_\_ 2 C. Attach corporate compliance orientation materials used with newly hired employees.
- \_\_\_ 2 D. Attach corporate compliance instruction materials used for one-time instruction with current employees.
- \_\_\_ 3 B. Attach fact sheet or brochure.

In addition to the fact sheet or brochure, how do you market your agency? (check all that apply):

- website
- newspaper advertisement
- Yellow Pages advertisement
- radio ads
- TV ads
- Other (specify): \_\_\_\_\_

\_\_\_ If any advertising/marketing materials state your agency is accredited, attach proof of accreditation.

- \_\_\_ 3 C. Attach samples of all advertising materials used and written transcripts of radio or TV ads. If applicable, include a written transcript in English of any materials that are not in English.
- \_\_\_ 4 A. Attach On-Call policy.
- \_\_\_ 4 B. Attach job description(s) that includes qualifications of the on-call nurse(s).
- \_\_\_ 4 E. Attach a copy of the on-call schedules for the past and current quarters.



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\_\_\_ 4 F. Attach any forms used to document calls received after office hours and follow-up actions.

\_\_\_ 5 A. Attach Infection Control policy.

\_\_\_ 5 B. Attach Exposure Control plan.

*(Note: If the size/weight of the Infection Control policy and Exposure Control Plan makes it inconvenient to mail, check here  and have it available on-site for surveyor review instead of mailing it.)*

\_\_\_ 5 C. Does your agency provide the following personal protective equipment (PPE), at no cost to the employee, to all field staff? Check all that apply:

- soap and/or antibacterial gel for handwashing
- disposable gloves
- disposable aprons and gowns
- disposable eye shields
- procedure masks
- ability to obtain respirator masks, if required
- specify any other PPE: \_\_\_\_\_

\_\_\_ 6 A. Attach Performance Quality Improvement policy.

\_\_\_ 6 D. Attach a copy of the most recent Performance Quality Improvement annual evaluation for the PCS and/or IHSN programs.

\_\_\_ 7 A. Attach the Risk Management policy.

\_\_\_ 7 B. How does your agency monitor and follow-up with complaints? Explain:

—

\_\_\_ 7 D. Attach a copy of the most recent Risk Management report.

\_\_\_ 7 F. Attach a copy of the Serious Adverse Events policy.

\_\_\_ 8 A. Attach a copy of the Fiscal Management policy.

\_\_\_ 8 B. Attach a copy of long range financial plan for future goals of the agency.

\_\_\_ 8 C. Attach a copy of the Business and Disaster Recovery Plan.



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- \_\_\_ 3 A-C. If websites are used, an on-site demonstration must be done.  
If non-English materials are used and a transcript in English was not submitted, a person to translate must be available.
- \_\_\_ 4 F. Documentation of calls received after hours and follow-up actions.
- \_\_\_ 5 C. Personal protective equipment (PPE) available on-site.
- \_\_\_ 6 A-D. All components of the performance quality improvement (PQI) process.
- \_\_\_ 7 A-E. All components of the risk management program.
- \_\_\_ 8 A-D. All components of the Fiscal Management

If the Infection Control policy/Exposure Control plan was not mailed with the application (see 5 A & B above), it will be reviewed on-site by the surveyor.

CAHC will randomly test the provider's on-call response.

**COMMENTS**





**STANDARD IV**

**THE PROVIDER SHALL USE A FAIR AND CONSISTENT PROCESS TO SELECT QUALIFIED PERSONNEL AND SHALL REGULARLY MONITOR THE PERFORMANCE OF PERSONNEL**

**Complete the following and attach documentation as appropriate:**

- \_\_\_ 1 A. Attach Personnel Records Policy.
- \_\_\_ 2 A. Attach Employment Application policy.
- \_\_\_ 2 C. Attach an application form.
- \_\_\_ 3 A. Attach Interview policy.
- \_\_\_ 3 D. Attach an interview form.
- \_\_\_ 4 A. Attach Reference policy.
- \_\_\_ 4 C-G. Attach a reference form, including the release.
- \_\_\_ 5 A-C. Attach a copy of the qualifications (resume or application for employment) and current nursing license of each person who acted in the role of Director of Nursing during the period of accountability.
- \_\_\_ 6 A-D. Attach a copy of the qualifications (resume or application for employment) and current nursing license of each person who acted in the role of Nursing Supervisor during the period of accountability.  
  
