

If any of the requested documents are determined to be absent, the application will be considered incomplete and the application and documents will be returned to you along with information identifying the missing documents. At that time the application will be considered to be voluntarily withdrawn, but you may reapply when you have assembled all of the required documents.

Once the application packet has been determined by HFRD staff to be complete, HFRD will begin an administrative review of your application and supporting documents for compliance with the Private Home Care Provider rules and regulations. This initial review may take up to sixty (60) days. If the documents are determined to contain all the information required to obtain a provisional license **and a satisfactory criminal record determination has been obtained on the owner**, you will be considered to be in compliance with applicable Private Home Care Provider rules and regulations and issued a provisional license. You can begin to provide Private Home Care Provider services upon receipt of your provisional license.

If the documents you have submitted do not contain sufficient acceptable information for indicating compliance with the rules, you will be notified in writing as to which of the documents were determined to be unacceptable. You will be allowed a period of time in which to submit corrected or revised documents. *However, if you are unable to provide acceptable documents within 90 days of the initial receipt of your application, your application for a provisional license may be denied for failure to demonstrate compliance with the rules and regulations.*

STEP 2: ON-SITE SURVEY FOR A REGULAR LICENSE

Once your agency has provided Private Home Care Provider services to two or more clients, and prior to the expiration date of the provisional license, you must request an initial on-site survey. If HFRD surveyors determine at the on-site survey that your agency has demonstrated substantial compliance with the rules and regulations, your Private Home Care Provider agency shall become eligible for and be issued a **regular license**. Your facility must have been issued a regular license to continue to serve clients beyond the expiration date of the provisional license.

Provisional licenses are not renewable and expire one year from the date issued. If you are unable to become operational and obtain a regular license prior to the expiration of the provisional license, please note that the provisional license will not be extended.

Should you have any questions concerning the information in this letter, completion of the application or submission of required documents, please contact the Healthcare Facility Regulation Division at (404) 657-5850.

Enclosures:

- Rules and Regulations for Private Home Care Providers
- Application for a License to operate as a Private Home Care Provider, with Instructions
- Personal Identification Affidavit Form
- Application and Licensure Fee Schedule
- Document Checklist
- Records Check Application**
- Memorandum regarding the methods for obtaining electronic/live scans fingerprints**



2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

HEALTHCARE FACILITY REGULATION DIVISION
APPLICATIONS AND WAIVERS UNIT
PROGRAM PROCEDURE

NUMBER: 4

SUBJECT: Private Home Care Providers (Surveys and Licenses)

APPROVALS:

Division Chief: Deputy Chief:

Effective Date: Subsequent Review Dates:

A. Initial Application Packet

Upon request, potential Private Home Care Providers (PHCP) can print an initial application packet from the Department's website located at www.dch.georgia.gov. The initial application packet shall consist of the following:

- 1) Cover letter explaining the initial licensure process and application fee information (attachment #1);
2) Copy of the PHCP rules, Chapter 290-5-54 with the interpretative guidelines;
3) Application form with instructions, (attachment #2);
4) Licensing fee schedule, (attachment #3);
5) Provider application checklist for provisional license document submissions, (attachment #4); and
6) Personal Identification Affidavit Form (attachment #5)
7) Memorandum regarding the "Live Scan" fingerprint process/procedures (attachment #6)
8) Records Check Application - Form 5579 (attachment #7)

When the applicant assembles the requested information, and the application packet is received into the HFRD office for review, the application is date-stamped and its receipt is entered into ACO as "pending". The applicant should be ready to begin offering the requested services for clients as soon as the provisional license review is completed.

Prior to in-office review of documents for the initial provisional license, the following information must be included in the packet submitted by the applicant:

- 1) Completed application form with a description of services to be offered and the geographic area that will be served;
2) Date of electronic fingerprinting for owner(s)
3) Application fee;
4) Licensing fee;
5) Copy of business license;
6) Notarized Personal Identification Affidavit;
7) Days and hours of operation; and

- 8) Description of services to be offered and policies and procedures as required by the rules (refer to asterisked items on the application checklist).

If all required documents are not received with the application, or cannot be located within the submitted documents, the application packet is considered incomplete. All documents, including checks for fees, are returned in entirety to the applicant with missing documents

identified. The applicant is advised that the application is considered to be voluntarily withdrawn (**attachment #9**), and they may resubmit when they have assembled all required documents. The entry in ACO is changed to “withdrawn”.

B. Provisional License Review

- 1) Once an application packet has been determined to be complete, the applicant shall be so notified (**attachment #10**), and HFRD shall begin administrative review of the application and documents to determine compliance with the PHCP rules and regulations. This initial review is conducted at the Healthcare Facility Regulation Division, with a target of **sixty (60)** days for review. The reviewer must find all documents requested in the application checklist to be submitted and acceptable. **In addition, verification from the Office of Inspector General/Background Investigations Unit of a satisfactory criminal background check on the owner(s) must be received prior to issuance of the provisional license.** If all submitted documents are determined to indicate compliance, **and a satisfactory criminal background check has been received on the owner(s)** a provisional license shall be issued.
- 2) If the documents submitted are not sufficient to indicate compliance with applicable rules and regulations, or there are documents missing or requiring amendment, the applicant shall be notified in writing of which of the documents were determined to be unacceptable (**attachment #11**). The applicant shall be allowed a determined period of time to make corrections/additions to the application packet, however, if the applicant is unable to provide acceptable documents in their entirety within 90 days of the receipt of an application packet that has been determined to be complete, the provisional license may be denied due to failure to demonstrate compliance with the rules and regulations (**attachment #12**). Applicants in this category shall be advised that they have the option to withdraw their application voluntarily during this period to avoid denial, as denial of the application may prohibit re-application for up to 12 months (**attachment #13**). **Applicants in this category shall not receive a refund of application fee.**

Note: In addition to the above requirements and pursuant to the Criminal Records Check Legislation, House Bill 155, an owner with a criminal record (refer to the listed crimes) will not be issued a provisional license.

- 3) The initial provisional license shall be effective for **no longer than one year**. Providers shall become operational and begin providing services to clients within the one-year provisional period in order to be eligible for an on-site survey for a regular license. Should a provider become operational and wish to be surveyed earlier than the end of the one-year period, in order to be issued a regular license, they may notify HFRD in writing, and may be scheduled earlier if staffing and scheduled allow. Should a provider not be able to become operational and provide services to clients during this period, the provisional license shall expire and the provider must cease operation and reapply at a later date.

C. First On-Site Survey

An on-site survey shall be conducted before the end of the provisional licensing period to determine if the agency’s operational procedures comply with the rules, review evidence of implementation of policies and procedures, evaluate client records, interview staff, clients and/or representatives, and make home visits. Initial on-site surveys shall be scheduled by ORS prior to the expiration of the provisional license, during regular business hours as indicated on the application. Changes in the scheduled survey date will not be

considered unless extraordinary circumstances can be shown. (See **attachment #14**, letter confirming survey date.) The following criteria shall be utilized to determine the numbers and types of home visits and patient/representative interviews to be conducted during the first and subsequent on-site surveys:

- 1) A representative sample of clinical records will be selected according to the following guidelines:
 - Agencies with less than 150 clients shall have a minimum of six (6) client records reviewed.
 - Agencies with 150 – 750 clients shall have a minimum of eight (8) client records reviewed.
 - Agencies with more than 750 clients shall have a minimum of twelve (12) client records reviewed.

In addition to the client records reviews, all agencies shall have a minimum of one client selected for a home visit and shall have two additional clients or their representatives contacted by telephone in order to assess the client's impression of the quality and frequency of the services provided by the agency.

- 2) Agencies providing 24-hour, 7-day-a-week care and supervision to any clients shall have a minimum of one of these clients selected at for home visit and record review. Two additional of these clients or their representatives shall be contacted via phone in order to assess the consumer's impression of the quality and frequency of services provided by the PHCP.
- 3) The home visits and client/representative interviews shall be documented on the back of the record review form (**attachment #15**).
- 4) Inspection Report form 3899 (**attachment #16**) shall be completed by the surveyor/s and signed by the administrator at the exit conference. Record reviews shall be documented on the record review form (**attachment #15**) and employee file reviews shall be documented on the staff documentation review form (**attachment #17**).
- 5) If no deficiencies are cited at the first on-site survey, a regular license shall be issued for the remainder of the one-year licensing period (**attachment #18**). If the agency is in substantial compliance but deficiencies are cited, the agency shall be notified of the requirement for an acceptable plan of correction (**attachment #19**). Once an acceptable plan of correction is received, the agency shall be notified of the acceptance (**attachment #20**), and the regular license may be issued. Failure to demonstrate substantial compliance with the rules at follow-up may result in subsequent rescinding of the regular license.

D. Survey Intervals

The following guidelines shall be followed for determining on-site survey intervals:

- 1) New agencies shall be surveyed for two consecutive years in order for the Office to compile a history regarding the agency's compliance with required rules. During this two-year period, the Office shall conduct at a minimum the provisional license review, first on-site survey and one annual survey.
- 2) After this two-year period, the agency will be eligible to go on a periodic survey interval, if the following criteria are met:
 - a) the agency has had no deficiencies scoped "D" or higher using the HCS Scope and Severity matrix for any surveys/complaint investigations over the last two years;
 - b) there have been no adverse actions initiated against the agency; and
 - c) no change of ownership has occurred.

E. Periodic or Annual Surveys

Periodic or annual surveys are announced by letter correspondence to the administrator of record at least two weeks prior to the scheduled survey date (**attachment #14**). Scheduled survey dates are at the discretion of the Office, and shall not be changed at the request of the agency, except in extraordinary instances. (Administrator inconvenience shall not be considered a reason to alter the survey schedule, if the agency continues to be in operation.) Administrators are notified that should they not be available on the scheduled date, they are expected to assure that documents are available for review and that an individual familiar with the business be available to assist the surveyor.

F. Follow-Up Surveys

On-site follow-up surveys are unannounced, and are conducted during the agency's regular business hours as stated on their application. On-site follow-up surveys are conducted based on the following criteria:

- 1) any deficiencies related to patient care and supervisory visits;
- 2) six or more deficiencies cited;
- 3) any deficiencies cited at the first on-site visit;
- 4) repeat deficiency from previous year;
- 5) any deficiencies that reflect the employment of unqualified staff; and
- 6) at the discretion of the Program Director, HFRD Director, or HFRD Deputy Director.

Should a surveyor arrive for an unannounced survey and find the office closed during regular business hours, the surveyor is to contact the administrator by telephone, and inform the administrator that the surveyor must be provided access within one hour of the call. Should the administrator be providing client care at the time, the surveyor may begin the survey at the location where the care is being provided.

In-office follow-up surveys will be conducted whenever possible for deficiencies related to documents such as policies and procedures or other deficiencies for which compliance can be determined without an on-site survey.

G. Deemed Agencies

The Office may exempt a PHCP agency from periodic inspections if the agency is certified or accredited by a certification entity recognized and approved by the Department. Currently the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Community Health Accreditation Program (CHAPS) are approved for deeming periodic inspections of PHCP agencies.

Agencies seeking exemption from on-site inspection are required to submit to the Office documentation of certification or accreditation, including a copy of its most recent certification or accreditation report. Certification or accreditation shall not be construed to prohibit the Office from conducting inspections of any provider as the Office determines necessary.

H. Failure to be Operational

Agencies that have not provided services to clients within a three-month period prior to the expiration of their license shall be issued a renewal license along with a letter stating if the agency provides no client services during the one-year renewal period, their license will not be renewed again (**attachment #21**). No on-site survey shall be required for the one-year license renewal in these cases.

If the agency fails to provide client services over the subsequent one-year renewal period, the owner shall be notified via certified letter (**attachment #22**) that their agency is **considered voluntarily closed**. The owner

shall be advised via a certified letter that PHCP services cannot be provided without a valid license from this Office. The owner shall be instructed to

return their license to this Office and informed that they may apply for an initial license at a later date if it is anticipated that services will be provided to clients.

I. Issuance of Renewal Licenses and Payment of Annual Fees

- 1) Two months prior to the expiration date of the PHCP's license, a renewal letter, handout, application, and a fee schedule shall be sent to agencies (**attachment #23**).
- 2) A license shall be issued upon receipt of the licensing fee.

J. Failure to Pay Annual Fees

- 1) Agencies failing to pay the annual fee by the expiration date of their license shall be sent a certified letter, return receipt requested, notifying the agency that their license has expired (**attachment #24**), and that if they are continuing to operate they are considered to be operating without a license. A license application and fee schedule shall be enclosed. The letter shall state that unless the renewal application and annual fee, which now is at the involuntary rate, are received within 30 days of receipt of the letter, the agency shall be considered voluntarily closed.
- 2) When the agency is considered to be voluntarily closed, the agency shall be advised that per O.C.G.A. § 31-7-301, they are not allowed to provide Private Home Care Provider services without a valid license from this Office and instructed to return their license to this Office.
- 3) An on-site follow-up visit will be conducted after the voluntary closure date to verify that the agency has actually ceased operations as a Private Home Care Provider.

K. Changes of Ownership

Agencies that have had a change of ownership shall be required to submit a new application for licensure, and must complete the application process as described above. After two years, the agency shall be eligible to be considered for periodic surveys, if they meet the criteria above. (Note: a change in owners in a corporation when the corporation does not change is not considered a change of ownership).

L. Reports of Unlicensed Agencies

When the office receives information that someone or an agency is providing PHCP services and is not licensed, a complaint shall be initiated against the agency, and an on-site survey shall be performed to verify the unlicensed practice. If the agency is found to be providing services for which licensure is required, a certified letter shall be sent notifying the agency that they must cease operations or apply for a license within a defined period of time (**attachment #25**), or the Department will initiate a civil action against the agency. The Office may consider owner/provider history, agency history, or other relevant factors in the determination of the length of time allowable for compliance with the terms in the letter. If the agency notifies the Office that they have ceased operation, the Office may at its discretion send a surveyor to verify. If the agency elects to apply for license, the involuntary fee schedule shall be utilized for the initial licensing process.

M. Complaints

Complaints for the private home care provider agency shall be processed and investigated via the procedures outlined in the Healthcare Facility Regulation Division Complaint Procedure. Complaint investigations shall be unannounced, but performed during the agency's regular business hours. For complaint investigations that result in no deficiencies, both the provider (**attachment #26**) and the complainant (**attachment #27**) shall be so notified. For complaint

investigations that result in deficiencies being cited, a plan of correction shall be requested from the provider (**attachment #19**). After the plan of correction is received and accepted, the provider shall be notified of its acceptance (**attachment # 20**). After such acceptance, the complainant shall be notified that deficiencies were cited, and shall be provided instructions on how to obtain a copy of the statement of deficiencies (**attachments #28 and #29**).

N. Adding Service Areas

Private Home Care Provider service areas are not subject to certificate of need laws. Service areas should be designated by counties on the initial and subsequent applications for licenses. Staff who review requests for service areas shall consider the type and frequency of services provided by the applicant and the number of direct care and supervisory staff working for the provider in order to determine if the provider has the resources to adequately provide care in the requested geographical area. Providers requesting expansion of their service area shall be notified in writing of the decision (**attachment #30**) . If a new provider submits a business plan that outlines how and when expansion to additional counties will be accomplished, the initial approval can include the expanded counties.

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION
2 PEACHTREE STREET N.W.
SUITE 31.447
ATLANTA, GA 30303-3142**

APPLICATION FOR A LICENSE TO OPERATE AS A PRIVATE HOME CARE PROVIDER

Pursuant to provisions of O.C.G.A. 31-7-300 et seq. Application is hereby made to operate as a Private Home Care Provider which is identified as follows:

SECTION A: IDENTIFICATION

Date of Application: _____

Type of Application: Initial Change of Ownership Administrator Name Change
 Renewal Business Name Change Change in Governing Body
 Address Change Other _____

Business Name				
Street Address	City	State	County	Zip Code
E-Mail Address				
Phone		Fax		
Mailing Address (If different from street address)	City	State	County	Zip Code
Phone (Office)	Cell	Fax		
Name of Administrator		Business Hours		

SECTION B: TYPE OF OWNERSHIP (Circle only one)

PROPRIETARY (FOR PROFIT): Individual Partnership Corporation (Attach copy of Certificate of Incorporation) Other _____ (Specify)
NON-PROFIT: State County City Church Hospital Authority Other (Specify) _____

SECTION C: GOVERNING BODY AND OWNERSHIP INFORMATION

Name of Legal Governing Body
List names and addresses of all owners with 5% or more interest:
Do you own and operate another licensed PHCP facility in the State of Georgia? Yes No If yes, please contact the Home Care Services Unit for additional information prior to the submission of your application packet.

GCHEXS Frequently Asked Questions (FAQ)

Q: What does GCHEXS mean?

A: “GCHEXS” stands for Georgia Criminal History Check System.

Q: How much does it cost to use the GCHEXS system?

A: There is no charge to use the GCHEXS system. There is a fee for the fingerprint-based state and federal criminal background checks.

Q: What is the link the new GCHEXS system?

A: www.dch.gchexs.ga.gov

Q: What is the link to Cogent-GAPS?

A: www.ga.cogentid.com

Q: I’m a new GCHEXS user, what type of training will I receive?

A: Online Tutorials: DCH has developed online tutorials to train users of the new system.

