

# Class F Licensed Only Home Care Agency Frequently Asked Questions

Updated June 2010- Additions Bolded

## **Bill of Rights**

1. Question: Where can a current copy of the Home Care Bill of Rights required by MN Rule 4668.0030 be found?

Answer: The most current Home Care Bill of Rights may be obtained at:  
<http://www.health.state.mn.us/divs/fpc/consumerinfo/otherlang2.html>

## **Delegation by Professionals**

1. Question: I am a registered nurse. May I delegate blood sugar monitoring and insulin administration to a trained unlicensed person?

Answer: A registered nurse may delegate to an unlicensed person the task of checking a client's blood sugar and insulin administration if all the requirements of MN Rule 4668.0825 and MN Rule 4668.0855 are met.

- The unlicensed person (ULP) cannot determine the dose, including dialing an insulin pen or any other device that requires manipulation in order to administer a dose.
- The ULP cannot decide what dose to administer.
- The ULP cannot draw up insulin into a syringe.
- Injections given by a trained unlicensed person are limited to insulin administration.
- The ULP must be trained and competency tested in the tasks that are delegated to them.
- The ULP may visually verify that the client has dialed up the correct dose on an insulin pen prior to the client self administering their own insulin.
- ULP's MAY give an insulin injection from an insulin pen when the dose is dialed by a licensed nurse and then only if they have been trained and competency tested by a registered nurse
- May administer sliding scale insulin as long as they meet the training requirements and the syringe is clearly labeled.

2. Question: If a client uses an insulin pen for the administration of insulin, what services may an unlicensed staff member provide related to the use of the insulin pen?

Answer: Unlicensed personnel:

- may not dial up the dose on an insulin pen (MN Rule 4668.0855 Subp. 6)

- may visually verify that the client has dialed up the correct dose
- may handle the insulin pen including changing the needle as long as they have been trained and competency tested by a registered nurse. (MN Rule 4668.0825 Subp. 4) It is expected that this training would include elements of infection control and safety.
- ULP's MAY give an insulin injection from an insulin pen when the dose is dialed by a licensed nurse and then only if they have been trained and competency tested by a registered nurse

3 Question: I am a registered nurse. Can I delegate B12 injections to a medication trained unlicensed person?

Answer: No. MN Rule 4668.0855 Subpart 6 does not permit an unlicensed person to inject any medication except insulin.

4. Question: One of my clients who is normally independent has the flu and needs some extra help with bathing, foot soaks, dressing and meal preparation. I am not a registered nurse (RN); can I delegate these services for this client?

Answer: No. MN Rule 4668.0825 Subp. 3 specifically requires that an RN delegate foot soaks and bathing (G) and also requires that an RN delegate dressing and meal preparation during episodes of acute illness (H). Additional information regarding delegation of nursing services may be obtained from the Minnesota Board of Nursing web-site: [www.nursingboard.state.mn.us](http://www.nursingboard.state.mn.us)

## **General Licensing**

1. Question: Can a Class F home care provider provide services in more than one housing with services establishments?

Answer: Yes, MN Rule 4668.0800 Subp. 1 states that a Class F home care provider may provide home care services in one or more registered housing with services establishments.

2. Question: Our corporation holds multiple MDH licenses and we have staff that work across these multiple licensed entities. For example, our registered nurse may work for our nursing home, Class A (licensed only) home care provider and our Class F home care agency. How many background studies do we need to conduct to meet the requirements of 144A.46 Subd. 5?

Answer: Only one background study is required for each individual working on a campus or in a corporation as long as both of the following requirements are met:

1. Personnel records and the responsibility for background studies are centralized and
2. One individual (this can be a position) is clearly designated to be the contact person for background studies.

See MN Statute 245C.07.

3. Question: I have received correction orders. What do I need to do?

Answer: After all corrections are made and on or prior to the last date listed in orders for the time period for correction, the Class F home care provider is asked to sign and date the first page of the correction order(s) and return the first page to the Minnesota Department of Health address listed on the correction order. Note: In Minnesota, Class F home care providers are not required to submit a plan of correction when correction orders are issued

4. Question: Posting of Home Care License – where are surveyors expecting these to be posted?

Answer: Licensees follow: *Minnesota Rule 4668.0012 Subp. 17. Display of license. The original license must be displayed in the provider's principal business office and copies must be displayed in all other offices. The licensee must provide a copy of the license to any person who requests it.*

**Survey Focus:**

**The home care licensure requirements require the license/copies to be displayed as stated above. It would be consistent with the Home Care licensure requirements for a surveyor to inquire where the license is posted and if a licensee had multiple offices for the license to be displayed in these offices.**

5. Question: How do I apply to become a Class F home care provider?

Answer: You can access the information you need from the Minnesota Department of Health, Compliance Monitoring Division - Licensing and Certification Program's website listed below:

<http://www.health.state.mn.us/divs/fpc/profinfo/licensure.html>

- Scroll down to middle of page and click onto the underlined words “Class F Home Care Provider (Formerly ALHCP)” This will take you to the application, guidelines, statutes, rules and more information that you will need. After reviewing all of the information, if you have additional questions feel free to call 651-201-4101 and ask to speak with a Program Assurance representative

6. Question: What home care services can a Class F home care provider provide?

Answer: According to MN Statute 144A.4605 the services a Class F home care provider can provide include “nursing services, delegated nursing services, other services performed by unlicensed personnel, or central storage of medications solely for residents of one or more housing with services establishments registered under chapter 144D.”