PCS ONLY: Do any Nursing Supervisors have less than one year of professional experience as an RN?     Yes     No  
  
PCS ONLY: Does your agency plan to hire Nursing Supervisors with less than one year of experience as an RN?     Yes     No
- \_\_\_ 7 A-C. PCS ONLY: If “yes” to either of the above questions, attach Nurse Preceptor policy.
- \_\_\_ 10 A. Attach Validation of Credentials policy.
- \_\_\_ 11 A. Attach Health Requirements policy.
- \_\_\_ 11 D. Attach a health attestation form.
- \_\_\_ 11 D-F. Attach a TB screening questionnaire.
- \_\_\_ 12 A. Attach Agency Orientation policy.



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- \_\_\_ 12 D. Attach agency orientation form.
- \_\_\_ 13 A. PCS ONLY: Attach PCS Clinical Competency policy.
- \_\_\_ 13 F. PCS ONLY: Attach all forms utilized to document clinical competency of the certified homemaker-home health aides.
- \_\_\_ 14 A. IHSN ONLY: Attach IHSN Clinical Competency policy.
- \_\_\_ 14 G. IHSN ONLY: Attach all forms utilized to document clinical competency of the field nurses.
- \_\_\_ 15 A. Attach Performance Evaluation policy.
- \_\_\_ 15 E. Attach all forms used to document post-orientation and annual performance evaluations, including criteria used.
- \_\_\_ 16 A. PCS ONLY: Attach Certified Homemaker-Home Health Aide In-Service policy.
- \_\_\_ 16 F. PCS ONLY: Attach written schedule for the past and current calendar year of in-services classes, if in-person instruction is offered.
- \_\_\_ 16 H. PCS ONLY: Attach list for the past and current calendar year of in-service topics that are offered via self-study, take-home materials, video or online programs.
- \_\_\_ 16 I. Attach form(s) used to document in-services.

**If the Homemaker-Home Health Aide Training program is given by the provider, please complete 17 A- F. Otherwise skip to item 18 A:**

- \_\_\_ 17 A. PCS ONLY: Attach Training Program policy, if applicable.
- \_\_\_ 17 B. PCS ONLY: Attach a copy of training program approval from the New Jersey Board of Nursing for all training programs held by your agency during the current year and the past year, if applicable.
- \_\_\_ 17 C. Attach a copy of instructor approval from the New Jersey Board of Nursing for all instructors who taught the course during the current year and the past year, if applicable.
- \_\_\_ 17 D. Attach class schedule, including a breakdown of hours per subject taught. -



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\_\_\_ 17 F. Describe the location where the training course is held:

\_\_\_\_\_

Indicate what equipment is available for the instructors and students:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> bed        | <input type="checkbox"/> walker          |
| <input type="checkbox"/> basins     | <input type="checkbox"/> crutches        |
| <input type="checkbox"/> bed linens | <input type="checkbox"/> mechanical lift |
| <input type="checkbox"/> towels     | <input type="checkbox"/> cane            |
| <input type="checkbox"/> toiletries | <input type="checkbox"/> thermometers    |
| w wheelchair                        | ~ other                                  |

\_\_\_ 18 A. Attach Rehire policy.

\_\_\_ 19 A. Attach Staffing Cases policy.

**For surveyor review on-site:**

\_\_\_ 13-14. Equipment used for competency testing.

\_\_\_ 16. Space where the in-service programs are held.

\_\_\_ 17 E. Sign-in sheets for each class section of the Training Program during the period of accountability.

\_\_\_ 17 F. Equipment, books, handouts, etc. that are used in conjunction with the Training Program.