There are a total of five modules for your use, which include:

1. Lesson 1: Account and User Management
2. Lesson 2: Reporting and Notifications
3. Lesson 3: New Applicant Workflow
4. Lesson 4: Managing Applications
5. Lesson 5: Managing Employees

These tutorials can be accessed at the following DCH website:

<https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs>

Q: Will I need an account user ID and password to use the GCHEXS system?

A: Yes. If you are an existing facility, the login user IDs accounts will be set up automatically. Your login will be sent to you directly through a separate email. You will have to create a password when you receive your User ID to access the GCHEXS system.

If you’re opening a new facility and have submitted your application packet to DCH Healthcare Facility Regulation Division (HFRD), you must contact Denise Matthews at VoluntaryBackgroundCheck@dch.ga.gov to obtain a temporary password to be able to access GCHEXS. DCH will not process any fingerprint results until the facility has received a password to access the system. Once logged into GCHEXS, users will be required to enter the applicant’s information, conduct the registry checks, and complete the application process.

FAQ



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Q: Is there additional information I need to provide as part of the background check process?

A: Yes. For currently licensed facilities and those in process of obtaining licensure, all facilities must complete a Records Check Application. When completed, the Records Check Application must be uploaded into GCHEXS. The Records Check Application can be found by visiting <http://dch.georgia.gov/sites/dch.georgia.gov/files/GCHEXS-Criminal-Records-Check-Authorization-Form-Instructions.pdf>. DCH will not process any fingerprint results until the Records Check Application has been uploaded into GCHEXS. If you are unable to upload the Records Check Application, email it to VoluntaryBackgroundCheck@dch.ga.gov or mail it to:

Denise Matthews, Director of Background Investigations
Department of Community Health, OIG
2 Peachtree Street NW, 5th Floor
Atlanta, GA 30303

Q: Once DCH has registered an applicant into the GCHEXS system, will I be redirected to the Cogent-GAPS system to register the applicant for fingerprinting?

A: The release of the new GCHEXS system will not automatically redirect you to the Cogent GAPS application to register you for fingerprinting. Until this functionality is in place, you will have to manually go to the Cogent GAPS system (www.ga.cogentid.com) and go to the screen that allows you to register your applicant for fingerprinting. In the next release of GCHEXS, the system will automatically take to the Cogent GAPS screen. An FAQ on the fingerprinting process can be found at: <https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs>. The information is under the **Mandatory Background Check Program section**.

Q: What minimum browser standards does my computer need?

A: The new GCHEXS system is not compatible with all internet browsers. The minimum standards for using the system are:

- Internet 8.0 or higher
- Google Chrome

Q: Who do I contact if I have questions or need help?

A: Please email your questions to GCHEXS at VoluntaryBackgroundCheck@dch.ga.gov

FAQ

How to Become a Requesting Agency

Fingerprinting Process for Owners of Personal Care Homes, Assisted Living Communities, Private Home Care Providers, Community Living Arrangements and Administrators/Managers/Directors of Personal Care Homes and Assisted Living Communities

Helpful hints in completing your 3M Cogent Agency or Business Enrollment



- The Georgia Bureau of Investigation has contracted with 3M Cogent to conduct live scan fingerprinting on a statewide basis.
- Providers who do not already have an OAC or GAC (Agency ID) number issued by 3M Cogent must first obtain a number **before** you can register applicants for fingerprinting.
- Fields highlighted in yellow are required.
- On the 3M Cogent website at <https://www.ga.cogentid.com/index.htm>, click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- When the form requests the name of the Agency, you would enter the name of your business or company.
- If you are enrolled in Georgia Medicaid and have multiple service locations, you can use the same Agency ID for all entities.
- When you get to the screen where it requests your Agency Name, the Agency ID will self-populate on the first line. This is your Agency ID. Do not change or edit this field.
- A Frequently Asked Questions (FAQ) regarding the Department of Community Health's new computer system - the Georgia Criminal History Check System (GCHEXS) can be found at <https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs>.

NOTE: The screenshots used in this module are based on one example information

Navigating to Become a Requesting Agency

Go to: www.ga.cogentid.com

Click on “Become a Requesting Agency”



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a 3M Company

Applicant Fingerprinting Online Services

Helpful Links

- > Find A Fingerprint Location
- > Modify Existing Registration
- > Cancel Existing Registration
- > Reprint Registration Receipt
- > Reprint Fingerprint Submission Receipt
- > Refund Policy
- > How to Submit Ink Cards
- > Sales Inquiry

Welcome to the Georgia Applicant Processing Service for fingerprint background requests

Electronic submission of fingerprint images will involve the use of a 3M Cogent Livescan machine. The Livescan captures fingerprint images and demographic data and submits this information to GBI. GBI conducts a search of its criminal history records using the fingerprint images. In some cases, these images are also forwarded to the FBI where a Federal Criminal History Record search is also conducted. Notifications of the search results are then forwarded from the GBI/FBI to 3M Cogent where these results are then electronically disseminated to the Georgia company or agency that requested the search to be completed.

Applicant Registration **GAPS Agency Login** **Become a Requesting Agency**

Please Note: Beginning **June 17 2015**, 3M's commonly used registration link will be changed. A new "pop-up" window will now appear and redirect users from www.cogentid.com to aps.3m.com. The new 3M URL contains increased security, and users will experience no change in how registration processing takes place.

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If your agency or business is not a governmental agency, click “No.” If it is, click “Yes.”



Question

Is the agency you are enrolling with GAPS a school, state/local government agency?



[Home](#) / [Search](#) / [FAQ](#) / [Fees](#) / [Agency Login](#) / [Fingerprint Locations](#) / [Contact Info](#) / [Translate](#) / [GCIC](#) / [Back](#)

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DCH will make the fitness determination. Click “Yes.”



Applicant Fingerprinting Online Services



Question

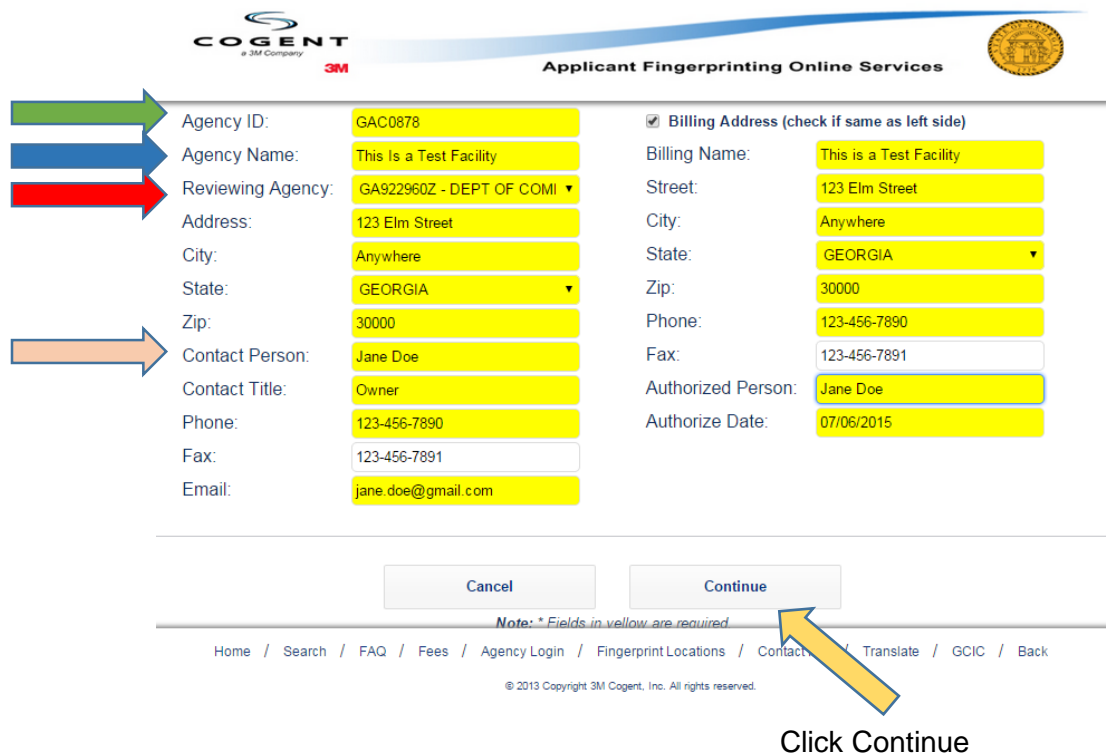
Is a state agency responsible for making a determination of employment eligibility for your applicants?

Yes

No



All fields in yellow must be completed. Only check the box under Billing Address if you want to setup an account with 3M Cogent for billing purposes.



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Applicant Fingerprinting Online Services

Agency ID: GAC0878 Billing Address (check if same as left side)

Agency Name: This Is a Test Facility Billing Name: This is a Test Facility

Reviewing Agency: GA922960Z - DEPT OF COMI Street: 123 Elm Street

Address: 123 Elm Street City: Anywhere

City: Anywhere State: GEORGIA

State: GEORGIA Zip: 30000

Zip: 30000 Phone: 123-456-7890

Contact Person: Jane Doe Fax: 123-456-7891

Contact Title: Owner Authorized Person: Jane Doe

Phone: 123-456-7890 Authorize Date: 07/06/2015

Fax: 123-456-7891

Email: jane.doe@gmail.com

Cancel Continue

Note: * Fields in yellow are required

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Click Continue

This is your Agency ID (GAC/OAC) number or account number with 3M Cogent. Please make note of this number. You can use this same number for all service locations and for all future fingerprint registrations.

Enter your business or company name and address.

Select "Dept. of Community Health" from the drop down menu.

The Contact person is normally the business' authorized individual.

Only answer “Yes” to this question if you want to setup a billing account with 3M Cogent. If you plan to pay the fingerprint registration fee using a credit card, click “No.”

Question

Would you like to have an Agency Pay account with 3M Cogent?

Yes

No



FAQ



The below screenshot is confirmation of your agency's (or business) enrollment with 3M Cogent. Note your Agency ID (GAC) number in the Agency Enrollment box below.

The screenshot shows the 'Agency Enrollment' page on the 3M Cogent website. The page header includes the 3M Cogent logo and the text 'Applicant Fingerprinting Online Services'. The main content area is titled 'Agency Enrollment' and contains a form for the Georgia Crime Information Center (GCIC). The form includes a title 'Georgia Crime Information Center (GCIC) GAPS Account Number Request Form' and a subtitle 'Criminal History Record Checks for State Agency Subcontractors'. Below the title is a box with contact information: 'Submit completed form by fax or email to GCIC Applicant Services at 404-270-8417 or GAapplicant@gbi.ga.gov. Contact 404-244-2639, option 2 for assistance.' The form fields are filled with: 'Company Name: This is a Test Facility', 'Licensing Authority: DEPT OF COMMUNITY HEALTH', 'Company Address: 123 Elm Street', 'City: Anywhere', 'State: GA', 'Zip Code: 30000', 'Email Address: dostrander@dch.ga.gov', 'Contact: Jane Doe', and 'Phone: 123-456-7890'. There are 'Print' and 'Email' buttons below the form. A note reads: 'Note: Please print out a copy of this agreement to have on hand in your records.' The footer contains navigation links: 'Home / Search / FAQ / Fees / Agency Login / Fingerprint Locations / Contact Info / Translate / GCIC / Back' and copyright information: '© 2013 Copyright 3M Cogent, Inc. All rights reserved.'

Georgia Crime Information Center (GCIC)
GAPS Account Number Request Form
Criminal History Record Checks for State Agency Subcontractors

Submit completed form by fax or email to GCIC Applicant Services at 404-270-8417 or GAapplicant@gbi.ga.gov. Contact 404-244-2639, option 2 for assistance.

Company Name: This is a Test Facility
Licensing Authority: DEPT OF COMMUNITY HEALTH

Company Address: 123 Elm Street
City: Anywhere State: GA Zip Code: 30000
Email Address: dostrander@dch.ga.gov
Contact: Jane Doe Phone: 123-456-7890

Signature Date

GCIC Use Only
GAPS Account Number assigned:
GAC GAC0878
Date 07-06-2015

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When all screens are completed, you will be asked to print and submit the completed form by fax or email to the Georgia Crime Information Center (GCIC) Applicant Services at 404-270-8417 or GAapplicant@gbi.ga.gov. You may contact GCIC by telephone at 404-244-2639, option 2, for assistance.

Applicant Registration for Fingerprinting

Fingerprinting Process for Owners of Personal Care Homes, Assisted Living Communities, Private Home Care Providers, Community Living Arrangements and Administrators/Managers/Directors of Personal Care Homes and Assisted Living Communities

Helpful hints in completing your 3M Cogent Applicant Fingerprint Registration



- The Georgia Bureau of Investigation has contracted with 3M Cogent to conduct live scan fingerprinting on a statewide basis.
- Providers who do not already have an Agency ID [or OAC or GAC] number issued by 3M Cogent must first obtain a number **before** you can register applicants for fingerprinting.
- Fields highlighted in yellow are required.
- **In Step #5, the correct reason for fingerprinting must be chosen. You cannot choose, for example, DCH – Personal Care Home (Owner) when the person being registered for fingerprinting is a Director or an employee. Should this occur, DCH will not issue a fitness determination letter.**
- DCH recommends you complete the “Position Applied for” and email address fields.
- On the 3M Cogent website at <https://www.ga.cogentid.com/index.htm>, click on **Fingerprint Locations** to see vendor, street address, city and telephone number of the live scan fingerprint vendor.
- When the form requests the name of the Agency, you would enter the name of your business or company.
- If you have multiple service locations, you can use the same Agency ID for all entities.
- When you get to Applicant Registration screen under Transaction Information, the first line is the Reviewing Agency ID. This is DCH’s Agency ID – do not edit this field. The second line is the Requesting Agency ID – this is where you enter your Agency ID [or GAC/OAC] number.
- A Frequently Asked Questions (FAQ) regarding the Department of Community Health’s new computer system - the Georgia Criminal History Check System (GCHEXS) can be found at: <https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs>.

NOTE: The screenshots used in this module are based on one example information.

FAQ



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

1. Click on Applicant Registration

COGENT
a 3M Company

Applicant Fingerprinting Online Services

Helpful Links

- > Find A Fingerprint Location
- > Modify Existing Registration
- > Cancel Existing Registration
- > Reprint Registration Receipt
- > Reprint Fingerprint Submission Receipt
- > Refund Policy
- > How to Submit Ink Cards
- > Sales Inquiry

Welcome to the Georgia Applicant Processing Service for fingerprint background requests

Electronic submission of fingerprint images will involve the use of a 3M Cogent Livescan machine. The Livescan captures fingerprint images and demographic data and submits this information to GBI. GBI conducts a search of its criminal history records using the fingerprint images. In some cases, these images are also forwarded to the FBI where a Federal Criminal History Record search is also conducted. Notifications of the search results are then forwarded from the GBI/FBI to 3M Cogent where these results are then electronically disseminated to the Georgia company or agency that requested the search to be completed.

Applicant Registration **GAPS Agency Login** **Become a Requesting Agency**

Please Note: Beginning June 17 2015, 3M's commonly used registration link will be changed. A new "pop-up" window will now appear and redirect users from www.cogentid.com to aps.3m.com. The new 3M URL contains increased security, and users will experience no change in how registration processing takes place.

Home / Search / FAQ / Fees / Agency Login / Fingerprint Locations / Contact Info / Translate / GCIC / Back

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FAQ

2. Click on Department of Community Health

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3M
Applicant Fingerprinting Online Services

To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDC)	SECRETARY OF STATE (SOS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (GABC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	DEPARTMENT OF DRIVER SERVICES (DDS)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECAB)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	DEPARTMENT OF HUMAN SERVICES (DHS)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA VOCATIONAL REHABILITATION AGENCY	DEPARTMENT OF DEFENSE

3. Click on DCH REGISTRATIONS

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Applicant Fingerprinting Online Services

Department of Community Health

DCH REGISTRATIONS AFFORDABLE CARE ACT ONLY

The Georgia Department of Community Health (DCH) is one of Georgia's four health agencies serving the state's growing population of almost 10 million people. Responsible for a \$12 billion budget for State Fiscal Year 2013, the department is one of the largest agencies in Georgia state government.

Serving as the lead agency for Medicaid and also overseeing the State Health Benefit Plan (SHBP), Healthcare Facility Regulation and Health Information Technology in Georgia, agency programs provide access to health care services for one in four Georgians.

Through effective planning, purchasing and oversight, DCH provides access to affordable, quality health care to millions of Georgians, including some of the state's most vulnerable and underserved populations.

Seven enterprise offices support the work of the agency's four divisions. And more than 600 DCH employees are based in Atlanta, Cordele and across the state.

Clyde Reese serves as Commissioner of the Department of Community Health.

Website:
dch.georgia.gov
dch.georgia.gov/00/channel_title/0,2094,31446711_144156392,00.html

Address:
Two Peachtree St. NW
Atlanta, GA 30303

Contact:
Chris Bennett
(404) 656-0464

Contact:
Denise Matthews
(404) 463-0115

FAQ



4. Click Box, "I have read and accepted these terms"

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

You must be provided written notification that your fingerprints will be used to check the criminal history records of the Georgia Crime Information Center (GCIC) and the FBI when a federal record check is so authorized.

If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

The agency must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license, or other benefit based on information in the criminal history record.