7. Question: Are there limitations on where a Class F home care provider can provide care?

Answer: Yes, according to MN Rule 4668.0800 Subp. 1 the class F home care licensee may provide home care services solely to residents living in a building that is registered with the Minnesota Department of Health as a housing with services establishment.

## **Individual Needs**

1. Question: What should a Class F home care provider do if a client needs skilled therapy such as physical, occupational or speech therapy?

Answer: Therapy is beyond the scope of a Class F home care provider license. If a Class F home care client needs therapy, the client should be provided a list of agencies that provide the needed therapy or the client may independently contract with another home care provider for the therapy. (MN Rule 4668.0800 Subp. 4)

## **Medications and Treatment**

1. Question: Is oxygen considered a medication or a treatment? Do I need physician's orders for oxygen?

Answer: Oxygen is considered a treatment. Prescriber's orders are required for oxygen per MN Rule 4668.0860 Subp. 2 if staff from the Class F (licensed only) home care provider assists the client with oxygen.

2. Question: My agency staff does tests such as blood glucose monitoring. Is there anything special that I need to do related to these tests?

Answer: **The Center for Disease Control (CDC) has guidance for glucose monitoring. See: [www.cdc.gov](http://www.cdc.gov) search enter 'glucose monitoring'.**

The Federal Government requires a CLIA Certificate of Waiver when providers conduct laboratory tests including blood glucose monitoring, utilizing devices approved by the Food and Drug Administration (FDA). The tests that qualify for a CLIA Certificate of Waiver can be found in the categorization of tests area of: <http://www.cms.hhs.gov/clia>

The application form, called CMS-116, and instructions on how to fill out the form can be found at: <http://www.cms.hhs.gov/cmsforms/downloads/cms116.pdf>

The completed application form should be mailed to:

CLIA Program

MN Department of Health

85 East 7th Place, Suite 220

P. O. Box 64900

St. Paul, MN 55164- 0900

MDH's CLIA phone number is: 651-201-4120

**3. Question:** If the nurse documents each medication that is set up, then is it permissible for the unlicensed staff to simply document “noon meds” and not document each medication individually?

**Answer:** Yes. Medication administration needs to be provided consistent with the assessment and service plan.

The licensee is responsible for assuring that medications administered or self-administered are provided to the client as ordered, at the prescribed date & time, prescribed dosage/quantity and that the administration can be verified by an authorized person through their signature and title.

If a licensee has authorized persons such as unlicensed staff to “document ‘noon meds’ and not document each medication individually”; and if the licensee has authorized persons such as a RN/pharmacist/physician to “set up” medications; and if the licensee can verify that either of these authorized person(s) has recorded in the clients record administration of each medication, this system would be consistent with current rule.

The licensee through their system of medication administration/self-administration verifies in the client record as stated in the regulation:

*The name, date, time, quantity of dosage, and the method of administration of all prescribed legend and over-the-counter medications, and the signature and title of the authorized person who provided assistance with self-administration of medication or medication administration must be recorded in the client's record following the assistance with self-administration of medication or medication administration. If assistance with self-administration of medication or medication administration was not completed as prescribed, documentation must include the reason why it was not completed and any follow up procedures that were provided.*

**Survey Focus:**

Surveyors investigate to determine if medication administration has been/is being provided consistent with the assessment and service plan.

Surveyors evaluate if the licensee has assured that medications administered or self-administered are provided to the client as ordered, at the prescribed date & time, prescribed dosage/quantity and that the administration can be verified by an authorized person through their signature and title.

In this scenario, the surveyors would evaluate if the licensee has authorized persons such as unlicensed staff to “document ‘noon meds’ and not document each medication individually”. The surveyors would investigate further to determine if the licensee has authorized persons such as a RN/pharmacist/physician to “set up” medications. The surveyors would also investigate to determine if the licensee can verify that the appropriate authorized person(s) records the administration of each medication in the client’s record. The surveyors would observe the actual administration/self-administration of medications for appropriate medication service provision. MDH may also survey provisions under Minnesota Rule 4668.0865 regarding central storage of medication.