Personnel records and all required personnel information that is not maintained in the personnel records will be reviewed on-site.



## STANDARD V

### A REGISTERED NURSE SHALL PROVIDE CLINICAL OVERSIGHT FOR ALL PATIENT CARE SERVICES

#### **Complete the following and attach documentation as appropriate:**

- \_\_\_ 1 A. Attach Clinical Records policy.
- \_\_\_ 2 A. Attach Admission policy.
- \_\_\_ 2 B. Attach Interruption of Service policy.
- \_\_\_ 2 C. Attach Discharge policy.
- \_\_\_ 3 A, E. Attach Intake and Job Order policy.
- \_\_\_ 3 D, E. Attach intake and job order form.
- \_\_\_ 4 A. PCS ONLY: Attach Physician's Certification of Need for Services policy.
- \_\_\_ 5 A. IHSN ONLY: Attach Physician's Orders policy.
- \_\_\_ 5 G. IHSN ONLY: Attach physician's order form.
- \_\_\_ 6 A. Attach Advance Directive policy.
- \_\_\_ 6 B-C. Attach a copy of the Advance Directive materials that your agency gives to the patient/significant other.
- \_\_\_ 6 D. Attach the advance directives documentation form.
- \_\_\_ 7 A. Attach Service Agreement policy.
- \_\_\_ 7 C. Attach the service agreement form.
- \_\_\_ 8 A. Attach Patient's Bill of Rights policy.
- \_\_\_ 8 B-C. Attach a copy of the written Patient's Bill of Rights that your agency gives to the patient/significant other.
- \_\_\_ 8 D. Attach Grievance policy.
- \_\_\_ 8 E. Attach a copy of the written grievance procedure that is given to the patient/significant other.
- \_\_\_ 9 A. Attach Initial Assessment policy.



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- \_\_\_ 9 A. Attach Pain Management policy.
- \_\_\_ 9 C. Attach the initial assessment form(s) including any age – appropriate forms.
- \_\_\_ 9 D. Attach Emergency Preparedness policy.
- \_\_\_ 10 A. IHSN ONLY: Attach Medications policy.
- \_\_\_ 10 F. IHSN ONLY: Attach the medication profile form.
- \_\_\_ 10 I. IHSN ONLY: Attach medication administration record form.
- \_\_\_ 11A. PCS ONLY: Attach Plan of Care policy.
- \_\_\_ 11 F. PCS ONLY: Attach the plan of care form.
- \_\_\_ 12 A. IHSN ONLY: Attach Nursing Plan of Care policy.
- \_\_\_ 12 E. IHSN ONLY: Attach the nursing plan of care form(s).
- \_\_\_ 13 A. Attach Orientation to the Case policy.
- \_\_\_ 13 G. Attach any forms utilized by your agency to document orientation to the case.
- \_\_\_ 14 A. PCS ONLY: Attach Weekly Activity Sheet policy.
- \_\_\_ 14 D. PCS ONLY: Attach the weekly activity sheet.
- \_\_\_ 15 A. IHSN ONLY: Attach Nursing Progress Notes policy.
- \_\_\_ 15 D. IHSN ONLY: Attach the nursing progress notes form.
- \_\_\_ 16 A. Attach Case Monitoring policy.
- \_\_\_ 16 E. Attach the case monitoring notes form.
- \_\_\_ 17 A. Attach Clinical Supervision policy.
- \_\_\_ 17 D. Attach the form used to document supervision in the personnel record.
- \_\_\_ 17 E. Attach the form used to document supervision in the clinical record.
- \_\_\_ 18 A. Attach Reassessment policy.



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- \_\_\_ 18 D. Attach the reassessment form(s), including any age-appropriate forms.
- \_\_\_ 19 A. Attach Patient Discharge Planning policy.
- \_\_\_ 19 D. Attach the form used to document discharge planning.
- \_\_\_ 19 E. Attach the discharge summary form.

#### **For surveyor review on-site:**

Clinical records and all required clinical information that is not maintained in the clinical records will be reviewed on-site.

## **COMMENTS**