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If agency policy permits, the agency may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your criminal history may be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

If you decide to challenge the accuracy or completeness of your criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at <http://gbi.georgia.gov/obtaining-criminal-history-record-information>.

If you need additional information or assistance, please contact the Georgia Crime Information Center at GAapplicant@gbi.ga.gov or 404-244-2639 option 2.

If registering on behalf of an applicant, a copy of this user agreement must be made available to them. This information can be downloaded for convenience.

I have read and accepted these terms.

[Print](#) | [Download](#)



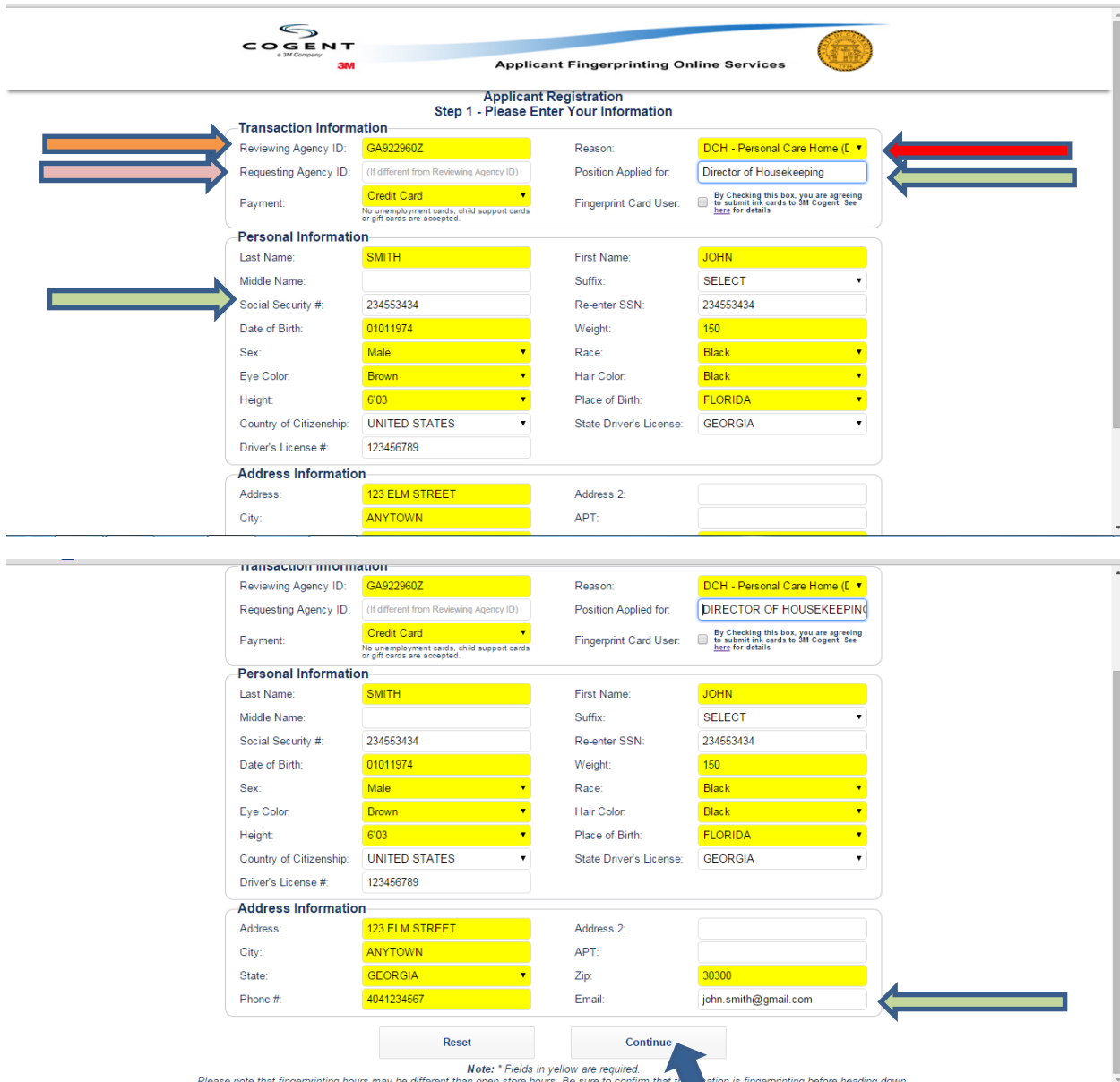
Cancel

Continue



Click Continue

5. Applicant Registration. Complete all fields in Yellow including SSN, Position Applied For and Email Address.



Applicant Fingerprinting Online Services

Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: GA922960Z
Reason: DCH - Personal Care Home (L
Requesting Agency ID: (If different from Reviewing Agency ID)
Position Applied for: Director of Housekeeping
Payment: Credit Card
Fingerprint Card User: By Checking this box, you are agreeing to submit ink cards to 3M Cogent. See [here](#) for details.

Personal Information

Last Name: SMITH
First Name: JOHN
Middle Name:
Suffix: SELECT
Social Security #: 234553434
Re-enter SSN: 234553434
Date of Birth: 01011974
Weight: 150
Sex: Male
Race: Black
Eye Color: Brown
Hair Color: Black
Height: 6'03"
Place of Birth: FLORIDA
Country of Citizenship: UNITED STATES
State Driver's License: GEORGIA
Driver's License #: 123456789

Address Information

Address: 123 ELM STREET
Address 2:
City: ANYTOWN
APT:
State: GEORGIA
Zip: 30300
Phone #: 4041234567
Email: john.smith@gmail.com

Note: * Fields in yellow are required.
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

Click Continue

FAQ



This is DCH's Agency ID number. Do not change or edit this field.



Enter your Agency ID in this field. This is your OAC or GAC number. Do **not** enter the Reviewing Agency ID in this field.



You must enter the correct Reason for fingerprinting. For example, A Director or Employee of a PCH cannot choose Owner as a Reason or a Private Home Care Provider cannot choose Owner if an Employee is actually being registered for fingerprinting. See Helpful Hints for additional information.



To expedite your review, enter the applicant's SSN, Position Applied for, and Email Address.

6. Verify your information and then click Submit.

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3M

Applicant Fingerprinting Online Services

Applicant Registration
Step 2 - Please Verify Your Information

Transaction Information			
Reviewing Agency:	GA922960Z - DEPT. OF COMMUNITY HEALTH	Reason for Fingerprinting:	DCH - Personal Care Home (Director/Administrator/Manager)
Requesting Agency:	GA922960Z	Position Applied For:	DIRECTOR OF HOUSEKEEPING
Payment Type:	Credit Card	Submitting Ink Cards:	No - You selected electronic fingerprinting


Personal Information			
Last Name:	SMITH	First Name:	JOHN
Middle Name:		Suffix:	NONE
Social Security #:	234553434	Weight:	150
Date of Birth:	01011974 (MMDDYYYY)	Race:	Black
Sex:	Male	Hair Color:	Black
Eye Color:	Brown	Place of Birth:	FL
Height:	603	Driver's License State:	GA
Country of Citizenship:	US		
Driver's License No.:	123456789		

Address Information			
Address:	123 ELM STREET	Address 2:	
City:	ANYTOWN	APT:	
State:	GA	Zip:	30300
Phone #:	4041234567	Email:	john.smith@gmail.com

Go Back Submit

FAQ

7. If paying by credit card, enter all the applicable information in the yellow highlighted fields.

3M Applicant Fingerprinting Online Services 


Step 3 - Credit Card Payment

Registration Information

Registration ID:	GA157L430389194	Name:	JOHN SMITH
Transaction Type:	DCH - Personal Care Home (Director/Administrator/Manager)		
Transaction Fee:	\$51.00		

* Fields with the yellow background color are required. [Important notice regarding failed payments and google toolbar](#)

Credit Card Information

Credit Card Type: 

Card Number:

Card Security Code (CSC)
*It is NOT the last 4 digits of the credit card number.

Expiration Date

Name As It Appears On Card

Billing Address


Street Address

City: State:

Zip Code

Daytime Phone Number
() - Ext.

Email Address



NOTE: Please do not click the back button of the browser and click only once on the "Pay" button

FAQ

8. Process for out-of-state owners who prefer to submit a fingerprint card in lieu of being electronically fingerprinted in Georgia

The screenshot shows a web browser window with a pop-up dialog box. The pop-up asks: "Do you confirm you would like to submit ink cards in lieu of electronic fingerprint and agree to the additional processing fee of \$8?". The main form below is titled "Transaction Information" and "Personal Information".

Transaction Information

Reviewing Agency ID:	GA922960Z	Reason:	DCH - Personal Care Home (C
Requesting Agency ID:	GA922960Z	Position Applied for:	DIRECTOR OF HOUSEKEEPING
Payment:	Credit Card	Fingerprint Card User:	<input checked="" type="checkbox"/> By Checking this box, you are agreeing to submit ink cards to 3M Cogent. See here for details.

Personal Information

Last Name:	SMITH	First Name:	JOHN
Middle Name:		Suffix:	SELECT
Social Security #:	234553434	Re-enter SSN:	234553434
Date of Birth:	01011974	Weight:	150
Sex:	Male	Race:	Black
Eye Color:	Brown	Hair Color:	Black
Height:	6'03	Place of Birth:	FLORIDA
Country of Citizenship:	UNITED STATES	State Driver's License:	GEORGIA
Driver's License #:	123456789		

Address Information

Address:	123 ELM STREET	Address 2:	
City:	ANYTOWN	APT:	

For out-of-state owners, you may want to submit hard copy paper fingerprint cards in lieu of coming to Georgia to be fingerprinted. If you checked the box to indicate you want to submit paper fingerprint cards in lieu of electronic fingerprinting, you will receive the enclosed pop up box in which you agree to submit fingerprint cards for an additional \$8.00 processing fee. Click the Details link for information on submitting paper fingerprint cards.

NOTE: DCH normally receives fingerprint results from live scan machines in 24-48 hours. If you elect to submit manual fingerprint cards, you must go to your local law enforcement agency and have your fingerprints taken on paper cards. You would then submit the fingerprint card (write your Agency ID on back of the card) and attached a copy of your 3M Cogent payment receipt to the card and mail it to the 3M Cogent address listed on the Details link noted above. From the time you mail your fingerprint card to 3M Cogent, it could take up to seven business days for DCH to receive your fingerprint results.

9. The above instructional screen appears when you click the Details link on the Applicant Registration tab if you check the box that you want to submit your fingerprints on paper in lieu of electronically.

Georgia Applicant Processing Service	
Hardcopy Fingerprint Card Submission Instructions	
Overview	<p>Applicants that are out-of-state, unable to visit an electronic fingerprinting location, or are otherwise unable to be electronically fingerprinted may submit hardcopy fingerprint cards to 3M Cogent.</p> <p>There is an additional \$8.00 fee for processing ink cards.</p>
Process	<p>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</p> <p>Register – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at www.cogentid.com. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512</p> <p>Payment – Payment may be made online or a money order can be sent with your fingerprint card:</p> <p><i>Option 1: Online Payment</i> – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using "agency pay."</p> <p><i>Option 2: Send payment with Fingerprint Card</i> – Money order only. Cash and personal checks are not accepted.</p> <p>Registration ID - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</p> <p>Submission – Mail the cards (and if applicable, payment) to:</p> <p>3M Cogent, Georgia CardScan</p>

	<p>There is an additional \$8.00 fee for processing ink cards.</p>
Process	<p>Applicants who are submitting ink cards for a required Georgia background check should follow the steps below:</p> <p>Register – All applicants must be registered prior to sending hardcopy fingerprint cards. You can register online at www.cogentid.com. Be sure to select the Fingerprint Card User box. Applicants may also contact the Registration Call Center to register by phone: 1-888-439-2512</p> <p>Payment – Payment may be made online or a money order can be sent with your fingerprint card:</p> <p><i>Option 1: Online Payment</i> – Applicants may pay online at the time of registration using a credit/debit card, or the transaction may be billed to your employer using "agency pay."</p> <p><i>Option 2: Send payment with Fingerprint Card</i> – Money order only. Cash and personal checks are not accepted.</p> <p>Registration ID - All applicants will receive a Registration ID. Write this number on the back of your fingerprint cards.</p> <p>Submission – Mail the cards (and if applicable, payment) to:</p> <p>3M Cogent, Georgia CardScan 5025 Bradenton Avenue, Suite A Dublin, OH 43016</p> <p>Results – Background check results will be sent directly to your employer. 3M Cogent does not have access to background check results or make employment determinations. Please check with your employer regarding questions about your background check results.</p>

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
__ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires:

**INSTRUCTIONS FOR COMPLETING AFFIDAVIT
REQUIRED TO BECOME LICENSED**

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—**BUT DO NOT SIGN THE AFFIDAVIT at this time.** (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. **CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:**
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.
4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

- 6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.**
- 7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.**
- 8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.**
- 9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.**

List B

Documents That Establish Identity

For individuals 18 years or older:

- Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
- ID card issued by federal, state or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address (including U.S. Citizen ID Card [INS Form I-197] and ID card for use of Resident Citizen in the U.S. [INS Form I-179])
- School identification card with a photograph
- Voter's registration card
- United States military card or draft record
- Military dependent's identification card
- United States Coast Guard Merchant Mariner Card
- Native American tribal document
- Driver's license issued by a Canadian government authority

Source: http://uscis.gov/graphics/lawsregs/handbook/hand_emp.pdf US Handbook for Employers, page 23.

PRIVATE HOME CARE PROVIDER- VERSION 3.0
RULES AND INTERPRETIVE GUIDELINES

TAGS	RULE	INTERPRETIVE GUIDELINES
0000 Initial Comments.		
0101 Legal Authority 290-5-54-.01	These rules are adopted and published pursuant to the Official Code of Georgia Annotated (O.C.G.A.) Sec. 31-7-300 et seq.	The rules became effective February 12, 2008.
0201 Title and Purposes 290-5-54-.02	These rules shall be known as the Rules and Regulations for Private Home Care Providers. The purposes of these rules are to provide for the licensing and inspection of private home care providers. Authority O.C.G.A. Sec. 31-7-300 et seq.	
0301 Definitions 290-5-54-.03(a)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following:</p> <p>(a) "Ambulation and transfer" means the acts of moving or walking about or walking or being moved from place to place with or without assistance. ...</p>	Ambulation and transfer may or may not require the use of assistive devices such as wheelchairs, walkers, lifts, supports, etc.
0302 Definitions 290-5-54-.03(b)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(b) " Applicant " means:</p> <ol style="list-style-type: none"> 1. When the private home care provider is owned by a sole proprietorship, the individual proprietor shall be the applicant for the license, complete the statement of responsibility and serve as the licensee; 2. When the private home care provider is owned by a partnership, the general partners shall be the applicant for the license, complete the statement of responsibility and serve as the licensee; 3. When the private home care provider is owned by an association limited liability company (LLC), the governing body of the association or LLC shall authorize the application for the license and complete the statement of responsibility and the association shall serve as the licensee; and 4. When the private home care provider is owned by a corporation, the governing body of the corporation shall authorize the application for the license and complete the statement of responsibility and the corporation shall serve as the licensee. ... 	

TAGS	RULE	INTERPRETIVE GUIDELINES
0303 Definitions 290-5-54-.03(c)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(c) "Companion or sitter tasks" means the following tasks which are provided to elderly, handicapped, or convalescing individuals: transport and escort services; meal preparation and serving; and household tasks essential to cleanliness and safety. ...</p>	<ol style="list-style-type: none"> 1. Sitter services provided for healthy non-disabled individuals, such as babysitting services for children, are not regulated by these rules. 2. "Hands on" services, such as assistance with bathing, feeding, toileting, or assistance with ambulation or transfer are classified as personal care services and would require licensing for those services. 3. Companion or sitter tasks could also include reading or socializing with the client while providing watchful oversight. 4. A business that provides only housekeeping services, which could be provided with or without the client present and do not include any component for contact or oversight with the client, would not require licensure under these rules.
0304 Definitions 290-5-54-.03(d)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(d) "Criminal history background check" means a search as required by law of the criminal records maintained by law enforcement authorities to determine whether the applicant has a criminal record as defined in these rules. ...</p>	
0305 Definitions 290-5-54-.03(e)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(e) "Criminal record" means:</p> <ol style="list-style-type: none"> 1. Conviction of a crime; or 2. Arrest, charge, and sentencing for a crime where: <ol style="list-style-type: none"> (i) A plea of nolo contendere was entered to the charge; or (ii) First offender treatment without adjudication of guilt pursuant to the charge was granted; or (iii) Adjudication or sentence was otherwise withheld or not entered on the charge; or 3. Arrest and being charged for a crime if the charge is pending, unless the time for prosecuting such crime has expired pursuant to Chapter 3 of Title 17 O.C.G.A. ... 	