**Applicable Regulations: Minnesota Rules: 4668.0003 Subp. 2a & 21a, 4668.0810, 4668.0815, 4668.0855, 4668.0860, 4668.0865**

**4. Question: If a licensee utilizes a medication set-up system, must a nurse, pharmacist or physician set the Over-the-Counter (OTC) medication up for Class A and Class F?**

**Answer: Yes, a medication may be set up by a nurse, pharmacist or physician. When a medication is taken out of the prescribed, original container and placed into another medication set-up container, this setting up of the medication must be done by a nurse, pharmacist or physician.**

**Applicable Regulations: Minnesota 4668.0003, Subp. 2a**

**5. Question: Are herbal over the counter OTC medications considered medications and do providers need an order for them?**

**Answer: Yes. Herbal medications are over-the-counter drugs and are medications. Minnesota Rule 4668.0860 requires prescriber order for over the counter drugs.**

**6. Question: Do Class A and F licensees need an order for oxygen saturation monitoring?**

**Answer: Yes. If the oxygen saturation monitoring is part of treatment plan then a prescriber's order is required. An example would be oxygen saturation monitoring in conjunction with oxygen therapy or as a treatment plan to monitor oxygen levels periodically.**

**Applicability: Minnesota Rule 4668.0150 4668.0860**

**7. Question: Can you please tell me what is meant by central storage of medications in MN Rule 4668.0865?**

**Answer: The term central storage of medication generally refers to the storing of medications in one central location such as a medication cupboard or medication cart.**

- If a provider chooses to centrally locate and secure all of an individual client's medications in a secure location in the client's room or apartment and states that this is the provider's method of central storage, all of the requirements for central storage will apply.
- Therefore, central storage of medications for the purpose of MN Rule 4668.0865 refers to both of the following:
  - medications that are kept in a common facility medication area and also to
  - medications stored within a central area of the client's personal living area as long as this area in the client's living space is represented by the facility as central storage of medications.
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## **Service Plan**

1. **Question:** MN Rule 4668.0815 lists the required components of a service plan. Do all of these components need to be included in the service plan?

**Answer:** Yes, MN Rule 4668.0815 Subp. 4 lists the required components of a service plan and all must be present. It is acceptable to reference other documents such as a DHS services document for specific components of the service plan.

2. **Question:** How often do I have to modify the service plan?

**Answer:** It is important to distinguish between reevaluation and modification.

- MN Rule 4668.0815 Subp. 2 requires that the service plan be reevaluated at least annually. This means that a registered nurse must review and revise a client's evaluation and service plan at least annually or more frequently when there is a change in the client's condition that requires a change in services.

- MN Rule 4668.0815 Subp. 3 addresses modifications of the service plan. Modifications are generally considered to be changes made in the service plan to reflect changes in services or any of the components of the service plan listed in 4668.0815 Subp. 4. Modifications must be in writing and agreed to by the client or the client's responsible person before the modification is initiated.

## **Supervising and Monitoring**

1. **Question:** Is direct or indirect supervision the norm and must "all cares" be directly supervised?

**Answer:** There is no language in the current home care regulations about "direct or indirect supervision, however some language does require supervision at the residence.

**Licensees are responsible for assuring that services including supervision are provided consistent with current nursing and medical standards and are consistent with the needs of the clients and applicable home care licensure requirements such as the Minnesota Home Care Bill of Rights, acceptance of clients, individual service agreement/service plan, supervision requirements and other applicable requirements.**

**Class F licensure requirements state: *After the orientation..., a registered nurse must supervise, or a licensed practical nurse under the direction of a registered nurse must monitor, unlicensed persons who perform assisted living home care services that require supervision by a registered nurse at the housing with services establishment, to verify that the work is being performed adequately, identify problems, and assess the appropriateness of the care to the client's needs.***

***If the unlicensed person is monitored by a licensed practical nurse, the client must be supervised by a registered nurse at the housing with services establishment at least every other visit and the licensed practical nurse must be under the direction of a registered nurse....***

## Survey Focus

The surveyors will investigate to determine that the supervisory visit occurred at the client's residence. The surveyors will investigate further and seek information from the licensee that through supervision the licensee has verified that the work is being performed adequately, identified problems, and assessed the appropriateness of the care to the client's needs. The surveyors will observe, interview and corroborate in record review for verification. Licensees implement supervision requirements differently. As part of an MDH survey or investigation to determine compliance, MDH staff may ask questions related to supervision and this investigation may include inquiry about how this supervision is implemented. The provision of supervision is also reviewed in relation to the identified service needs of the client. This information helps the surveyor to understand how the licensee implements service provision for client/resident health and safety.

**Applicable Regulations:** Minnesota Statutes: 144A.44, Minnesota Rules: 4668.0100, 4668.0815.

## Training

1. Question: Where do I get information for the orientation to home care required by MN Rule 4668.0805?

Answer: "A Guide to Home Care Services" may be downloaded from the Minnesota Department of Health's website: <http://www.health.state.mn.us/divs/fpc/profinfo/lic/newguide.pdf>

This guide is intended as an overview and is not a substitute for the home care rules and statutes.

2. Question: I have questions about the Class F home care provider regulations. Who can I call?

Answer: The Home Care & Assisted Living Program staff members are available to answer your questions and may be reached at 651-201-5723.

*See also > [Facility & Provider Compliance Home](#)*