TAGS	RULE	INTERPRETIVE GUIDELINES
0306 Definitions 290-5-54-.03(f)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ... (f) "Department" means the Department of Human Resources. ...	The Office of Regulatory Services serves as the representative of DHR for enforcement of these rules.
0307 Definitions 290-5-54-.03(g)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ... (g) "Director" means the chief administrative or executive officer or manager. ...	
0308 Definitions 290-5-54-.03(h)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ... (h) "Home health agency" means a facility licensed as a home health agency in accordance with the applicable licensing statutes and associated rules. ...	PHCP may not advertise services as 'home health'. Refer to O.C.G.A. Section 10-1-393(b)(30)(B).
0309 Definitions 290-5-54-.03(i)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ... (i) "Home management" means those activities normally performed by a homemaker for the maintenance of a home's essential services, including but not limited to activities such as meal planning, shopping, and bill paying; any employee that is authorized unlimited access to a client's personal funds for home management shall be bonded through the provider. ...	Home management tasks would be considered companion or sitter tasks. Employees performing home management tasks which require access to a client 's personal funds are required to be bonded, either personally or by the provider.
0310 Definitions 290-5-54-.03(j)	In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ... (j) "Housekeeping or housekeeping tasks" means those activities performed for the upkeep and cleanliness of the home, including but not limited to such activities as laundry, changing linens, trash disposal, and cleaning. ...	See 290-5-54-.02(b) above. Businesses providing only household or housekeeping tasks for healthy or non-disabled individuals/families, which include no provisions for contact or watchful oversight with the client while services are provided, are not regulated by these rules.

TAGS	RULE	INTERPRETIVE GUIDELINES
0311 Definitions 290-5-54-.03(k)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(k) "Inspection" means any examination by the department or its representatives of a provider, including but not necessarily limited to the premises, and staff, persons in care, and documents pertinent to initial and continued licensing so that the department may determine whether a provider is operating in compliance with licensing requirements for has violated any licensing requirements. The term inspection includes any survey, monitoring visit, complaint investigation, or other inquiry conducted for the purposes of making a compliance determination with respect to licensing requirements. ...</p>	<p>All complaint and follow-up inspections are unannounced. The expectation is that during business hours a staff person will be available at the place of business at the time of surveyor entry or within one hour of the surveyor ' s arrival.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
0312 Definitions 290-5-54-.03(l)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(l) "Medically frail or medically compromised client" means a client whose health status, as determined by appropriate provider staff in accordance with accepted standards of practice, is likely to change or has changed because of a disease process, injury, disability or advanced age and underlying disease processes). ...</p>	<p>The provider must have in place a process to determine whether clients may be medically frail and/or medically compromised (MF/MC). There should be evidence of initial and on-going assessments to identify clients who may be MF/MC. When information suggests that a client may be MF/MC, there must be evidence that a medically qualified provider staff (Licensed Nurse, Physician's Assistant, or Physician) has conducted an assessment to determine if the client is in fact MF/MC. Examples of clients who may be considered MF/MC include but are not limited to the following:</p> <ol style="list-style-type: none"> 1. Clients with cognitive and/or psychological conditions, severe developmental disabilities or traumatic injuries that are unstable; 2. Clients requiring gastric feeding tubes, intermittent catheterizations, ventilators, respirators, bowel care, or trach care; 3. Clients with unstable medical disorders such as diabetes where the blood sugars fluctuate frequently between high and low levels, hypertension where the blood pressure fluctuates frequently, congestive heart failure where the condition may deteriorate rapidly, seizure conditions, where the seizures are not controlled by medications and occur more than once per month, and other unstable chronic disease conditions; and 4. Clients with a high risk of skin breakdown.

TAGS	RULE	INTERPRETIVE GUIDELINES
0313 Definitions 290-5-54-.03(m)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(m) "Medically related activities" means activities such as but not limited to observing and reporting changes in a client's condition, arranging trips to the doctor, picking up prescription drugs, accompanying clients on medical appointments, documenting client's food and/or liquid intake or output, reminding clients to take medication, and assisting with self-administration of medication; such activities shall not include professional services that are subject to regulation under professional practice and licensing statutes and associated rules.</p>	<p>" Medically related activities " as used in these rules does not include activities which by law must be performed by a nurse, such as administration of medication, wound care, ventilator care, deep suctioning of a tracheostomy, and g-tube care of new g-tube sites. Refer to the decision tree produced by the Georgia Board of Nursing for assistance in determining whether an activity must be performed by a nurse: http://www.sos.state.ga.us/plb/rn/decision_tree.htm.</p> <p>Some g-tube care for established g-tube sites, involving just the setting up and administration of the feeding, and cleaning around the surface of a g-tube or tracheostomy site, may be considered ' medically related activities ' and may be performed by properly trained personal care aides. Taking vital signs is also considered a ' medically related activity.</p> <p>Administration of medication through a g-tube must always be performed by a nurse.</p>
0314 Definitions 290-5-54-.03(n)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(n) " Owner " means any individual or any person affiliated with the corporation, partnership, or association with 10 percent or greater ownership interest in a business or agency licensed as a private home care provider and who:</p> <ol style="list-style-type: none"> 1. Purports to or exercises authority of an owner in the business or agency; 2. Applies to operate or operates the business or agency; or 3. Enters into a contract to acquire ownership of such a business or agency. ... 	
0315 Definitions 290-5-54-.03(o)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(o) "Personal care home" means a facility licensed as a personal care home in accordance with the applicable licensing statutes and associated rules. ...</p>	

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>0316 Definitions 290-5-54-.03(p)</p>	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following. . .</p> <p>(p) "Personal care tasks" means assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; and may include but are not limited to proper nutrition, home management, housekeeping tasks, ambulation and transfer, and medically related activities, including the taking of vital signs only in conjunction with the above tasks.</p>	<p>Provision of personal care tasks for healthy and nondisabled individuals, such as for normal children during babysitting or child care, are not regulated under these rules.</p> <p>Tasks are not considered personal care tasks if the client needs only a reminder and can perform the tasks independently (reminders would be considered companion or sitter tasks). However, clients who need close supervision and/or multiple verbal prompts and /or physical guidance through the performance of the task (e.g. " turn on the water " , " place your hands in the water " , etc.) to adequately complete personal care tasks or need assistance for safety reasons, may be considered receiving personal care services.</p>
<p>0317 Definitions 290-5-54-.03(q)</p>	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(q) "Private home care provider" means any person, business entity, corporation, or association, whether operated for profit or not for profit, that directly provides or makes provision for private home care services through:</p> <ol style="list-style-type: none"> 1. its own employees or agents; 2. contractual arrangements with independent contractors; or 3. referral of other persons to render home care services, when the individual making the referral has ownership or financial interest in the delivery of those services by those other persons who would deliver those services. ... 	<p>To meet the definition of a private home careprovider and to remain licensed, the provider must be actively engaged in the provision of services to clients.</p> <p>If the service is just a staffing service, consisting only of the referral of potential caregivers to interested individuals who pay a one-time referral fee to the service for a list of individuals who the requesting individual will interview, hire and schedule, the service is not subject to these rules.</p> <p>When the referring individual/business receives a fee for and is involved in the selection and/or scheduling of the caregiver, on a regular or intermittent basis, the service is subject to licensure.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>0318 Definitions 290-5-54-.03(r)</p>	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(r) "Private home care services" means those items and services provided at a patient's residence that involve direct care to that patient and includes, without limitation, any or all of the following:</p> <ol style="list-style-type: none"> 1. nursing services, provided that such services can only be provided by a person licensed as a Registered Professional Nurse or Licensed Practical Nurse in accordance with applicable professional licensing statutes and associated rules; 2. personal care tasks; and 3. companion or sitter tasks. 4. Private home care services shall not include physical, speech, or occupational therapy; medical nutrition therapy; medical social services; or home health aide services provided by a home health agency. ... 	<p>Only services provided at the client's residence (or from the client ' s residence, as running errands) are regulated under these rules. Services provided at or from any location other than the client's residence are not covered by these regulatory requirements.</p> <p>The PHCP license must include nursing services if they are providing nursing services, otherwise the PHCP is providing services beyond the scope of its license.</p> <p>The PHCP may not provide physical, speech, or occupational therapy, medical social services, or medical nutrition services.</p>
<p>0319 Definitions 290-5-54-.03(s)</p>	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(s) " Records check application " means two sets of classifiable fingerprints, a records search fee to be established by the department by rule and regulation, payable in such form as the department may direct to cover the cost of a fingerprint records check, and an affidavit by the applicant disclosing the nature and date of any arrest, charge, or conviction of the applicant for the violation of any law, except for motor vehicle parking violations, whether or not the violation occurred in this state, and such additional information as the department may require. ...</p>	
<p>0320 Definitions 290-5-54-.03(t)</p>	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(n) "Residence" means the place where an individual makes that person's permanent or temporary home, whether that person's own apartment or house, a friend or relative's home, or a personal care home, but shall not include a hospital, nursing home, hospice, or other health care facility licensed under Chapter 31-7-1 et seq</p>	<p>PHCP services can not replace services that are required to be provided by staff of personal care homes; however, PHCP services can provide additional personal services such as nursing visits.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
0321 Definitions 290-5-54-.03(u)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(o) "Responsible Party" means any person authorized in writing by the client or appointed by an appropriate court to act upon the client's behalf; the term shall include a family member of a physically or mentally impaired client unable to grant the above authorization</p>	
0322 Definitions 290-5-54-.03(v)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(v) " Satisfactory criminal history background check determination " means a written determination that a person for whom a records check was performed was found to have no criminal record which includes one of the covered crimes outlined in O.C.G.A. Sec. 49-2-14.1 et seq., if applicable. ...</p>	
0323 Definitions 290-5-54-.03(w)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(w) "Transport and escort services" means accompanying clients or providing or arranging transportation for clients to places outside of their residences for purposes such as appointments, entertainment, exercise, recreation, shopping, or social activities. If the mode of transportation is not owned by the client and is operated by an employee of the provider, the provider shall either obtain a signed waiver by the client of any claims for damages arising out of the operation of the vehicle or make reasonable efforts to insure that there is current motor vehicle insurance that will provide medical coverage for the client, in the event that the vehicle is involved in an accident causing injuries to the client. ...</p>	<p>Transport and escort services for healthy individuals/families are not regulated by these rules.</p> <p>If the client is to be transported in the caregivers personal automobile, the provider must maintain evidence of one of the following:</p> <ul style="list-style-type: none"> - Documentation of current automobile insurance for the caregiver's vehicle that includes medical coverage for the client, or - A waiver, signed by the client and/or responsible party, for any claims for injury damages which could arise in the event the vehicle were involved in an accident.

TAGS	RULE	INTERPRETIVE GUIDELINES
0324 Definitions 290-5-54-.03(x)	<p>In these rules, unless the context otherwise requires, the words and phrases set forth herein shall mean the following ...</p> <p>(x) " Unsatisfactory criminal history background check determination " means a written determination that a person for whom a records check was performed has a criminal record which includes one of the covered crimes outlined in O.C.G.A. Sec. 49-2-14.1 et seq., if applicable. Authority O.C.G.A. Secs. 26-5-3, 31-7-300 et seq.</p>	
0401 Governing Body 290-5-54-.04	<p>Each private home care provider shall have a governing body empowered and responsible to determine all policies and procedures and to ensure compliance with these rules. Authority O.C.G.A. Secs. 26-5-3, 31-7-300 et seq.</p>	<p>The governing body may consist of one or more people, depending on the complexity of the agency.</p> <p>The governing body must ensure at a minimum, the development and implementation of the following policies and procedures:</p> <ol style="list-style-type: none"> 1. Description of the scope of services offered and the type of clients served; 2. Obtaining written Service Agreements; 3. Maintenance and security of client records; 4. Procedures for service planning; 5. Documentation of services provided; 6. Rights and Responsibilities; 7. Handling and resolution of complaints. 8. The Quality Improvement program; and 9. Other policies and procedures related to compliance with these rule, such as those for personnel records.
0501 Licenses 290-5-54-.05(1)	<p>No private home care provider shall operate without a license or provisional license issued by the department.</p>	<p>Out of state agencies doing business in Georgia by providing PHCP services to Georgia residents must show evidence of compliance with these rules. Evidence of compliance must be provided directly to ORS in-state at a mutually agreeable location or the surveyor may visit the agency's office in a border state if it is located within 50 miles of Georgia. Out of state agencies providing PHCP services in Georgia that comply with the PHCP rules will be issued a Georgia license to provide PHCP services to Georgia residents.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
0502 Licenses 290-5-54-.05(1)(a)	A license shall be issued and renewed periodically by the department upon a providers ' compliance with these rules and shall remain in force and effect until the license expires or is suspended, revoked or limited.	Licenses are renewed yearly. License holders must submit an updated application annually and pay the required annual fees prior to expiration of the license. If the license expires, the program will be considered to be operating without a license and and may be subject to higher renewal fees and/or adverse action.
0503 Licenses 290-5-54-.05(1)(b)1.	Prior to the issuance of any new license, the owner of the business or agency applying for the license shall be required to submit a records check application so as to permit the department to obtain a criminal history background check. 1. An owner may not be required to submit a records check application if a determination is made by the department that the owner does not do any of the following: (i) Maintains an office at the location where services are provided to clients; (ii) Resides at a location where services are provided to clients; (iii) Has direct access to persons receiving care; nor (iv) Provides direct personal supervision of personnel by being immediately available to provide assistance and direction during the time services are being provided.	
0508 Licenses 290-5-54-.05(1)(b)2.	In lieu of a records check application, the owner may submit evidence, satisfactory to the department, that within the immediately preceding 12 months the owner has received a satisfactory criminal records check determination.	

TAGS	RULE	INTERPRETIVE GUIDELINES
0509 Licenses 290-5-54-.05(1)(c)	<p>A private home care provider license shall not be issued, and any issued license shall be revoked, where it has been determined that the owner has received an unsatisfactory criminal records check determination involving any of the following covered crimes, as outlined in O.C.G.A. 49-2-14.1 et seq.:</p> <ol style="list-style-type: none"> 1. A violation of Code Section 16-5-1, relating to murder and felony murder; 2. A violation of Code Section 16-5-21, relating to aggravated assault; 3. A violation of Code Section 16-5-70, relating to aggravated battery; 4. A violation of Code Section 16-5-70 relating to cruelty to children; 5. A violation of Code Section 16-5-100, relating to cruelty to a person 65 year of age or older; 6. A violation of Code Section 16-6-1, relating to rape; 7. A violation of Code Section 16-6-2, relating to aggravated sodomy; 8. A violation of Code Section 16-6-4, relating to child molestation; 9. A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes; 10. A violation of Code Section 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions; 11. A violation of Code Section 16-6-22.2, relating to aggravated sexual battery; 12. A violation of Code Section 16-8-41, relating to armed robbery; 13. A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person; or 14. Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere; 	
0523 Licenses 290-5-54-.05(1)(d)	<p>An owner holding a valid private home care provider license issued on or before June 30, 2007 shall be required to obtain a fingerprint records check determination no later than December 31, 2008.</p>	
0524 Licenses 290-5-54-.05(1)(d)1.	<p>An owner holding a valid private home care provider license issued on or before June 30, 2007 who has received an unsatisfactory criminal records determination which includes any one of the covered crimes listed in Rule .05(c)(1)-(14) above, shall not have the license revoked prior to a hearing being held before a hearing officer pursuant to Chapter 13 of Title 50, the ' Georgia Administrative Procedures Act ' .</p>	

TAGS	RULE	INTERPRETIVE GUIDELINES
0525 Licenses 290-5-54-.05(1)(d)2.	An owner with a valid private home care provider license who acquires a criminal record for any of the crimes listed in Rule .14(7)(c)(1)-(14) above subsequent to the effective date of these rules shall disclose the criminal record to the department.	
0526 Licenses 290-5-54-.05(1)(e)	If at any time the department has reason to believe an owner holding a valid license has been arrested, charged, or convicted of any of the covered crimes listed in Rule .14(7)(c)(1)-(14) above, the department shall require the owner to submit a records check application immediately for determination of whether a revocation action is necessary.	
0527 Licenses 290-5-54-.05(1)(f)	A provisional license may be issued by the department on a conditional basis for one of the following reasons: 1. To allow a newly established provider a reasonable, but limited, time to demonstrate that its operational procedures comply with these rules; or 2. To allow an existing provider a reasonable length of time to comply with these rules and regulations, provided that the provider shall present a plan of improvement acceptable to the department.	Provisional licenses will be issued at the department's discretion.
0528 Licenses 290-5-54-.05(2)	Qualifications Requirement. In order to obtain or retain a license or provisional license, the provider's administrator and its employees must be qualified, as defined in these rules, to direct or work in a program. However, the department may require additional reasonable verification of the qualifications of the administrator and employees either at the time of application for a license or provisional license or at any time during the license period whenever the department has reason to believe that an administrator or employee is not qualified under these rules to direct or work in a program.	Additional verification of qualifications may include review of professional licenses, education documents and training certificates, employee evaluations, driving licenses, criminal record reviews, reference checks, complaint logs, staffing schedules, or interview and/or observation of staff. Personnel files will be reviewed to see if personnel licenses, certifications or registrations are up to date and to determine how the PHCP ensures that all professional employees and personnel used under arrangement and by contract have current licenses and/or registrations.
0529 Licenses 290-5-54-.05(2)(a)	If a governing body maintains offices as a private home care provider in more than one location, then each location shall be separately licensed.	Any location from which coordination of care is provided and/or where current client and/or employee records are kept must be separately licensed.

TAGS	RULE	INTERPRETIVE GUIDELINES
0530 Licenses 290-5-54-.05(2)(b)	The license shall be prominently and appropriately displayed at the private home care providers licensed location.	
0531 Licenses 290-5-54-.05(2)(c)	No license issued under these rules is assignable or transferable. Each license or provisional license shall be returned to the department in cases of changes in name, location, ownership or governing body or if suspended, revoked, or limited. The department shall be provided 15 days notice in advance of any providers change in location. Authority O.C.G.A. Sec. 31-7-300 et seq.	<p>When there is a change of ownership, the new owner must apply for licensure and pay the appropriate fees, as applicable.</p> <p>If the PHCP is a corporation and the corporation does not change, i.e. a stock purchase, the tax ID does not change, then generally no change of ownership has occurred.</p> <p>If the PHCP is individually owned and is purchased by another entity, a change of ownership has occurred.</p> <p>Applications for renewal will be reviewed to determine whether there are any inconsistencies relative to name, location, or governing body.</p>
0601 Applications 290-5-54-.06(1)	Initial applications for a license as a private home care provider must be submitted to the department on forms provided by the department, and shall include the submission of an application fee and a license fee established by the Board of Human Resources, and a records check application for the owner. Such application shall include a description of the private home care provider services to be offered by the applicant and the geographic area that will be served.	<p>Applicants begin by requesting an application from the Home Care Unit of ORS. Instruction for initial application will be included with the application packet. Applicants are required to submit a completed application packet with copies of specific operations-related documents for office review, in order to be considered for a provisional license, which will allow the provider to enroll clients and begin providing services. All applicable fees must be paid at the time of application. Once the provider has clients, the initial inspection will be performed to determine full compliance with the rules. Once compliance is assured, a regular license will be issued.</p> <p>The geographic area that will be served will not appear on the license. This information will be included on the application and will be maintained in the Department.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
0602 Applications 290-5-54-.06(2)	Renewal of Licenses. Licenses shall be renewed by the department periodically from the date of initial issuance upon submission of a renewal application, and a license renewal fee established by the Board of Human Resources. Such renewal application shall include a description of the private home care provider services offered by the licensee and the geographic area served.	License holders must submit an updated application annually and pay the required annual fees prior to expiration of the license. If the license expires, the program will be considered to be operating without a license and may be subject to higher renewal fees and/or adverse action. In addition, license holders are expected to ensure that contact information, such as phone numbers, on file with the application is current.
0603 Applications 290-5-54-.06(3)	Fees. Fees shall be reasonable and shall be set so that the total of the fees approximates the total of the direct and indirect costs to the state of the licensing program. Fees may be refunded for good cause as determined by the department.	Fees may be refunded prior to an initial/renewal inspection. Once the inspection has been conducted, fees cannot be refunded.
0604 Applications 290-5-54-.06(4)	False or Misleading Information. The application for any license or renewal must be truthfully and fully completed. In the event that the department has reason to believe that any application has not been completed truthfully, the department may require additional reasonable verification for the facts alleged. The department may refuse to issue or renew any license where false statements have been made in connection with the application or any other documents required by the department. Authority O.C.G.A. Secs. 31-2-6, 31-7-300 et seq.	Review the application for comparison with actual services provided and accuracy of names, addresses and phone numbers.
0701 Exemptions 290-5-54-.07(1)(a)	These rules shall not apply to private home care services which are provided under the following conditions: (a) When those services are provided directly by an individual, either with or without compensation, and not by agents or employees of the individual and not through independent contractors or referral arrangements made by an individual who has ownership or financial interest in the delivery of those services by others who would deliver those services. ...	

TAGS	RULE	INTERPRETIVE GUIDELINES
0702 Exemptions 290-5-54-.07(1)(b)	<p>These rules shall not apply to private home care services which are provided under the following conditions: ...</p> <p>(b) When those services are home infusion therapy services and the intermittent skilled nursing care is provided only as an integral part of the delivery and infusion of pharmaceuticals; however, such skilled nursing care, whether hourly or intermittent, which provides care licensed by these rules beyond the basic delivery and infusion of pharmaceuticals is not exempt; ...</p>	<p>Those skilled nursing services, personal care services or companion/sitter services not directly related to infusion are subject to PHCP regulations.</p>
0703 Exemptions 290-5-54-.07(1)(c)	<p>These rules shall not apply to private home care services which are provided under the following conditions: ...</p> <p>(c) When those services are provided through the temporary placement of professionals and paraprofessionals to perform those services in places other than a persons residence; ...</p>	
0704 Exemptions 290-5-54-.07(1)(d)	<p>These rules shall not apply to private home care services which are provided under the following conditions: ...</p> <p>(d) When those services are provided by home health agencies which are licensed under state law; ...</p>	
0705 Exemptions 290-5-54-.07(1)(e)	<p>These rules shall not apply to private home care services which are provided under the following conditions:</p> <p>(e) When those services are provided in a personal care home by the staff of the personal care home; ...</p>	<p>These rules were not intended to cover those services allowable under the Personal Care Homes rule and can be provided by personal care home staff.</p>
0706 Exemptions 290-5-54-.07(1)(f)	<p>These rules shall not apply to private home care services which are provided under the following conditions: ...</p> <p>(f) When those services are services within the scope of practice of pharmacy and provided by persons licensed to practice pharmacy. ...</p>	

TAGS	RULE	INTERPRETIVE GUIDELINES
0707 Exemptions 290-5-54-.07(1)(g)	RESERVED.	g) O.C.G.A § 31-7-305(7) provides the following additional exemption: "When those services are provided directly by an individual on a volunteer basis through a senior volunteer program, which includes the foster grandparent program, the senior companion program, and the retired and senior volunteer program. In no case shall there be remuneration to any person, firm, corporation, or volunteer for services rendered or coordination of services in conjunction with the senior volunteer program or the foster grandparent program.
0708 Exemptions 290-5-54-.07(2)	A certificate of need issued pursuant to O.C.G.A. Sec. 31-6-1 et seq. is not required for licensure so long as the provider does not operate as a licensed home health agency or personal care home. Authority O.C.G.A. Secs. 31-7-305, 31-7-307.	
0801 Inspections and Plans of Correction 290-5-54-.08(1)	Providers shall be inspected by the department periodically; provided, however, the department may exempt a provider from such periodic inspections if it is certified or accredited by a certification or accreditation entity recognized and approved by the department.	The accrediting organizations currently recognized by the Department are: - The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); - Community Health Accreditation Program (CHAP) . The agency must submit proof that the certification and /or accreditation organization reviewed the agency under a set of standards related to the services the agency provides. For example, the JCAHO accredits many healthcare organizations; however, to be deemed for the Private Home Care Provider rules, a set of standards related to Private Home Care must be used.
0802 Inspections and Plans of Correction 290-5-54-.08(1)(a)	A provider seeking exemption from on-site inspection shall be required to submit to the department documentation of certification or accreditation, including a copy of its most recent certification or accreditation report.	

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0803 Inspections and Plans of Correction 290-5-54-.08(1)(b)	Nothing contained herein shall be construed to prohibit the department from conducting inspections of any provider as the department determines necessary.	
0804 Inspections and Plans of Corrections 290-5-54-.08(2)	Consent to Entry and Access. An application for a license or the issuance and renewal of any license by the department constitutes consent by the applicant or licensee and the owner of the premises for the department's representatives, to enter the premises for the purpose of conducting any inspection during regular business hours.	The Department generally schedules routine/periodic inspections in advance, but is not required to do so. Complaint investigations and follow-up inspections are always unannounced and access to the premises during regular business hours is required. Regular business hours are considered to be 9 AM to 5 PM, Monday through Friday.
0805 Inspections and Plans of Correction 290-5-54-.08(2)(a)	Department representatives shall be allowed reasonable and meaningful access to the provider's premises, all records relevant to licensure and all provider staff. Providers shall assist and cooperate in arranging for department representatives to have meaningful access to provider's clients who consent to be interviewed by department representatives in connection with any licensure activity.	For announced inspections, access must be provided at the scheduled time. For unannounced inspections, access must be provided immediately if personnel are in the office at the time the surveyor arrives, or no later than one hour after the arrival of the surveyor at the office location.
0806 Inspections and Plans of Correction 290-5-54-.08(3)	Cooperation with Inspection. All provider staff shall cooperate with any inspection conducted by the department and shall provide, without unreasonable delay, any documents to which the department is entitled hereunder.	The representative of the Department is entitled to review and obtain photocopies or duplicates of any documents related to the PHCP program and the services provided, including but not limited to client and employee information. Requested photocopies must be provided at no charge to the Department. ' Without unreasonable delay ' is interpreted by the Department to mean the requested documents must be provided to the surveyor within no longer that one hour after the request.

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0807 Inspections and Plans of Correction 290-5-54-.08(4)	If as a result of the inspection, violations of these licensure regulations are identified, the provider will be given a written report of the inspection which identifies the licensure regulations violated. The provider must submit a written plan of correction (improvement) in response to the inspection report which states what the provider will do when to correct each of the violations identified. The provider may offer any explanation or dispute the findings of violations in the written plan of correction so long as an acceptable plan of correction is submitted within ten days of the receipt of the written report of licensure inspection. Authority O.C.G.A. Secs. 31-2-6, 31-7-300 et seq.	The provider must submit to the Department a written plan of correction (POC) within ten (10) working days of receipt of a statement of deficiencies (violations). The plan must be completed as described in the accompanying instructions, and signed and dated by the appropriate management staff. If the POC is not acceptable, the provider will be notified and must submit an acceptable POC within 48 hours of such notification.
0901 Administration and Organization 290-5-54-.09(1)	Services Description. A provider shall establish and implement written policies and procedures that define the scope of private home care services it offers and the types of clients it serves. No provider shall provide services that are prohibited by these rules, the applicable legal authority, or other laws.	
0902 Administration and Organization 290-5-54-.09(2)	Service Agreements. No provider shall offer to provide a client any private home care services that it cannot reasonably expect to deliver in accordance with these rules.	The service agreement must be between the client and the PHCP actually providing the services at the client ' s residence. Service agreements with third parties are not acceptable.

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0903 Administration and Organization 290-5-54-.09(2)(a)	A provider shall establish and implement policies and procedures for service agreements. All services provided to a client shall be based on a written service agreement entered into with the client or the client's responsible party, if applicable.	<p>Written policies and procedures must specify that all PHCP services are provided only in accordance with a written service agreement established with the client and/or responsible party.</p> <p>Policies should also specify the procedure and tools for establishing and implementing the service agreement and include the assignment of responsibility.</p> <p>If the provider offers PRN (as needed) and/or very short-term services (no more than 2 visits within a 7 day period), then their policies and procedures must address their practice regarding service agreements in these situations, such as, when the service is ongoing or intermittent. A service agreement should be obtained by the second visit.</p>
0904 Administration and Organization 290-5-54-.09(2)(a)1.	The service agreement must include the following: 1. Date that provider makes initial contact with client for services; ...	This is the date the PHCP contacts the client by phone or in person to offer services.
0905 Administration and Organization 290-5-54-.09(2)(a)2.	The service agreement must include the following: ... 2. Date of referral, i.e. the date on which the provider received a specific request to deliver private home care services to a particular client; ...	
0906 Administration and Organization 290-5-54-.09(2)(a)3.	The service agreement must include the following: ... 3. Description of services needed as stated by client or responsible party, if applicable; ...	The client or their representative is asked to describe what service activities they want from the provider, and this description is entered on the service agreement. Descriptions should be specific, e.g. help in and out of bed, bathing, getting dressed, etc.

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0907 Administration and Organization 290-5-54-.09(2)(a)4.	The service agreement must include the following: ... 4. Description of services to be provided and expected frequency and duration of services; ...	<p>The services listed in the agreement to be provided in the home must be limited to the three services allowed for in these rules and for which the PHCP is licensed. For example, the services might be described as companion or sitter tasks, personal care tasks, and/or nursing services, depending on the needs of the client.</p> <p>Another example, if "supportive services" is the terminology utilized by a third party payer, the description on the service agreement must still be stated in terms of the service(s) for which the PHCP is licensed: companion or sitter tasks, personal care tasks, and/or nursing services.</p> <p>The agreement should include how often visits will be made to the residence (e.g. three times per week), and the anticipated duration of each visit.</p> <p>Updates/changes to service agreements should be documented in the client's record in a manner that is easily accessible.</p>
0908 Administration and Organization 290-5-54-.09(2)(a)5.	The service agreement must include the following: ... 5. Charges for such services, and mechanisms for billing and payment of such charges; ...	The agreement must contain the amount of charges (hourly or total) for the services to be provided to the client, regardless of payor source.
0909 Administration and Organization 290-5-54-.09(2)(a)6.	The service agreement must include the following: ... 6. Acknowledgment of receipt of a copy of client's rights and responsibilities as outlined at rule .12; ...	This may be done on a separate form.
0910 Administration and Organization 290-5-54-.09(2)(a)7.	The service agreement must include the following: ... 7. A telephone number of the provider that a client can call for information, questions, or complaints about services supplied by the provider; ...	If provided on the signed Rights & Responsibilities document, the telephone number would not be required on the service agreement.

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0911 Administration and Organization 290-5-54-.09(2)(a)8.	The service agreement must include the following: ... 8. The telephone number of the state licensing authority, i.e. the department, to call for information or questions about the provider concerning a violation of licensing requirements that was not resolved to the client's satisfaction by complaining to the provider; ...	PHCP clients should be given the main number for the Health Care Section of the Office of Regulatory Services (404-657-5550) for information about licensing requirements. The number to lodge complaints about provider services is 404-657-5728. See also L1211 Client's Right.
0912 Administration and Organization 290-5-54-.09(2)(a)9.	The service agreement must include the following: ... 9. Authorization from client or responsible party, if applicable, for access to client's personal funds when home management services are to be provided and when those services include assistance with bill paying or any activities, such as shopping, that involve access to or use of such funds; similarly approved authorization for use of client's motor vehicle when services to be provided include transport and escort services and when the client's personal vehicle will be used;	Prior to the establishment of the Service Agreement, the provider should attempt to determine if the client has a Responsible Party and has executed any written document designating a Responsible Party or has had a legal guardian appointed by the court. If unable to determine if client has a responsible party or guardian, efforts made to determine the status should be documented. It should be documented in the client ' s record whether the client represents himself or whether another designated responsible party represents the client for the purposed of authorizations. The service agreement should always reflect whether or not the PHCP employees are to have access or use of any client funds, including creditcards, or of the client ' s car..If so, there must be special written authorization for such use or access in the client ' s record. Refer to L0944 regarding the requirement for bonding for any provider whose employees have access to client ' s funds or car. Transport and escort services' for healthy individuals/families are not considered PHCP services.

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0913 Administration and Organization 290-5-54-.09(2)(a)10.	The service agreement must include the following: ... 10. Signatures for the provider's representative and the client or responsible party, if applicable, and date signed; if a client or responsible party refuses to sign the agreement, such refusal shall be noted on the agreement with an explanation from the provider's representative.	The provider's representative may be any staff member designated by the administrator to initiate the service agreement.
0914 Administration and Organization 290-5-54-.09(2)(b)	For new clients, such initial service agreements shall be completed not later than the second visit to the client's residence to provide services if the second visit occurs on a different day from the first visit or not later than seven calendar days after services are initially provided in the residence, whichever is earlier.	If all services are provided within seven calendar days and then discontinued, no service agreement is required by these rules.
0915 Administration and Organization 290-5-54-.09(2)(b)1.	If the provider is unable to complete the service agreement for good cause, the provider will document such reason(s) in the client's file.	
0916 Administration and Organization 290-5-54-.09(2)(b)2.	Subsequent revisions to the initial service agreement may be handled by the provider noting in the client's record the specific changes in service (e.g. addition or deletion of service, changes in frequency, or duration, or charge for services, etc.) that will occur and that the change was discussed with and agreed to by the client and/or responsible party, as appropriate, who signed the initial agreement prior to the change in services occurring.	
0917 Administration and Organization 290-5-54-.09(2)(c)	A client has the right to cancel any service agreement at any time and shall only be charged for services actually rendered prior to the time that the provider is notified of the cancellation. The provider may assess a reasonable charge for travel and staff time if notice of the cancellation of the service agreement is not provided in time to cancel the service prior to the provider's staff member arriving at the client's house to perform the service.	When adequate notice has been given, the client should not be charged for travel and staff time because the provider was unable to contact the staff.
0918 Administration and Organization 290-5-54-.09(3)	Administrator. The governing body shall appoint an administrator who shall have full authority and responsibility for the operation of the private home care provider.	

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0919 Administration and Organization 290-5-54-.09(3)(a)1.	Any administrator employed after the effective date of these rules must meet the following minimum qualifications: 1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application; ...	A criminal records check may be used to partially meet this requirement, but it must be supplemented with other evidence. There must be, in addition, a signed affidavit in the administrator ' s file to reflect that they have never been found to have participated in the types of misconduct described by this rule.
0920 Administration and Organization 290-5-54-.09(3)(a)2.	Any administrator employed after the effective date of these rules must meet the following minimum qualifications: ... 2. Participate in the orientation and training required by these rules; ...	There should be evidence that the administrator received orientation and training as required by these rules as described at L0966.
0921 Administration and Organization 290-5-54-.09(3)(a)3.	Any administrator employed after the effective date of these rules must meet the following minimum qualifications: ... 3. Not have made any material false statements concerning qualifications requirements either to the department or the provider.	
0922 Administration and Organization 290-5-54-.09(4)(a)	Record keeping. (a) Client Records. A provider shall maintain a separate file containing all written records pertaining to the services provided for each client that it serves[.] ...	Each client must have a separate file on site, even if they live together, are served on the same day, and are billed together. Client files must be kept in the program ' s office and protected according to the requirements in L0937.
0923 Administration and Organization 290-5-54-.09(4)(a)1.	The [client] file shall contain the following: 1. Identifying information including name, address, telephone number, and responsible party, if any; ...	

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0924 Administration and Organization 290-5-54-.09(4)(a)2.	The [client] file shall contain the following: ... 2. Current service agreement as described at rule .09(2); ...	
0925 Administration and Organization 290-5-54-.09(4)(a)3.	The [client] file shall contain the following: ... 3. Current service plan as described at rule .11; ...	
0926 Administration and Organization 290-5-54-.09(4)(a)4.	The [client] file shall contain the following: ... 4. Clinical and/or progress notes if the client is receiving nursing services that have been signed and dated by the staff providing the direct care; ...	Nursing clinical and/or progress notes should be sufficient to determine the care provided and the patient's progress and response to the care provided. See 290-5-54-.09(4) and L1018. Signatures must be legible, or have the individual ' s name printed legibly beside the signature.
0927 Administration and Organization 290-5-54-.09(4)(a)5.	The [client] file shall contain the following: ... 5. Documentation of personal care tasks and companion or sitter tasks actually performed for the client; ...	Staff must document each specific task performed for the client each time the task is performed, such as assistance with bathing, toileting, and shaving rather than documenting performance in a general area such as personal hygiene, grooming, activities of daily living (ADL's), etc. A check-list is acceptable. See L1018. There must be documented an explanation for any tasks not performed as scheduled or visits not made as scheduled.
0928 Administration and Organization 290-5-54-.09(4)(a)6.	The [client] file shall contain the following: ... 6. Documentation of findings of home supervisory visits by the supervisor unless entered in service plan; ...	See L1013 and L1016 for supervisor assessment/observation requirements.
0929 Administration and Organization 290-5-54-.09(4)(a)7.	The [client] file shall contain the following: ... 7. Any material reports from or about the client that relate to the care being provided to the client including items such as progress notes and problems reported by employees of the provider, communications with personal physicians or other health care providers, communications with family members or responsible parties, or similar items; ...	Physician orders for nursing tasks must be current and in the client ' s record.

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0930 Administration and Organization 290-5-54-.09(4)(a)8.	The [client] file shall contain the following: ... 8. The names, addresses, and telephone numbers of the client's personal physicians, if any; ...	
0931 Administration and Organization 290-5-54-.09(4)(a)9.	The [client] file shall contain the following: ... 9. Date and source of referral.	
0932 Administration and Organization 290-5-54-.09(4)(b)	Retention and Confidentiality of Client Records. Written policies and procedures shall be established and implemented for the maintenance and security of client records specifying who shall supervise the maintenance of records, who shall have custody of records, to whom records may be released and for what purposes and how long the records will be retained.	Client records must be kept in the PHCP office, not in the clients ' homes. The provider should have and adhere to timelines for timely submission of tasksheets for inclusion into client records. During an inspection, client records must be available for review by the surveyor if not immediately then within no later than one hour of request. Records of discharged clients must be maintained in a readily retrievable manner for a period of twelve (12) months from the last service date for the client.
0933 Administration and Organization 290-5-54-.09(4)(b)1.	At a minimum, all client records shall be retained for five years from the date of last service provided. The provider shall maintain the confidentiality of client records.	
0934 Administration and Organization 290-5-54-.09(4)(b)2.	Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to appropriate provider staff, the client, responsible party (if applicable), the client's physician or other health care provider, the department, other individuals authorized by the client in writing or by subpoena.	
0935 Administration and Organization 290-5-54-.09(4)(c)	Personnel Records. A provider shall maintain separate written records for each employee[.] ...	Any person providing services in the client ' s home as arranged by the PHCP must have a complete employee record at the PHCP office, including contracted personnel. Records kept at a staffing agency are not sufficient to assure that the individual meets the requirements of the PHCP and these rules.

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0936 Administration and Organization 290-5-54-.09(4)(c)1.	[Personnel] records shall include the following: 1. Identifying information such as name, address, telephone number, and emergency contact person(s); ...	
0937 Administration and Organization 290-5-54-.09(4)(c)2.	[Personnel] records shall include the following: ... 2. A five year employment history or a complete employment history if the person has not been employed five years; ...	
0938 Administration and Organization 290-5-54-.09(4)(c)3.	[Personnel] records shall include the following: ... 3. Records of qualifications; ...	Evidence of qualifications includes but is not limited to copies of current Georgia nursing licenses, letters from the Department specifying that the person is on the Georgia Nurse Aide Registry, score sheets from approved nurse aide skills test along with competency testing check sheets, or evidence of successful completion of a 40 hour training program as described in L0953 and competency testing check sheets. General minimum qualifications for all employees are described in L0947-0950. Additional minimal qualifications for personal care aides are described in L0953. Additional minimum qualifications for employees providing nursing services are described in L0951. Additional minimum qualifications for employees providing companion or sitter services are described in L0964 and L0965.

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0939 Administration and Organization 290-5-54-.09(4)(c)4.	[Personnel] records shall include the following: ... 4. Documentation of a satisfactory TB screening test upon employment and annually thereafter; ...	This requirement applies to all employees. The Department relied on CDC guidelines to determine what is an adequate TB screening: All employees should have a TB skin test every year unless; <ul style="list-style-type: none"> - The employee is being treated for latent TB or has been diagnosed with latent TB and has refused treatment; - The employee was treated in the past for TB; or - Was turned down for a skin test by the Health Dept. If any of the above exclusions apply, the PHCP must have in the employee ' s file a physician ' s documentation of the applicable exception, evidence of initial evaluation by a physician to determine that the individual is free of active disease, and annually completed checklists to assure that the individual shows none of the signs and symptoms of TB. (History of BCG vaccine does not qualify as an exception to the requirement for annual TB skin test.)
0940 Administration and Organization 290-5-54-.09(4)(c)5.	[Personnel] records shall include the following: ... 5. Date of employment; ...	This may be the date the individual was hired, attended orientation (whether or not paid to attend), or was paid for services.
0941 Administration and Organization 290-5-54-.09(4)(c)6.	[Personnel] records shall include the following: ... 6. The person's job description or statements of the person's duties and responsibilities; ...	The job description(s) should include all tasks the individual is expected to perform. Example: If an individual has the primary role of a companion sitter but is qualified to provide personal care services and does on occasion, there should be a job description for both functions in the employee file.
0942 Administration and Organization 290-5-54-.09(4)(c)7.	[Personnel] records shall include the following: ... 7. Documentation of orientation and training required by these rules; ...	Refer to L0967, L0968, L0969, L0970 and L0971 for descriptions of the required orientation and training. A signed job description will suffice as documentation of the orientation to the employee ' s job duties.

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0943 Administration and Organization 290-5-54-.09(4)(c)8.	[Personnel] records shall include the following: ... 8. Documentation of at least an annual performance evaluation; ...	See L1009, Supervision of Services. The annual performance evaluation must include direct observation or demonstration of skills for tasks assigned.
0944 Administration and Organization 290-5-54-.09(4)(c)9.	[Personnel] records shall include the following: ... 9. Documentation of bonding if the employee performs home management services which permit unlimited access to the client's personal funds. (If bonding is provided through a universal coverage bond, evidence of bonding need not be maintained separately in each personnel folder.) ...	'Unlimited access' is interpreted to include access to a bank account by checkwriting, or simply access to the client's checkbook or credit cards.
0945 Administration and Organization 290-5-54-.09(4)(d)	Reports of Complaints and Incidents. The provider shall maintain files of all documentation of complaints submitted pursuant to rule .12(2). A provider shall also maintain on file for a minimum of five years all incident reports or reports of unusual occurrences (e.g. falls, accidents, significant medication errors, etc.) that affect the health, safety, and welfare of its clients. Documentation required to be maintained shall include what actions, if any, the provider took to resolve clients' complaints and to address any incident reports or unusual occurrences required to be retained.	Records of discharged clients shall be maintained in a readily retrievable manner for a period of twelve (12) months from the last service date for the client. Complaint and incident reports shall be maintained in a readily retrievable manner for a period of five (5) years. See L1019, L1201, L1208, L1214, and L1215 for additional information related to complaints.
0946 Administration and Organization 290-5-54-.09(5)	Staffing. The provider shall have sufficient numbers of qualified staff as required by these rules to provide the services specified in the service agreements with its clients. In the event that the provider becomes aware that it is unable to deliver the specified services to the client because of an unexpected staff shortage, the provider shall advise the client and refer the client to another provider if the client so desires.	There should be no scheduled visits 'missed' due to shortage of staff. At any time the provider becomes aware that they cannot meet agreed-upon visits, they must notify the client and refer them to another provider. The provider is responsible for anticipating staff shortages or absences and assuring that there are sufficient back-up staff to prevent missed visits.
0947 Administration and Organization 290-5-54-.09(5)(a)	All staff employed by a provider shall have included in their personnel records or files maintained by the particular provider a written evaluation that was performed within one year before or after the effective date of these rules. The written evaluation must reflect that the employee's performance of required job tasks was observed personally by a supervisor either by demonstration or observation and such performance was determined to be competent for all job tasks required to be performed ...	

TAGS	RULE	INTERPRETIVE GUIDELINES
0948 Administration and Organization 290-5-54-.09(5)(a)1.	All staff hired after the effective date of these rules must meet the following minimum qualifications: 1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application; ...	Refer to L0919, also required for the administrator. A criminal records check may be used to partially meet this requirement, but it must be supplemented with other evidence. There must be, in addition, a signed affidavit in the employee ' s file to reflect that they have never been found to have participated in the types of misconduct described by this rule.
0949 Administration and Organization 290-5-54-.09(5)(a)2.	All staff hired after the effective date of these rules must meet the following minimum qualifications. ... 2. Participate in the orientation and training required by these rules; ...	Refer to L0967, L0968, L0969, L0970 and L0971 for orientation and training requirements.
0950 Administration and Organization 290-5-54-.09(5)(a)3.	All staff hired after the effective date of these rules must meet the following minimum qualifications: ... 3. Not have made any material false statements concerning qualifications requirements either to the department or the provider.	
0951 Administration and Organization 290-5-54-.09(5)(b)	Nursing Personnel. Any persons employed by the provider to provide nursing services shall be licensed in Georgia in accordance with professional licensing laws and associated rules. Such persons may also provide any other types of private home care services offered by the provider.	Some nursing services may be provided by an LPN if supervised by an RN. Refer to the decision tree in the Georgia Registered Nursing practice act: www.sos.state.ga.us/plb/rn/decision_tree .
0952 Administration and Organization 290-5-54-.09(5)(c)	Personal Care Assistant (PCA). The provider may have PCAs perform personal care tasks for clients. Such persons may also perform companion or sitter tasks for clients, but shall not provide nursing services unless qualified as stated in rule .09(5)(b) above.	For guidance as to what tasks may be performed by unlicensed personnel and what tasks are nursing tasks, consult the decision trees at: www.sos.state.ga.us/plb/rn

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<p>0953 Administration and Organization 290-5-54-.09(5)(c)1.</p>	<p>Any PCA hired after the effective date of these rules shall have the following training and/or experience:</p> <ul style="list-style-type: none"> (i) successful completion of a nurse aide training and competency evaluation program pursuant to the requirements of 42 CFR Part 483, Subpart D, as revised or recodified, if applicable; or (ii) successful completion of a competency examination for nurse aides recognized by the department; or (iii) successful completion of a health care or personal care credentialing program recognized and approved by the department; or (iv) successful completion or progress in the completion of a 40 hour training program provided by a private home care provider, which addresses at least the following areas: <ul style="list-style-type: none"> (I) Ambulation and transfer of clients, including positioning; (II) Assistance with bathing, toileting, grooming, shaving, dental care, dressing, and eating; (III) Basic first aide and CPR; (IV) Caring for clients with special conditions and needs so long as the services are within the scope of the tasks authorized to be performed by demonstration; (V) Home management; (VI) Home safety and sanitation; (VII) Infection control in the home; (VIII) Medically related activities to include the taking of vital signs; and (IX) Proper nutrition. 	<p>Written documentation of the training/experience of a PCA along with documented evidence of competency testing must be maintained in the personnel record for each employee. (see L0947)</p> <ul style="list-style-type: none"> (i) Individuals with a certificate from an approved nurse aide training program who are registered with the Georgia DHR Nurse Aide Registry are deemed to have met the training/experience requirement. The registry maintains a listing of individuals certified as nurse aides and a nurse aide abuse registry required by OBRA 1987 as amended. The address and phone number is: <p>Office of Regulatory Services Nurse Aide Registry 2 Peachtree Street, NW, Suite 32 Atlanta, GA 30303-3167 Phone: (404) 657-5730</p> (ii) There are two avenues recognized for this option: <ol style="list-style-type: none"> 1). (This is a two-part avenue) The Department recognizes the "Home Health Aide Skills Assessment Test", issued by the National League of Nursing, as an acceptable instrument to assess the skills of PCA's when the assessment is made in conjunction with direct supervision and documented skills competency testing. Data reflects that on average home health aides from across the United States who took the experimental tests scored an average of 76% of the items correctly so the provider should consider establishing this as a minimum passing score by policy. Providers should compare the PCA's job description with specific areas of the test in order to identify strengths and weakness and in order to determine where further training and supervision may be needed. <p>The address and phone number is: NLN Test Service 61 Broadway 33rd Floor New York, NY 10006 Phone: 1-212-363-5555 E-mail: Custserv @ NLN.org.</p> <p>For this option to be acceptable, the NLN test must have been taken online and scored by the organization. Also, the provider must have developed their own skills competency testing to follow the written test.</p>

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0961 Administration and Organization 290-5-54-.09(5)(c)2.	A training program described in rule .09(5)(c)1.(iv) must be conducted under the direction of a licensed registered professional nurse, or a health care professional with commensurate education and experience. Twenty hours of the program must be completed by the employee prior to serving clients and the additional twenty hours must be completed within six months of the date the training initially began. No PCA shall be assigned to perform a task for which training has not been completed and competency has not been determined. No PCA shall be assigned to care for a client with special conditions unless the PCA has received training and has demonstrated competency in performing such services related to such special conditions.	"Special conditions" may include but are not limited to Alzheimer ' s disease, behavior disorders, birth defects, blindness, developmental disorders, diabetes, mental retardation, non-verbal, traumatic brain injuries, and might include special services such as transfer and escort of the blind client, preparation of diabetic diets, basic trach and g-tube care and g-tube feeding, and cultural specific practices (i.e. diet, etc.). A PCA must have a completed competency checklist for any of these tasks to be performed with clients.
0962 Administration and Organization 290-5-54-.09(5)(d)2.	Companions or Sitters. The provider may have companions or sitters perform companion or sitter tasks for clients. Such persons may not provide other private home care services to clients unless qualified as stated in rules .09(5)(b) and (c).	
0963 Administration and Organization 290-5-54-.09(5)(d)1.	Companions or Sitters ... Such persons may not provide other private home care services to clients unless qualified as stated in rules .09(5)(b) and (c).	
0964 Administration and Organization 290-5-54-.09(5)(d)2.(i)	Any companion or sitter hired after the effective date of these rules must meet the following minimal requirements: (i) Be able to read and write, follow verbal and written instructions, and complete written reports and documents; ...	
0965 Administration and Organization 290-5-54-.09(5)(d)2.(ii)	Any companion or sitter hired after the effective date of these rules must meet the following minimal requirements: ... (ii) Successfully complete training or demonstrate understanding and practical competency in the following areas: understanding the needs and characteristics of elderly, handicapped, or convalescing individuals; meal preparation and serving; transportation and escort services; housekeeping to include sanitation; home safety; handling medical emergencies in the home; and infection control.	Documentation of required training and competency must be maintained in each individual's personnel file. Assessments must include direct observation of actual performance with a client or other person by a qualified person. Individuals with documented qualifications as a licensed nurse or PCA may provide companion or sitter services.

TAGS	RULE	INTERPRETIVE GUIDELINES
0966 Administration and Organization 290-5-54-.09(6)	Staff Training. Prior to working with clients, all employees hired or used on or after the effective date of these rules and who provide services to clients shall be oriented in accordance with these rules and shall thereafter receive additional training in accordance with these rules.	Documentation of orientation must be maintained in each individual personnel file. The provider must have a curriculum for orientation which includes all of the required topics listed under this rule.
0967 Administration and Organization 290-5-54-.09(6)(a)1.	Staff orientation shall include instruction in: ... 1. The provider's written policies and procedures regarding its scope of services and the types of clients it serves (rule .09 (1) and clients rights and responsibilities and complaints (rule .12), as well as other policies that are relevant to the employee's range of duties and responsibilities; ...	Other policies and procedures relevant to the staff's range of duties and responsibilities would include but may not be limited to, the documentation of home care services and the service plan.
0968 Administration and Organization 290-5-54-.09(6)(a)2.	Staff orientation shall include instruction in: ... 2. The employee's assigned duties and responsibilities; ...	A signed job description will suffice as documentation of orientation to assigned duties and responsibilities.
0969 Administration and Organization 290-5-54-.09(6)(a)3.	Staff orientation shall include instruction in: ... 3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's services plan; ...	
0970 Administration and Organization 290-5-54-.09(6)(a)4.	Staff orientation shall include instruction in: ... 4. The employee's obligation to report known exposure to tuberculosis and hepatitis to the employer.	
0971 Administration and Organization 290-5-54-.09(6)(b)	Additional training consisting of a minimum of eight clock hours of training or instruction shall be provided annually for each employee after the first year of employment. Employees hired prior to the effective date of these rules are also required to receive eight clock hours of training or instruction annually beginning with the effective date of these rules. Such training or instruction shall be in subjects that relate to the employee's assigned duties and responsibilities.	

TAGS	RULE	INTERPRETIVE GUIDELINES
0972 Administration and Organization 290-5-54-.09(7)	Contracted Services. If a provider arranges with independent contractors, individuals, or agents for them to provide any authorized private home care services on behalf of the provider in any way, such arrangements shall be set forth in writing detailing the services to be provided. The provider must assure that the independent contractor, individual, or agent supplying the services follow the provisions of these rules and are qualified to provide the services. The services must be supervised, as outlined in rule .10(2) (Supervision of Services), by a supervisor of the licensed provider. Authority O.C.G.A. Sec. 31-7-300 et seq.	The supervision requirement for contracted staff is the same as employees, i.e., direct observation or demonstration. A contracted employee must have a complete personnel file at the PHCP office documenting qualifications, training, and competencies.
1001 Private Home Care Provider Services 290-5-54-.10(1)	A provider may provide three categories of home care services as defined in these rules.	
1002 Private Home Care Provider Services 290-5-54-.10(1)(a)	Nursing Services. If a provider provides nursing services, such services shall be provided by a licensed registered professional nurse or a licensed practical nurse under the direction of a supervisor as required by these rules. Such services shall be provided in accordance with the scope of nursing practice laws and associated rules, and the client's service plan.	In accordance with nursing practice laws and rules, nursing tasks require physician orders.
1003 Private Home Care Provider Services 290-5-54-.10(1)(a)1.(i)	Nursing services shall include the following: ... (i) Regularly assess the nursing needs of the client; ...	Only an RN can do an admission assessment of nursing needs. Clients must be assessed on admission and reassessed often enough to determine the client ' s health status and ability to function.
1004 Private Home Care Provider Services 290-5-54-.10(1)(a)1.(ii)	Nursing services shall include the following: ... (ii) Participate in the establishment and implementation of the client's service plan; ...	Any nursing services provided must be included in the client ' s service plan.
1005 Private Home Care Provider Services 290-5-54-.10(1)(a)1.(iii)	Nursing services shall include the following: ... (iii) Provide nursing services as needed and in accordance with the client's service plan; ...	

TAGS	RULE	INTERPRETIVE GUIDELINES
1006 Private Home Care Provider Services 290-5-54- .10(1)(a)1.(iv)	Nursing services shall include the following: ... (iv) Report problems and progress of client to supervisory personnel or the client's personal physician.	
1007 Private Home Care Provider Services 290-5-54-.10(1)(b)	Personal Care Tasks. If a provider provides personal care tasks, such tasks, at a minimum, shall be performed by a qualified PCA under the direction of a supervisor as required by these rules, and in accordance with the client's service plan. In addition to following the service plan, a PCA must report on the personal care needs of the client, on changes in the client's condition, and on any observed problems that affect the client. Licensed nurses are also authorized to perform personal care tasks.	The PCA who delivers the services must have access to and be knowledgeable of the client's service plan at the time services are provided. As personal care needs change or problems emerge, the PCA must document changes or need for changes. This may be documented on the task sheet.
1008 Private Home Care Provider Services 290-5-54-.10(1)(c)	Companion or Sitter Tasks. If a provider provides companion or sitter tasks, such tasks, at a minimum, shall be performed by a qualified companion or sitter under the direction of a qualified supervisor as required by these rules, and in accordance with the client's service plan. In addition to following the service plan, a companion or sitter must report on the needs of the client, on changes in the client's condition, and on any observed problems that affect the client.	The companion or sitter who delivers the services must have access to and be knowledgeable of the client's service plan at the time services are provided. As care needs change or problems emerge, the companion or sitter must document changes or need for changes. This may be documented on the task sheet.
1009 Private Home Care Provider Services 290-5-54-.10(2)	Supervision of Services. Services shall be supervised by qualified staff of the provider. Each staff member providing services to a client shall be evaluated in writing by his or her supervisor, at least annually, either through direct observation or demonstration, on the job tasks the staff member is required to perform. No supervisor shall knowingly permit an employee who has been exposed to tuberculosis or hepatitis or diagnosed with the same to provide services to clients until it is determined that the employee is not contagious.	There must be documentation of supervisory review of services provided by staff. Regular review of completed tasks sheets, with sign-off by the reviewer, is acceptable documentation of the review.
1010 Private Home Care Provider Services 290-5-54-.10(2)(a)	Supervision of Nursing Services. If a provider provides nursing services, it shall employ fully licensed Georgia registered professional nurse to supervise the provision of such services and the employees who provide the services. Such supervisor may perform other duties provided he or she is able to fulfill the supervisory responsibilities described in these rules. A supervisor shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services.	The provider must have implemented a system for regular supervision of nursing services provided in the clients ' homes. Nursing services must be supervised by a registered nurse.

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>1011 Private Home Care Provider Services 290-5-54-.10(2)(b)</p>	<p>Supervision of Personal Care Tasks. If a provider offers personal care task services, the provider shall employ supervisor(s) that have been determined to be qualified by education, training and experience to supervise the provision of such tasks in accordance with accepted standards of care. A licensed registered professional or practical nurse shall supervise the provision of personal care tasks for clients determined to be medically frail or medically compromised. If such supervision is provided by a licensed practical nurse, the licensed practical nurse shall report to a licensed registered professional nurse who will continue to be responsible for the development and management of the service plan. Such supervisor may perform other duties provided he or she is able to fulfill the supervisory responsibilities described in these rules.</p>	<p>See definition of medically frail or medically compromised.</p> <p>See L1002 Nursing Services.</p> <p>Medication and treatment orders are routinely written by physicians for nurses.</p> <p>Medication and treatment orders are not required for services not involving skilled care.</p>
<p>1012 Private Home Care Provider Services 290-5-54-.10(2)(b)1.</p>	<p>If a provider offers personal care task services...</p> <p>1. The appropriate supervisor as specified in these rules shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services. For clients who are determined to be medically frail or compromised, a licensed registered professional nurse shall complete the initial service plan. Subsequent revisions to the service plan may be made by a licensed practical nurse who is supervising the provision of personal care tasks services to the client. Revisions made by the licensed practical nurse will be reviewed in a timely manner by the provider's licensed registered professional nurse ultimately responsible for the management of the client's care.</p>	<p>See L1010, Service Plans. Revisions made by an LPN to the service plan must be reviewed by the appropriate RN.</p>
<p>1013 Private Home Care Provider Services 290-5-54-.10(2)(b)2.</p>	<p>If a provider offers personal care task services...</p> <p>2. The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 92 days, starting from date of initial service in a residence or as the level of care requires to ensure that the client's needs are met. The visit shall include an assessment of the client's general condition, vital signs, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine quarterly supervisory visits shall be made in the client's residence and shall be documented in the client's file or service plan.</p>	<p>In addition to routine supervisory visits, a supervisory home visit may be made when the provider receives a complaint concerning services and the complaint raises a serious question regarding the services being delivered. If a provider determines that an assessment of a client's vital signs is not appropriate or obtainable during the supervisory visit, an entry will be made on the written report of the supervisory home visit which explains the omission.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>1014 Private Home Care Provider Services 290-5-54-.10(2)(c)</p>	<p>Supervision of Companion or Sitter Tasks. If a provider provides companion or sitter tasks, supervision of such tasks shall be provided by a qualified supervisor (e.g. registered professional nurse, licensed practical nurse, the administrator, or any other staff member assigned responsibility for supervision of the delivery of care.)</p>	
<p>1015 Private Home Care Provider Services 290-5-54-.10(2)(c)1.</p>	<p>If a provider provides companion or sitter services...</p> <p>1. The appropriate supervisor, as specified in these rules, shall complete the client's service plan in accordance with rule .11 and in coordination with the appropriate staff who will be providing the client's services.</p>	<p>The phrase, "appropriate staff who will be providing the client's services", means any staff member who goes into the client's residence to perform private home care provider tasks. The phrase, "In coordination", means any staff member going into a client's residence to perform private home care provider tasks will review the client's complete, current service plan prior to providing care in the client's residence. Additionally, any staff member will be given the opportunity to speak with his/her supervisor regarding the service plan prior to providing care.</p>
<p>1016 Private Home Care Provider Services 290-5-54-.10(2)(c)2.</p>	<p>If a provider provides companion or sitter services...</p> <p>2. The appropriate supervisor shall make a supervisory home visit to each client's residence at least every 122 days starting from date of initial service in the residence or when the provider receives a complaint concerning services and the complaint raises a serious question concerning the services being delivered. The visit shall include an assessment of the client's general condition, a review of the progress being made, the problems encountered by the client and the client's satisfaction with the services being delivered by the provider's staff. Such supervision shall also include observations about the appropriateness of the level of services being offered. Routine supervisory visits shall be made in the client's residence. All supervisory visits shall be documented in the client's file or service plan.</p>	
<p>1017 Private Home Care Provider Services 290-5-54-.10(2)(d)</p>	<p>When employees or subcontractors are performing personal care tasks for clients who are medically frail or medically compromised in the clients' residences, the provider shall have a representative on call and accessible who shall be able to contact a nurse supervisor by telephone or other means to provide appropriate consultation to the employees or subcontractors concerning responding to the clients' medical needs.</p>	<p>The on-call representative and nurse supervisor must be accessible at any time services are scheduled to be provided for medically fragile or medically frail clients, for consultation regarding the care of those clients.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>1018 Private Home Care Provider Services 290-5-54-.10(3)</p>	<p>Documentation of Home Care Services Provided. A provider shall establish and implement written policies and procedures for documenting the services actually performed for its clients each day. Such documentation shall be incorporated into the client's file in accordance with rule .09(4)(a).</p>	<p>The PHCP ' s policy should contain a timeline for review of task sheets and incorporation of those sheets into clients ' records. The timeline should be sufficiently timely to identify and resolve promptly any problems in service delivery.</p>
<p>1019 Private Home Care Provider Services 290-5-54-.10(4)</p>	<p>Quality Improvement Program. The provider must have and maintain documentation reflecting that there is an effective quality improvement program that continuously monitors the performance of the program itself and client outcomes to ensure that the care provided to the clients meets acceptable standards of care and complies with the minimum requirements set forth in these rules. At a minimum, the quality improvement program must document the receipt and resolution (if possible) of client complaints, problems with care identified and corrective actions taken. Authority O.C.G.A. Sec. 31-7-300 et seq.</p>	<p>There must be documentation of client complaints, problems with care identified and corrective actions taken in the PHCP ' s quality improvement program. Have any corrective actions been taken? For complaints, see also L1201, L1208, L1214, and L1215.</p> <p>Best practice is to have a QI program which tracks multiple components of service provision.</p>
<p>1101 Service Plans 290-5-54-.11(1)</p>	<p>Service Plan Content. A provider shall establish and implement written policies and procedures for service planning. A written plan of service shall be established in collaboration with the client and the responsible party, if applicable, and the client's personal physician if the services to be provided are nursing services and the client has a personal physician.</p>	<p>The written policies and procedures must specify the individual(s) responsible for developing the plan, the time frame for completing the service plan document, the integration of the assessment findings, and describe when the service plan should be reviewed or revised.</p> <p>The care planning process must respect the patient ' s right to make choices by accepting or refusing services and their right to participate in the service planning process.</p> <p>If the provider offers nursing services, the policy/procedure must include how the PHCP secures physician ' s orders, and physician verification of oral, change, and/or renewal orders. The policy and procedures for receiving verbal orders from the physician.</p>

TAGS	RULE	INTERPRETIVE GUIDELINES
<p>1102 Service Plans 290-5-54-.11(1)(a)</p>	<p>The service plan shall include the functional limitations of the client, types of service required, the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services, and discharge plans.</p>	<p>The purpose of the service plan is to direct staff action for a specific client. Consequently, the service plan must be individualized and contain adequate information for staff action. The service plan should contain the following at a minimum:</p> <ul style="list-style-type: none"> - Description of the client ' s functional limitations, which may include, but is not limited to difficulties with hearing, vision, speech, mobility, swallowing, eating, breathing or cognitive abilities. The limitations should be described in detail, e.g. " cannot stand or transfer unassisted " or " cannot hear or understand speech at normal volume " . - Types of service required, to include the specific tasks and specific directions for tasks where appropriate. ' Types of service ' means directions for the specific tasks (e.g. bed bath, tub bath, applying lotion to feet, applying lotion to back, etc.) to be performed by provider staff. Tasks described in any client ' s service plan must be limited to those related to services the PHCP is licensed to provide: personal care tasks, companion sitter tasks, and/or nursing tasks. Information about medications and treatments should be included if the provider's staff is expected to assist with the medication or treatment. Description of tasks to be performed by staff must be detailed enough for the staff member to know what to do, e.g. for personal care services: give bed bath,brush teeth, etc.; for sitter tasks: reading, playing cards, prepare lunch, etc.; for nursing tasks: providecleansing and redressing of wound according toorders, etc. - The expected times and frequency of service delivery means how often staff will go to the client's home, on what days and at what time of day, a.m. orp.m. - The expected duration means how long staff willremain in the home to accomplish the task assigned. - The goals and objectives (or outcome criteria) arestatements describing measurable outcomes of care. If goals/objectives are not being achieved, the provider must reevaluate the client and revise the plan. Goals/objectives may be standardized for personal care and companion/sitter clients (e.g.. provide supportive services so that the client may maintain an optimal level of independent functioning

TAGS	RULE	INTERPRETIVE GUIDELINES
1103 Service Plans 290-5-54-.11(1)(b)	When applicable to the condition of the client and the services to be provided, the [service] plan shall also include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs.	<p>For most clients, diagnoses, medications and treatments, equipment, diet and nutritional needs, as well as cognitive ability and emotional stability, will impact the service delivery and should be addressed on the service plan. For example, if staff is to prepare meals for the client, a diet (regular, soft, liquid, low salt/fat, diabetic, etc.) must be part of the service plan. Treatments and specific nursing procedures may be written and revised as indicated when the service is skilled care. (i.e. wet to dry dressing, using saline, roll gauze, with vapor barrier covering, etc.)</p> <p>A diagnosis of cognitive impairment or emotional instability due to Alzheimer's, mental retardation, head trauma, etc., may necessitate specific instruction on communicating with the client and managing behavior, i.e. a non-verbal client, mental retardation, etc.</p> <p>Interview client and observe for applicable conditions requiring this addition information.</p>
1104 Service Plans 290-5-54-.11(2)	Service plans shall be completed by the service supervisor within seven working days after services are initially provided in the residence. Service plans for nursing services shall be reviewed and updated at least every sixty-two days. Other service plans shall be reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are changes in the items listed in rules .11(l)(a) and (b), above. Authority O.C.G.A. Sec. 31-7-300 et seq.	The service plan or plans of care are the result of the assessment function. The provider's staff carries out the actions identified during the planning process. These actions are done according to the provider's policy and procedures, standards of practice, and the scope of services. Monitoring the client's response to the care and modification of the service plan is an ongoing process. Revisions of the plan are based on a reassessment and identified goals.
1201 Rights, Responsibilities, and Complaints 290-5-54-.12(1)	A provider shall establish and implement written policies and procedures regarding the rights and responsibilities of clients, and the handling and resolution of complaints.	For complaints, see also L1208, L1214, and L1215.
1202 Rights, Responsibilities, and Complaints 290-5-54-.12(2)	Such policies and procedures shall include a written notice of rights and responsibilities which shall be provided to each client or responsible party, if applicable, when the service agreement described in rule .09(2) is completed.	The policy and procedure should reference the specific written document that the provider has created to inform clients of their rights and which is to be provided to the client.

TAGS	RULE	INTERPRETIVE GUIDELINES
1203 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(a)	The required notice [of rights and responsibilities] shall include the following items: (a) Right to be informed about plan of service and to participate in the planning; ...	The client's preferences regarding days and times of service should be honored when possible. If not possible, the client should be offered the option of referral to another provider.
1204 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(b)	The required notice [of rights and responsibilities] shall include the following items: ... (b) Right to be promptly and fully informed of any changes in the plan of service ...	Changes in time of service and availability or change in staff should be reported to the client residence as soon as possible, before the service, so that the client retains the right to accept or refuse services.
1205 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(c)	The required notice [of rights and responsibilities] shall include the following items: ... (c) Right to accept or refuse services; ...	For the client who has not been adjudicated the right to accept or refuse services must be respected. Refusal of services must be reported to the supervisor immediately when the client could potentially suffer harm from the refusal of service, i.e. an individual who, if left alone, could not flee a burning house, or might wander off and get lost, etc.
1206 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(d)	The required notice [of rights and responsibilities] shall include the following items: ... (d) Right to be fully informed of the charges for services; ...	See also L0906.
1207 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(e)	The required notice [of rights and responsibilities] shall include the following items: ... (e) Right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person; ...	See also L1215, Provider Phone, provision of provider contact phone numbers.

TAGS	RULE	INTERPRETIVE GUIDELINES
1208 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(f)	The required notice [of rights and responsibilities] shall include the following items: ... (f) Right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the provider within a reasonable period of time. The complaint procedure provided shall include the name, business address and telephone number of the person designated by the provider to handle complaints and questions; ...	For other rules about complaints, see also L1201, L1214, and L1215.
1209 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(g)	The required notice [of rights and responsibilities] shall include the following items: ... (g) Right of confidentiality of client record; ...	See also L0933, Retention and Confidentiality of Client Records and L0805, Department access to records.
1210 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(h)	The required notice [of rights and responsibilities] shall include the following items: ... (h) Right to have property and residence treated with respect; ...	
1211 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(i)	The required notice [of rights and responsibilities] shall include the following items: ... (i) Right to receive a written notice of the address and telephone number of the state licensing authority, i.e. the department, which further explains that the department is charged with the responsibility of licensing the provider and investigating client complaints which appear to violate licensing regulations; ...	Department of Human Resources Office of Regulatory Services Health Care Section Two Peachtree Street NW, Suite 33.250 Atlanta, GA 30303-3142 404-657-5550 Complaints only: 404-657-5728 or 1-800-878-6442
1212 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(j)	The required notice [of rights and responsibilities] shall include the following items: ... (j) Right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider upon written request. The provider is not required to release the report of licensure inspection until the provider has had an opportunity to file a written plan of correction for the violations, if any, identified. The facility may charge the client reasonable photocopying charges; ...	The provider is not required to release the report of licensure inspection until a written plan of correction has been accepted/approved by the department. When making a determination as to whether a charge was reasonable or not, surveyors should compare with charges of other similar providers.

TAGS	RULE	INTERPRETIVE GUIDELINES
1213 Rights, Responsibilities, and Complaints 290-5-54-.12(2)(k)	The required notice [of rights and responsibilities] shall include the following items: ... (k) Right to be advised that the client and the responsible party, if applicable, must advise the provider of any changes in the client's condition or any events that affect the client's service needs.	A change in the client's condition or event that affects the client's service needs may include, but is not limited to, medication changes, any change in functional limitations, admission to a hospital, etc.
1214 Rights, Responsibilities, and Complaints 290-5-54-.12(3)	Such policies shall also include procedures for clients and others to present complaints, either orally or in writing, about services and to have their complaints addressed and resolved as appropriate by the provider in a timely manner.	The provider may not require a client to submit complaints in writing. Complaints submitted verbally must be documented by the provider. Responses to complaints would not be considered timely if there were any negative impact on the client or responsible party due to the response time of the provider Any failure on the part of the provider to adhere to this requirement may constitute a violation of the clients right at L1208. For other rules related to complaints, see also L1201, L1208, and L1215.
1215 Rights, Responsibilities, and Complaints 290-5-54-.12(4)	A provider shall supply all clients and responsible parties, if applicable, with the specific telephone number of the provider for information, questions or complaints about services being delivered by the provider. Authority O.C.G.A. Sec. 31-7-300 et seq.	The provider must be available by telephone during all service hours to respond to complaints about services. Other information or questions may be responded to during the established business hours. For other rules related to complaints, see also L1201, L1208, and L1214.
1301 Enforcement and Penalties 290-5-54-.13(1)	Enforcement of these rules and regulations shall be conducted in accordance with Rules and Regulations for Enforcement of Licensing Requirements, Chapter 290-1-6.	
1302 Enforcement and Penalties 290-5-54-.13(2)	If the department finds that an applicant for a license has violated any provisions of these rules or other laws, rules, regulations, or formal orders related to initial or continued licensing, it may, subject to notice and an opportunity for hearing, refuse to grant any license or limit or restrict any license.	

TAGS	RULE	INTERPRETIVE GUIDELINES
1303 Enforcement and Penalties 290-5-54-.13(3)	If the department finds that a provider has violated any provision of these rules or other laws, rules, regulations, or formal orders related to initial or continued registration, it may, subject to notice and an opportunity for hearing, take any of the following actions: administer a public reprimand; limit or restrict a license; suspend a license; impose a fine; refuse to renew a license; or revoke a license. Authority O.C.G.A. Sec. 31-2-6.	
1401 Waivers and Variances 290-5-54-.14(1)	The department may, in its discretion, grant waivers and variances of specific rules upon application or petition being filed on forms provided by the department. The department may establish conditions which must be met by the provider in order to operate under the waiver or variance granted ...	
1402 Waivers and Variances 290-5-54-.14(2)	... Waivers and variances may be granted in accordance with the following conditions: (2) Variance. A variance may be granted by the department upon a showing by the applicant or petitioner that the particular rule or regulation that is the subject of the variance request should not be applied as written because strict application of the rule would cause undue hardship. The applicant or petitioner must also show that adequate standards affording protection for the health, safety and care of persons in care exist and will be met in lieu of the exact requirements of the rule or regulation in question. ...	
1403 Waivers and Variances 290-5-54-.14(3)	... Waivers and variances may be granted in accordance with the following conditions: ... (3) Waiver. The department may dispense entirely with the enforcement of a rule or regulation by granting a waiver upon a showing by the applicant or petitioner that the purpose of the rule or regulation is met through equivalent standards affording equivalent protection for the health, safety and care of persons in care. ...	

TAGS	RULE	INTERPRETIVE GUIDELINES
1404 Waivers and Variances 290-5-54-.14(4)	Waivers and variances may be granted in accordance with the following conditions: ... (4) Experimental Variance or Waiver. The department may grant waivers and variances to allow experimentation and demonstration of new and innovative approaches to delivery of services upon a showing by the applicant or petitioner that the intended protections afforded by the rule or regulation which is the subject of the request are met and that the innovative approach has the potential to improve service delivery. Authority O.C.G.A. Sec. 31-2-4.	
1501 Severability 290-5-54-.15(1)	In the event that any rule, sentence, clause or phrase of any of these rules and regulations may be construed by any court of competent jurisdiction to be invalid, illegal, unconstitutional, or otherwise unenforceable, such determination or adjudication shall in no manner affect the remaining rules or portions thereof.	
1502 Severability 290-5-54-.15(2)	The remaining rules or portions thereof shall remain in full force and effect, as if such rule or portions thereof so determined, declared, or adjudged invalid or unconstitutional were not originally a part of these rules. Authority O.C.G.A. Sec. 31-7-300 et seq.	
9999 Closing Comments.		

PRIVATE HOME CARE PROVIDER APPLICATION REVIEW CHECKLIST

Please use the following checklist to ensure you include all the documents required for HFRD to review your application for a provisional PRIVATE HOME CARE PROVIDER license. Please use the Applicant Check column for your own review; to be sure all necessary documents are included. Under each document, you will see content which must be acceptable in order to pass review. **Be aware that your application packet may be considered incomplete and in eligible for review if all major documents are not included. It must be clear to the reviewer what each document is, so it is advisable to have them clearly marked.**

Be advised that these are the minimum documents necessary for review for your initial license, but it is not intended to be a complete list of all policies, procedures, forms, etc., which you will need to operate your Private Home Care Provider service effectively.

<i>Applicant Use</i>		<i>HFRD Office Use Only</i>			<i>Review Date:</i>
		<i>Acceptable</i>	<i>Not Accept.</i>	<i>Notes</i>	
_____	<u>290-5-54-.06</u>				
_____	1. A <i>completed</i> application for a license to operate as a private home care provider, signed and dated.	_____	_____	_____	_____
_____	2. Notarized Personal Identification Affidavit.	_____	_____	_____	_____
_____	3. Copy of Business License, or, if not required, evidence of such communication with local government.	_____	_____	_____	_____
_____	4. Copy of Certificate of Incorporation, if incorporated; or if not incorporated, listing of IRS Tax ID number.	_____	_____	_____	_____
_____	*5. Cashiers check or money order for application fee and license fee.	_____	_____	_____	_____
_____	*6. Please refer to memo concerning Private Home Care Fingerprinting Process Using COGENT/GAPS.	_____	_____	_____	_____

	<p><u>290-5-54-.09</u></p> <p>7. A description of services.</p> <p>Describes scope of services offered.</p> <p>Describes types of clients served.</p> <p>8. Copy of policy and procedures for Service Agreements, and a copy of the Service Agreement form.</p> <p>Requires written service agreement with each client.</p> <p>Requires timeline for completion of initial service agreement as required by .09(2)(b).</p> <p>Describes procedure for revision to the service agreement as needed, including appropriate documentation of revisions.</p> <p>Includes date of referral</p> <p>Includes date of initial client contact</p> <p>Requires description of services client claims are needed</p> <p>Requires description of services the provider agrees to provide</p> <p>Requires documentation of duration and frequency of services to be provided</p> <p>Requires documentation of charges for the services to be provided</p> <p>Requires documentation of the client's receipt of a copy of the clients' rights and responsibilities.</p>			
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	<p>Policy addresses the client’s right to cancel the agreement and how charges will be handled upon cancellation.</p> <p>Includes a telephone number for the provider for the client to use to contact the provider for information, questions, or a complaint.</p> <p>Includes the telephone numbers for HFRD complaint line and for PHCP licensing information.</p> <p>Includes policy for obtaining authorization for use of client’s funds or motor vehicle, if those services are provided.</p> <p>Requires signature of the client or the client’s responsible party.</p>			
_____	<p>9. Name, qualifications and job description (including copy of professional license if applicable) of administrator.</p> <p>Includes evidence of having no history of misconduct as described in 290-5-54-.09(3)(a)1.</p> <p>Job duties include full authority and responsibility for the operation of the PHCP.</p> <p>Evidence of completion of orientation training.</p>			
_____	<p>10. A description of all elements to be included in each client’s record, and copies of any forms to be used to record this information.</p> <p>Identification form to include documentation of name, address, telephone number, and responsible party.</p>			

	<p>Requirement to include the service agreement and service plan in the record.</p> <p>Form for recording clinical progress notes.</p> <p>Form for documentation at each visit of personal care tasks and companion or sitter tasks which are actually performed for the client at the time of that visit.</p> <p>Form for documentation of home supervisory visits performed for that client.</p> <p>Form for recording names, addresses, and telephone numbers for the client's personal physician(s).</p> <p>Entry for date of referral.</p>			
<p>_____</p>	<p>11. Written policies and procedures for maintenance and security of client records.</p> <p>Includes who (by position) supervises the maintenance of the records, who has custody of the records, to whom records may be released and for what purposes, and how long the records will be maintained (at a minimum, five years from the date of service provided).</p> <p>Explains how confidentiality of the records will be assured, and with whom employees may discuss client information (must be limited to the client, appropriate provider staff members, the client's responsible party, the client's physician or other healthcare provider, DCH, or others authorized in writing by the client or by subpoena).</p>			

_____	<p>12. Copy of forms for logging complaints and incidents, and description of procedures for management and documentation.</p> <p>Describes maintenance of such records for a minimum of five years.</p> <p>Requires documentation of actions taken by the provider in response to reports of incidents and to complaints.</p>	_____	_____	_____
_____	<p>13. List of current employees (administrator and at least one other employee required to open a PHCP) and copies of personnel records for those employees, and job descriptions and qualifications requirements of current and prospective employees.</p> <p>Includes appropriate types of employees for provision of services for which permit is requested.</p> <p>Includes statements, or forms for statements, as to history of abuse or neglect of others.</p> <p>Includes documentation of TB testing.</p> <p>Includes forms for documentation of identifying information and emergency contacts.</p> <p>Includes documentation of any employment history available.</p> <p>PCA qualifications require a GA-registered CNA, completion of the NLN exam on-line and assessment of competency for services to be performed, or completion of a provided 40-hour training curriculum and assessment of competency.</p>	_____	_____	_____

	<p>Nursing positions require a GA license.</p> <p>Companion or sitter positions require ability to read, write, and follow instructions and completion of training or pass competency assessment, as appropriate, for understanding needs of populations served, basic meal preparation, provision of transportation services, housekeeping, home safety, handling emergencies in the home, and infection control.</p>			
_____	<p>14. Copy of orientation curriculum and forms to document completion of each aspect of orientation.</p> <p>Includes instruction in the provider's policies and procedures, including client rights and the handling of complaints, TB exposure reporting, procedures for reporting client progress and problems to supervisors, procedures for handling emergencies, and review of the employees' job responsibilities.</p>	_____	_____	_____
_____	<p>15. A written description of whether the program will employ only certified nurse aides to perform personal care tasks or whether the program will be providing their own training curriculum for PCAs.</p>	_____	_____	_____
_____	<p>16. If the provider will be providing the 40-hour training program for PCAs, a copy of the training curriculum and forms for documenting the training and the observed competencies for those activities the PCA will be providing.</p>	_____	_____	_____

	<p>Includes:</p> <p>Ambulation, transfer, and positioning of clients; Assistance with bathing, grooming, shaving, dental care, dressing, and eating; Basic first aid and CPR; Meeting clients' special needs (as determined by assignment); Home management; Home safety and sanitation; Infection control in the home; Medically related activities including taking of vital signs; Proper nutrition.</p>			
<p>_____</p>	<p>17. Description of any contracted services, including procedures for supervision of such services and for determining qualifications of contracted individuals.</p> <p>Requires that the PHCP will assess competencies for contracted PCAs or companion or sitters, and will keep on site documentation of qualifications of each.</p>	<p>_____</p>	<p>_____</p>	
<p>_____</p>	<p><u>290-5-54-10</u></p> <p>18. If nursing services are to be provided, a copy of the description of nursing services.</p> <p>Requires that any nursing services provided are provided or supervised by an RN.</p> <p>Requires that for clients receiving nursing services, the nurse participates in the development and implementation of the service plan.</p> <p>Requires that for clients receiving nursing services, a nurse</p>	<p>_____</p>	<p>_____</p>	

	regularly reassesses the needs of the client.			
<p>19. A description of how PCAs, nursing services, and companion or sitter services are to be supervised, and copies of forms, used to document supervision.</p> <p>Requires appropriate training for supervisors for each type of service.</p> <p>Requires that an RN be responsible for supervising any services provided for medically frail clients, and defines those types of clients appropriately.</p> <p>Requires that the supervisor annually assesses the performance of the supervisees, by direct observation or demonstration of the tasks they are assigned to perform.</p> <p>Requires and documents that the supervisor participates in the development and review of each client's service plan.</p> <p>Requires that for PCA services, the supervisor performs supervisory home visits to each client's residence at least every 92 days, and at least on some occasions when the aide is present and performing services.</p> <p>Requires that for companion and sitter services, the supervisor performs supervisory home visits to each client's residence at least every 122 days, and at least on some occasions when the employee is present and performing services.</p> <p>Forms reflect documentation by the supervisor at the time of the visit of assessment of the client's condition, vital signs, review of progress, any problems, the appropriateness of the current level of services and the client's satisfaction with services.</p>				

_____	<p>20. Copy of policies and procedures for documenting the services actually performed for each client each day, and the form(s) used for documenting such.</p> <p>Includes specific instructions for staff on how and what to record on the service delivery form, and how and when the forms will be incorporated into the client's record.</p>	_____	_____	_____
_____	<p>21. Description of the quality improvement program, including any forms, review sheets, etc. used in this program.</p> <p>Describes what methods the PHCP will use to monitor itself and client outcomes.</p> <p>Includes monitoring the reporting and resolution of complaints or problems with care and corrective actions taken.</p>	_____	_____	_____
_____	<p><u>290-5-54-.11</u></p> <p>22. Copy of policies and procedures for service planning and form used for the Service Plan.</p> <p>Includes collaboration of the client's physician if nursing services are to be provided, and how physician's orders are obtained and documented, including verification of verbal</p>	_____	_____	_____

	<p>orders, and signatures obtained.</p> <p>Specifies timeframe for completing the plan document (at least within seven days of the initial visit, integrating assessment findings).</p> <p>Specifies when the service plan is to be reviewed or revised (at least every 62 days for nursing services; for other services at least at every supervisory visit and whenever the condition or needs of the client change).</p> <p>Service Plan document includes the specific functional limitations of the client, the services required, the expected times and frequency of service delivery, duration of services, statements of goals and objectives of services, and discharge plans.</p> <p>Form provides for description of the how the specific tasks are to be performed (e.g. tub bath, bed bath, applying lotion to back, etc.) rather than just general itemization of services.</p> <p>If applicable to the client, the service plan can accommodate pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs.</p>			
<p>_____</p>	<p><u>290-5-54-12</u></p> <p>23. Copy of policies and procedures related to client rights and responsibilities and the handling and resolution of complaints.</p> <p>Requires notice to clients at the time the service agreement is completed.</p> <p>Notice includes: Right to be informed about the plan for services and to be</p>			

	<p>involved in the development of the plan.</p> <p>Right to be informed promptly about any changes in services (before the change).</p> <p>Right to accept or refuse services.</p> <p>Right to be informed of the charges for services provided.</p> <p>Right to be informed of the contact number(s) for the supervisory personnel.</p> <p>Right to be informed of complaint procedures.</p> <p>Right to confidentiality of client information.</p> <p>Right to have property and residence treated with respect.</p> <p>Right to written notice of the contact information for the state licensing authority.</p> <p>Right to a copy of the PHCP's most recent report from a licensure inspection.</p> <p>Responsibility of the client and/or responsible party to inform the provider of any changes in the client's condition.</p>			<hr/> <hr/> <hr/> <hr/> <hr/>

Reviewed

by: _____

Date:
