

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER c: HOSPITALS AND OUTPATIENT SERVICES CARE FACILITIES

PART 245
HOME HEALTH, HOME SERVICES,
AND HOME NURSING AGENCY CODE

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AUTHORITY: Implementing and authorized by the Home Health, Home Services, and Home Nursing Agency Licensing Act [210 ILCS 55].

SOURCE: Adopted at 2 Ill. Reg. 31, p. 77, effective August 2, 1978; emergency amendment at 3 Ill. Reg. 38, p. 314, effective September 7, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 40, p. 153, effective October 6, 1979; emergency amendment at 4 Ill. Reg. 18, p. 129, effective April 21, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 40, p. 56, effective September 23, 1980; emergency amendment at 6 Ill. Reg. 5855, effective April 28, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11006, effective August 30, 1982; amended at 7 Ill. Reg. 13665, effective October 4, 1983; codified at 8 Ill. Reg. 16829; amended at 9 Ill. Reg. 4836, effective April 1, 1985; amended at 14 Ill. Reg. 2382, effective February 15, 1990; amended at 15 Ill. Reg. 5376, effective May 1, 1991; amended at 18 Ill. Reg. 2414, effective January 22, 1994; emergency amendments at 20 Ill. Reg. 488, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3273, effective February 15, 1996; amended at 20 Ill. Reg. 10033, effective July 15, 1996; amended at 22 Ill. Reg. 3948, effective February 13, 1998; amended at 22 Ill. Reg. 22050, effective December 10, 1998; amended at 23 Ill. Reg. 1028, effective January 15, 1999; amended at 24 Ill. Reg. 17213, effective November 1, 2000; amended at 25 Ill. Reg. 6379, effective May 1, 2001; amended at 26 Ill. Reg. 11241, effective July 15, 2002; amended at 28 Ill. Reg. 3487, effective February 9, 2004; amended at 28 Ill. Reg. 8094, effective May 26, 2004; amended at 29 Ill. Reg. 20003, effective November 28, 2005; amended at 31 Ill. Reg. 9453, effective June 25, 2007; amended at 32 Ill. Reg. 8949, effective June 5, 2008; amended at 34 Ill. Reg. 5711, effective April 5, 2010; amended at 39 Ill. Reg. 16406, effective December 10, 2015; amended at 43 Ill. Reg. 9134, effective August 12, 2019; emergency amendment at 44 Ill. Reg. 5929, effective March 25, 2020, for a maximum of 150 days; emergency expired August 21, 2020; emergency amendment at 44 Ill. Reg. 14328, effective August 24, 2020, for a maximum of 150 days; emergency rule expired January 20, 2021; emergency amendment at 45 Ill. Reg. 1710, effective January 21, 2021, for a maximum of 150 days; emergency expired June 19, 2021; emergency

amendment at 45 Ill. Reg. 6335, effective May 3, 2021, for a maximum of 150 days; amended at 45 Ill. Reg. 11077, effective August 27, 2021; amended at 46 Ill. Reg. 10410, effective May 31, 2022; amended at 47 Ill. Reg. 3765, effective March 2, 2023; amended at 47 Ill. Reg. 17468, effective November 8, 2023; amended at 48 Ill. Reg. 12368, effective August 5, 2024; Subchapter b recodified at 49 Ill. Reg. 1632; amended at 49 Ill. Reg. 4661, effective March 25, 2025; amended at 50 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 245.20 Definitions

Act – the Home Health, Home Services and Home Nursing Agency Licensing Act.

Activities of Daily Living or ADL – include, but are not limited to, eating, dressing, bathing, toileting, transferring, or personal hygiene.

Administer or Administration – an act in which a single dose of medication is instilled into the body, applied to the body, or otherwise given to a person for immediate consumption or use.

Advanced Practice Registered Nurse or APRN – a person who is licensed as an advanced practice registered nurse under the Nurse Practice Act.

Adverse drug reaction – An undesirable effect in response to medication that may be harmful to the health of a person. The reaction may be temporary and resolve itself without lasting effects or it may require interventions to be resolved.

Advocate – a person who represents the rights and interests of an individual as though they were the person's own, to realize the rights to which the individual is entitled, obtain needed services, and remove barriers to meeting the individual's needs.

Agency – a home health agency, home nursing agency, or home services agency, unless specifically stated otherwise. (Section 2.03a of the Act)

Agency Manager – the individual designated by the governing body or the entity legally responsible for the agency, who has overall responsibility for the organization and day-to-day operation of the home services or home nursing agency.

Applicant – a firm, partnership, or association, or any of their members, or, if the applicant is a corporation, any of its officers or directors, or the person designated

to manage or supervise the agency.

Audiologist – a person who has received a license to practice audiology pursuant to the Illinois Speech-Language Pathology and Audiology Practice Act.

Branch Office – an office location or site other than the parent agency from which an agency provides services within a portion of the total geographic area served by the parent agency. The branch office is part of the agency and is located sufficiently close to share administration, supervision and services on a daily and emergency basis in a manner that renders it unnecessary for the branch to be independently licensed.

Bylaws or Equivalent – a set of rules adopted by an agency for governing the agency's operation.

Certified Nursing Assistant II or CNA II – a certified nursing assistant who has met the requirements of Section 395.305 of 77 Ill. Adm. Code 395.

Client – an individual receiving services from a home nursing agency, a home services agency or a placement agency. This term includes the client's advocate or designee.

Client Record – a written or electronic record that includes, but is not limited to, personal information, emergency notification information, plans of service agreed to between the client and the home services agency, a copy of the home services contract or agreement, and documentation of the services provided at each visit.

Clinical Note – a dated, written notation or electronic entry by a member of the health care team of a contact with a patient, containing a description of signs and symptoms, treatment and any drug given, the patient's reaction, and any changes in physical or emotional condition.

Clinical Record – an accurate account of services and care provided for each patient that is maintained by a home health or home nursing agency in accordance with accepted professional standards.

Companionship – services that provide fellowship, care and protection for a client who, because of advanced age or physical or mental infirmity, cannot care for his or her own needs. Services requested may include, but are not limited to: household work related to the care of the client, such as meal preparation, bed making, or laundry; shopping or errands; or other similar services.

"Data Driven" – an agency uses quality indicator data, including patient care, and other relevant data, in the design of its program. The data collected is used to monitor the effectiveness and safety of services and quality of care and to identify opportunities and priorities for improvement. The frequency and detail of the data collection is approved by the governing body of the agency.

Delegation – transferring to a specific individual the authority to perform a specific nursing intervention in a specific situation. (Section 50-75(a) of the Nurse Practice Act) The RN maintains responsibility and accountability for the activity, task, or intervention, as subcomponents of total patient care, delegated to authorized direct care staff.

Department or IDPH – the Department of Public Health of the State of Illinois. (Section 2.01 of the Act)

Director – the Director of Public Health of the State of Illinois, or his or her designee. (Section 2.02 of the Act)

Discharge Summary – the written report of services rendered, goals achieved, and final disposition at the time of discharge from service of a home health or home nursing agency.

Documentary Evidence – evidence that an agency covered under this Part maintains as documentation of its quality assessment and performance improvement program. Documentary evidence used to demonstrate the agency's operation to the Centers for Medicare and Medicaid Services includes program scope, program data, program activities, performance improvement projects, and executive responsibilities.

Drop-site – an office or site of the parent agency that does not render services but is used by the parent agency only as a location for administrative tasks, which may include hiring or training staff and a location for staff to obtain supplies.

Employee – a person who works in the service of another person, or company, under an express or implied contract for hire, under which the employer has the right to control the details of work performance for wages, salary, fee or payment.

Geographic Service Area – an area of contiguous counties (recognizable boundaries) in which the agency has been approved by the Department to ~~provide~~ provides services.

Health Care Professional – a physician licensed to practice medicine in all of its branches, a podiatrist, an advanced practice registered nurse (APRN) licensed

under the Nurse Practice Act, or a physician assistant, licensed under the Physician Assistant Practice Act of 1987.

Home Health Agency – a public agency or private organization that provides skilled nursing services and at least one other home health service as defined in this Part. (Section 2.04 of the Act)

Home Health Agency Administrator – an employee of the home health agency who is any one of the following:

A physician who has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or in related health provider programs;

A registered professional nurse (RN) who has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or in related health provider programs;

An individual with an undergraduate degree with experience in health service administration, with at least one year of supervisory or administrative experience in home health care or in related health provider programs; or

An individual who meets the requirements for Public Health Administrator as contained in Section 600.310 of the Certified Local Health Department Code who has experience in health service administration, with at least one year of supervisory or administrative experience in home health care or in related health provider programs.

Home Health Aide – a person who provides nursing, medical, or personal care and emotional comfort to assist the patient toward independent living in a safe environment. A person may not be employed as a home health aide unless the person meets the requirements of Section 245.70.

Home Health Services – services provided to a person at his or her residence according to a plan of treatment for illness or infirmity prescribed by a physician licensed to practice medicine in all its branches, a licensed physician assistant, or a licensed advanced practice registered nurse. Such services include part-time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services or services provided by a home health aide. (Section 2.05 of the Act)

Home Nursing Agency – an agency that provides services directly, or acts as a placement agency, in order to deliver skilled nursing and home health aide services to persons in their personal residences. A home nursing agency provides services that would be required to be performed by an individual licensed under the Nurse Practice Act. Home health aide services are provided under the direction of a registered professional nurse or advanced practice registered nurse. A home nursing agency does not require licensure as a home health agency under the Act. "Home nursing agency" does not include an individually licensed nurse acting as a private contractor or a person that provides or procures temporary employment in health care facilities, as defined in the Nurse Agency Licensing Act. (Section 2.11 of the Act)

Home Nursing Services – services that would be required to be performed by an individual licensed under the Nurse Practice Act on a shift schedule, one-time, full-time or part-time, and/or intermittent basis.

Home Services Agency – an agency that provides services directly, or acts as a placement agency, for the purpose of placing individuals as workers providing home services for consumers in their personal residences. Home services agency does not include agencies licensed under the Nurse Agency Licensing Act, the Hospital Licensing Act, the Nursing Home Care Act, the ID/DD Community Care Act, the MC/DD Act, the Specialized Mental Health Rehabilitation Act of 2013, or the Assisted Living and Shared Housing Act and does not include an agency that limits its business exclusively to providing housecleaning services. Programs providing services exclusively through the Community Care Program of the Illinois Department on Aging, the Department of Human Services Office of Rehabilitation Services, or the United States Department of Veterans Affairs are not considered to be a home services agency under the Act. (Section 2.08 of the Act)

Home Services or In-Home Services or In-Home Support Services – assistance with activities of daily living, housekeeping, personal laundry, and companionship provided to an individual in his or her personal residence, which are intended to enable that individual to remain safely and comfortably in his or her own personal residence. "Home services" or "in-home services" does not include services that would be required to be performed by an individual licensed under the Nurse Practice Act. (Section 2.09 of the Act) Home services are focused on providing assistance that is not medical in nature, but is based upon assisting the client in meeting the demands of living independently and maintaining a personal residence, such as companionship, cleaning, laundry, shopping, meal preparation, dressing, and bathing.

Home Services Worker or In-Home Services Worker – an individual who provides home services to a consumer in the consumer's personal residence. (Section 2.10 of the Act) The terms homemaker and companion are commonly used to refer to this type of worker.

Licensed Practical Nurse – a person who is licensed as a licensed practical nurse under the Nurse Practice Act.

Medication Error – the administration of medication other than as prescribed, including, but not limited to, administering the wrong medication, medication administered at the wrong time, in the wrong dosage, via the wrong route, by the wrong person; or medication omitted entirely. "Medication error" also includes a failure to document medication administration or any error in medication documentation.

Occupational Therapist – a person who is licensed as an occupational therapist under the Illinois Occupational Therapy Practice Act.

Occupational Therapy Assistant – a person who is licensed as an occupational therapy assistant under the Illinois Occupational Therapy Practice Act.

Parent Agency – the agency location responsible for developing and maintaining administrative control of all DPH-approved locations. The parent agency address/location appears on the Department-issued license.

Part-Time or Intermittent Care – home health services given to a patient at least once every 60 days or as frequently as a few hours a day, several times per week.

Patient – a person who is under treatment or care for illness, disease, injury or conditions appropriately responsive to home health or home nursing services to maintain health or prevent illness.

Patient Care Plan – a coordinated and combined care plan prepared by and in collaboration with each discipline providing service to the patient, to the patient's family, or, for home health agencies, to both.

Person – any individual, firm, partnership, corporation, company, association or any other legal entity. (Section 2.03 of the Act)

Personal Care Services – services that are furnished to a client in the client's personal residence to meet the client's physical, maintenance, and supportive needs, when those services are not considered skilled personal care, as described in Section 245.40(c), and do not require a health care provider's orders or the

supervision of a nurse.

Physical Therapist – a person who is licensed as a physical therapist under the Illinois Physical Therapy Act.

Physical Therapist Assistant – a person who is licensed as a physical therapist assistant under the Illinois Physical Therapy Act.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987. For a patient who has received medical care in another state, or has moved from another state, and who has not secured the services of a physician licensed in Illinois, an individual who holds an active license to practice medicine in another state will be considered the physician for the patient during this emergency (as determined by the physician) as provided in Section 3 of the Medical Practice Act of 1987. An emergency may not extend more than six months in any case.

Physician Assistant - any person who meets the licensing requirements of the Physician Assistant Practice Act of 1987.

Placement Agency – any person engaged for gain or profit, regardless of the agency tax status, in the business of securing or attempting to secure work for hire for persons seeking work or workers for employers. The term includes a private employment agency and any other entity that places a worker for private hire by a consumer in that consumer's residence for purposes of providing home services. The term does not include a person that provides or procures temporary employment in health care facilities, as defined in the Nurse Agency Licensing Act. (Section 2.12 of the Act) For the purposes of this Part, there are two types of placement agencies: Home Nursing Placement Agencies (see Section 245.212) and Home Services Placement Agencies (see Section 245.214). A placement agency does not provide ongoing, continuous client support and management of services.

Plan of Treatment – a plan based on the patient's diagnosis and the assessment of the patient's immediate and long-range needs and resources. The plan of treatment is established in consultation with, in the case of a home health agency, the home health services team, which includes the attending physician or podiatrist, pertinent members of the agency staff, the patient, and members of the family.

Podiatrist – a person who is licensed to practice under the Podiatric Medical Practice Act of 1987.

Predictability of outcomes – refers to a situation in which an RN has determined that the patient's clinical status is stable and expected to improve, or the patient's deteriorating condition is expected to follow a known or expected course.

Progress Notes – a dated, written notation by a member of the health care team, summarizing facts about care and the patient's response during a given period of time.

Purchase of Services or Contractual – the provision of services through a written agreement with other providers of services.

Quality Assessment and Performance Improvement or QAPI – the coordinated application of two mutually-reinforcing aspects of a quality management system. QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in home health agencies while involving all home health caregivers in practical and creative problem solving. Quality assessment is the specification of standards for quality of service and outcomes, and is a process used throughout the organization to ensure care is maintained at acceptable levels in relation to those standards. Performance improvement is the continuous study and improvement of processes with the intent to better services or outcomes, and to decrease the likelihood of problems, by identifying areas of opportunity.

Registered Professional Nurse or RN – a person who is licensed as a registered professional nurse under the Nurse Practice Act.

Service Plan – a plan based on the client's needs and identification of the client's immediate and long-range goals and resources needed to meet these goals.

Service Contract – a written contract between the client and the agency, printed in no less than 12-point font, which includes, at a minimum, all elements listed in Sections 245.220 and 245.225, as applicable.

Skilled Nursing Services – those services that, due to their nature and scope, would require the performing individual to be licensed under the Nurse Practice Act. These services are acts requiring the basic nursing knowledge, judgment and skills acquired by means of completion of an approved nursing education program and include, but are not limited to: assessment of healthcare needs; nursing diagnosis; planning, implementation and nursing evaluation; counseling; patient education; health education; the administration of medications and treatments; and the coordination or management of a nursing or medical plan of care.

Skilled Personal Care –care that may be provided by a home health aide, a registered professional nurse, a licensed practical nurse, a social worker, an occupational therapist, a physical therapist, or a speech-language pathologist as ordered by a health care professional.

Social Work Assistant – a person who has a baccalaureate degree in social work, psychology, sociology, or other field related to social work and has at least one year of social work experience in a health care setting.

Social Worker – a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act.

Speech-Language Pathologist – a person who is licensed as a speech-language pathologist under the Illinois Speech-Language Pathology and Audiology Practice Act.

Stability or Stable – an individual's clinical status and nursing care needs, as determined by an RN are consistent.

Student – an individual who is enrolled in an educational institution and who is receiving training in a health-related profession.

Substantially Meets – meeting requirements except for variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved.

Supervision – authoritative procedural guidance by a qualified person of the appropriate discipline.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 245.25 Incorporated and Referenced Materials

- a) The following federal statute is~~statutes are~~ referenced in this Part:

Civil Rights Act of 1964 (42 U.S.C.~~USC~~ 1981 et seq.)

- b) The following federal regulation is~~regulations are~~ incorporated by reference in this Part and applies~~apply~~ only to Medicare certified agencies:

Department of Health and Human Services, Centers for Medicare and Medicaid Services, Home Health Services (42 CFR 484, October 1, 2024~~2020~~).

c) The following guidelines of a federal agency are incorporated by reference in this Part:

Department of Health and Human Services, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333:

- 1) General Best Practice Guidelines for Immunization: Best Practices Guidance of the Advisory Committee on Immunization Practices (~~July 25, 2024~~~~May 4, 2021~~) available at: https://www.cdc.gov/vaccines/hcp/imz-best-practices/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html ~~https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html~~
- 2) Guidelines for Hand Hygiene in Health-Care Settings (October ~~25, 2002~~) available at <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>
- 3) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices ~~for Occupational Infection Prevention and Control Services~~ (April 12, ~~2024~~~~October 25, 2019~~) available in two parts at: <https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/index.html> ~~https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf~~ and https://www.cdc.gov/infection-control/about/index.html?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html ~~https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html~~

d) [ISMP Medication Safety Alert! Acute Care Newsletter, January 11, 2024 \(volume 29 issue 1\)](https://www.ismp.org/sites/default/files/attachments/2024-01/20240111.pdf), available at: <https://www.ismp.org/sites/default/files/attachments/2024-01/20240111.pdf>.

ed) All incorporations by reference of federal regulations and guidelines in this Part refer to the regulations and guidelines on the date specified and do not include any amendments or editions subsequent to the date specified.

fe) The following State statutes are referenced in this Part:

- 1) Administrative Review Law [735 ILCS 5/Art. III]
- 2) Business Corporation Act of 1983 [805 ILCS 5]

- 3) Illinois Administrative Procedure Act [5 ILCS 100]
- 4) Nurse Practice Act [225 ILCS 65]
- 5) Illinois Occupational Therapy Practice Act [225 ILCS 75]
- 6) Illinois Physical Therapy Act [225 ILCS 90]
- 7) Illinois Speech-Language Pathology and Audiology Practice Act [225 ILCS 110]
- 8) Local Records Act [50 ILCS 205]
- 9) Medical Practice Act of 1987 [225 ILCS 60]
- 10) Health Care Worker Background Check Act [225 ILCS 46]
- 11) Nurse Agency Licensing Act [225 ILCS 510]
- 12) Clinical Social Worker and Social Work Practice Act [225 ILCS 20]
- 13) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
- 14) Assisted Living and Shared Housing Act [210 ILCS 9]
- 15) Code of Civil Procedure, Article VIII, Part 21 (Medical Studies) [735 ILCS 5/Art. VIII, Part 21]
- 16) Private Employment Agency Act [225 ILCS 515]
- 17) Unemployment Insurance Act [820 ILCS 405]
- 18) Workers' Compensation Act [820 ILCS 305]
- 19) Hospital Licensing Act [210 ILCS 85]
- 20) Nursing Home Care Act [210 ILCS 45]
- 21) Alzheimer's Disease and Related Dementias Services Act [410 ILCS 406]
- 22) ID/DD Community Care Act [210 ILCS 47]
- 23) MC/DD Act [210 ILCS 46]

24) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49]

25) Physician Assistant Practice Act of 1987 [225 ILCS 95]

g) The following State rules are referenced in this Part:

1) Department of Public Health, Certified Local Health Department Code (77 Ill. Adm. Code 600)

2) Department of Public Health, Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

3) Department of Public Health, Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395).

4) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)

5) Department of Public Health, Central Complaint Registry (77 Ill. Adm. Code 400)

6) Department of Financial and Professional Regulation, Nurse Practice Act (68 Ill. Adm. Code 1300)

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART B: OPERATIONAL REQUIREMENTS

Section 245.40 Staffing and Staff Responsibilities

a) Home Health Administrator or Agency Manager. The administrator or agency manager shall have the following responsibilities:

1) Ensure that the agency is in compliance with all applicable federal, State and local laws;

2) Be familiar with the applicable rules of the Department and maintain them within the agency;

3) Familiarize all employees as well as providers through contractual purchase of services with the Act and the rules of the Department and make copies available for their use;

- 599
- 600 4) Ensure that reports and records as required by the Department are
- 601 completed, maintained and submitted;
- 602
- 603 5) Maintain ongoing liaison with the governing body, staff members and the
- 604 community;
- 605
- 606 6) Maintain a current organizational chart to show lines of authority down to
- 607 the patient or client level;
- 608
- 609 7) Manage business affairs and the overall operation of the agency;
- 610
- 611 8) Maintain personnel records, administrative records and all policies and
- 612 procedures of the agency;
- 613
- 614 9) Employ qualified personnel in accordance with job descriptions;
- 615
- 616 10) Provide orientation of new staff, regularly scheduled in-service education
- 617 programs and opportunities for continuing education for the staff;
- 618
- 619 11) Designate in writing the qualified staff member to act in the absence of the
- 620 administrator;
- 621
- 622 12) Provide and maintain an office with a working telephone that is staffed
- 623 during the agency's business hours.
- 624
- 625 A) The office shall be adequately equipped for an efficient work
- 626 environment.
- 627
- 628 B) The office shall be maintained to protect the confidentiality of
- 629 patient and client records (physical or electronic).
- 630
- 631 C) The office shall provide a safe working environment that complies
- 632 with local ordinances and regulations related to fire safety.
- 633
- 634 13) Adopt and enforce a written policy identifying the agency's operating
- 635 hours and including, at a minimum, provisions that ensure clients and
- 636 patients are provided information regarding the procedures for accessing
- 637 care from the agency or another health care provider outside of the
- 638 agency's operating hours.
- 639
- 640 b) Home Health Aide
- 641

- 1) When home health aide services are offered, the services shall be under the supervision of an RN in accordance with the plan of treatment. The RN shall assign the home health aide to a particular patient. The RN or the appropriate therapist (e.g., physical, occupational or speech therapist) shall prepare written instructions for patient care.
- 2) Duties of the home health aide may include:
 - A) Performing simple procedures as an extension of therapeutic services;
 - B) Skilled personal care and personal care, as defined in this Part;
 - C) Patient ambulation and exercise;
 - D) Household services essential to health care at home;
 - E) Assisting with medications that are ordinarily self-administered;
 - F) Reporting changes in the patient's or client's condition and needs to the RN or the appropriate therapist; ~~and~~
 - G) Completing appropriate records; ~~and~~;
 - H) Duties delegated by an RN in accordance with Section 245.76.
- 3) For home health agencies, the supervising RN or appropriate therapist shall make a supervisory visit to the patient's residence at least every two weeks either when the home health aide is present to observe and assist, or when the home health aide is absent.
 - A) If an area of concern in aide services is noted by the supervising RN or other appropriately skilled professional, then the supervising individual shall make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while the aide is performing care no later than the next supervisory visit.
 - B) A supervising RN or other appropriately skilled professional shall make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while the aide is performing care.

- 685 C) The purpose of the supervisory visits is to assess relationships and
 686 determine that the aide furnishes care in a safe and effective
 687 manner by following the patient's plan, demonstrating competency
 688 with assigned tasks, complying with infection prevention and
 689 control policies and procedures, reporting changes in the patient's
 690 condition, honoring the patient's rights, and maintaining open
 691 communication.
- 692
- 693 4) For home nursing agencies, the supervising RN shall make a supervisory
 694 visit to the ~~patient's~~ client's residence at least every 60 days when the
 695 home health aide is present to observe and assist, or when the home health
 696 aide is absent. For RN-delegated skilled nursing activities, tasks, or
 697 interventions, the requirements in Section 245.76(l) supersede this
 698 Section.
- 699
- 700 A) If an area of concern is noted by the supervising RN in the care
 701 provided by the home health aide, then the supervising individual
 702 shall make an on-site visit to the location where the patient is
 703 receiving care in order to observe and assess the aide while the
 704 aide is performing care no later than the next supervisory visit.
- 705
- 706 B) A supervising RN shall make an annual on-site visit to the location
 707 where a patient is receiving care in order to observe and assess
 708 each aide while the aide is performing care.
- 709
- 710 C) The purpose of the supervisory visits is to assess relationships and
 711 determine that the aide furnishes care in a safe and effective
 712 manner by following the patient's plan, demonstrating competency
 713 with assigned tasks, complying with infection prevention and
 714 control policies and procedures, reporting changes in the patient's
 715 condition, honoring patient's rights, and maintaining open
 716 communication.
- 717
- 718 c) Home Services or In-Home Services Worker
- 719
- 720 1) As defined in this Part and under the Act, *home services or in-home*
 721 *services means assistance with activities of daily living, housekeeping,*
 722 *personal laundry, and companionship provided to an individual in his or*
 723 *her personal residence, which are intended to enable that individual to*
 724 *remain safely and comfortably in his or her own personal residence.*
 725 *Home services or in-home services does not include services that would be*
 726 *required to be performed by an individual licensed under the Nurse*
 727 *Practice Act. (Section 2.09 of the Act) Home services are focused on*

728 providing assistance that is not medical in nature, but is based upon
729 assisting the client in meeting the demands of living independently and
730 maintaining a personal residence, such as companionship, cleaning,
731 laundry, shopping, meal preparation, dressing, and bathing.

732
733 2) Home services or in-home services workers shall provide services only in
734 accordance with this Part.

735
736 3) Duties of home services or in-home services workers may include the
737 following:

738
739 A) Observation of client functioning and reporting changes to their
740 supervisor or employer or to a person designated by the client;

741
742 B) Assistance with household chores, including cooking and meal
743 preparation, cleaning and laundry;

744
745 C) Assistance in completing activities such as shopping and
746 appointments outside of the home;

747
748 D) Companionship;

749
750 E) Completion of appropriate records documenting service provision;
751 and

752
753 F) Assistance with activities of daily living and personal care.

754
755 4) To delineate the types of services that can be provided by a home services
756 worker, the following are examples of acceptable tasks and also
757 limitations when a more medical model of assistance would be needed to
758 meet the higher needs of the client.

759
760 A) Skin Care. A home services worker may perform general skin care
761 assistance. Except for the application of simple bandages as first
762 aid, skin care may be performed by a home services worker only
763 when skin is unbroken, and when any chronic skin problems are
764 not active. The skin care provided by a home services worker shall
765 be preventative rather than therapeutic in nature, and may include
766 the application of non-medicated lotions and solutions, or of
767 lotions and solutions not requiring a prescription from a health care
768 professional. Skilled skin care shall be provided only by an agency
769 licensed as a home health or home nursing services agency.
770 Skilled skin care includes wound care, dressing changes,

771 application of prescription medications, skilled observation and
772 reporting.
773

- 774 i) The client or client's representative shall be able to provide
775 ongoing feedback and advocate for their needs, including
776 indications of potential harm and discomfort, to the home
777 services worker;
778
779 ii) The home services worker shall have completed training in
780 first aid for a lay person; and
781
782 iii) The agency shall have conducted a competency evaluation
783 of the home services worker's ability to employ the
784 methods required to implement first aid effectively and
785 safely.
786

787 B) Ambulation. A home services worker may assist clients with
788 ambulation. Clients in the process of being trained to use adaptive
789 equipment for ambulation, such as walkers, canes or wheelchairs,
790 require supervision by an agency licensed to provide home health
791 or home nursing services during the period of training. Once the
792 prescribing health care professional or the health care provider
793 responsible for training the client and/or home services worker is
794 comfortable with releasing the client to work on the client's own
795 with the adaptive equipment, a home services worker may assist
796 with ambulation.
797

- 798 i) The client or client's representative shall be able to provide
799 ongoing feedback to the home services worker including
800 indications of potential harm and discomfort, and advocate
801 for their needs;
802
803 ii) The home services worker shall have completed training in
804 the methods required to assist clients with adaptive
805 equipment for ambulation; and
806
807 iii) The agency shall have conducted a competency evaluation
808 of the home services worker's ability to employ the
809 methods required to assist those clients who require the use
810 of adaptive equipment for ambulation effectively and
811 safely.
812

- 813 C) Bathing. A home services worker may assist clients with bathing.
814 When a client has skilled skin care needs or skilled dressings that
815 will need attention before, during, or after bathing, the client shall
816 be in the care of an agency licensed as a home health agency or a
817 home nursing agency to meet those specific needs. Home services
818 workers may assist individuals in all types of bathing (e.g. tub,
819 shower, sponge, bed) only when the following requirements are
820 met:
- 821
- 822 i) The client or client's representative shall be able to provide
823 ongoing feedback to the home services worker including
824 indications of potential harm and discomfort, and advocate
825 for their needs;
826
- 827 ii) The home services worker shall have completed training in
828 the particular methods required to perform the client-
829 specific bath, including the observations of indications of
830 potential harm or discomfort;
831
- 832 iii) The agency shall have conducted a competency evaluation
833 of the home services worker's ability to employ the
834 methods required to perform the bath; and.
835
- 836 iv) The agency shall conduct annual training and competency
837 evaluation for skills to perform all types of bathing
838 effectively and safely.
839
- 840 D) Dressing. A home services worker may assist a client with
841 dressing. This may include assistance with ordinary clothing and
842 application of support stockings of the type that can be purchased
843 without a prescription from a health care professional. A home
844 services worker may not assist with applying an elastic bandage
845 that can be purchased only with a prescription from a health care
846 professional (the application of which involves wrapping a part of
847 the client's body) or with applying a sequential compression device
848 that can be purchased only with a prescription from a health care
849 professional unless the following requirements are met:
- 850
- 851 i) The client's prescribing health care professional has issued
852 an order allowing the home service worker to apply the
853 compression device as a part of daily activities of living;
854

- ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;
- iii) The home services worker shall have completed training in the application of the compression device, including observations of indications of potential harm or discomfort; and
- iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to apply the compressional device effectively and safely.

E) Exercise. A home services worker may assist a client with exercise. Passive assistance with exercise that can be performed by a home services worker is limited to encouraging normal bodily movement, as tolerated, on the part of the client, and encouragement with a prescribed exercise program. A home services worker shall not perform passive range of motion.

F) Feeding. A home services worker may provide assistance with feeding. Home services workers can assist clients with feeding when the client can independently swallow and be positioned upright. Assistance by a home services worker does not include syringe, tube feedings, and intravenous nutrition. Whenever there is a high risk that the client may choke as a result of the feeding, the client shall be in the care of an agency licensed as a home health or home nursing agency to fulfill this function. The home services worker can assist the client by opening a pre-measured thickening product to be added to liquids as per client request and under direct client observation when the following requirements are met:

- i) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;
- ii) The home services worker shall have completed training in the indications, precautions, and methods required to use pre-measured thickening products; and

- iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to use pre-measured thickening products effectively and safely.

G) Hair Care. As a part of the broader set of services provided to clients who are receiving home services, home services workers may assist clients with the maintenance and appearance of their hair, including shampooing with a non-medicated shampoo, drying, combing, and styling. Home services workers may use a shampoo prescribed by the client's health care professional only if the following requirements are met:

- i) The client's prescribing health care professional has issued an order allowing the home service worker to apply the prescription shampoo;
- ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;
- iii) The home services worker shall have completed training in the methods required to apply prescription shampoo, including the importance of observing any open skin lesions, and shall document and report these to the agency and client's emergency contact;
- iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to apply prescription shampoo effectively and safely; and
- v) The agency shall conduct annual training and competency evaluation for skills to apply and observe clients during shampooing.

H) Mouth Care. A home services worker may assist in and perform mouth care. This may include denture care and basic oral hygiene, including oral suctioning for mouth care. Mouth care for clients who are unconscious shall be performed by an agency licensed as a home health agency or home nursing agency.

- I) Nail Care. A home services worker may assist with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing nails. Assistance by a home services worker shall not include nail trimming. If a client has a medical condition that might involve peripheral circulatory problems or loss of sensation, a home services worker may file the client's nails only if the following requirements are met:
- i) The client's health care professional has issued an order allowing the home service worker to file the client's nails;
 - ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker, including indications of potential harm or discomfort, and advocate for their needs;
 - iii) The home services worker shall have completed training in the methods required to assist with nail care, including the importance of observing for and reporting of any potential signs of injury or harm for a client with peripheral circulatory conditions; and
 - iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform nail care effectively and safely and to observe and report potential signs of injury or harm.
- J) Positioning. A home services worker may assist a client with positioning when the client is able to identify to the personal care staff, either verbally, non-verbally or through others, when the position needs to be changed. For clients that are unable to identify when their position needs to be changed, a home services worker may assist with client position per subsection 245.210(d)(2) and as instructed by the service plan, only when skilled skin care, as previously described, is not required in conjunction with the positioning. Positioning may include simple alignment in a bed, wheelchair, or other furniture. A home services worker may assist a client with positioning only if the following requirements are met:
- i) The home services worker shall have completed training in the methods required to monitor and observe verbal and

- 984 non-verbal indications and cues from the client that re-
 985 positioning may be needed, the indications of and
 986 procedures for positioning and repositioning of clients, and
 987 the importance of following the service plan concerning the
 988 client's positioning needs, including, when possible,
 989 reminders to clients concerning the importance of
 990 repositioning.
- 991
- 992 ii) The client or client's representative shall be able to provide
 993 ongoing feedback (including non-verbal indications and
 994 cues) and advocate for their needs, including indications of
 995 potential harm or discomfort by the home services worker
 996 during any repositioning. If the client representative is
 997 present when the position needs to be changed, the client's
 998 representative shall be able to assist with the repositioning,
 999 either directly or by providing ongoing feedback, including
 1000 indications of potential harm or discomfort, to the home
 1001 services worker; and
- 1002
- 1003 iii) The agency shall have conducted a competency evaluation
 1004 of the home services worker's ability to employ the
 1005 methods required to perform repositioning effectively and
 1006 safely as needed.
- 1007
- 1008 K) Shaving. A home services worker may assist a client with shaving
 1009 only with an electric or a safety razor.
- 1010
- 1011 L) Toileting. A home services worker may assist a client to and from
 1012 the bathroom; provide assistance with bed pans, urinals, and
 1013 commodes; provide pericare; or change clothing and pads of any
 1014 kind used for the care of incontinence.
- 1015
- 1016 i) A home services worker may empty or change external
 1017 urine collection devices, such as catheter bags or
 1018 suprapubic catheter bags. In all cases, the insertion and
 1019 removal of catheters and care of external catheters is
 1020 considered skilled personal care and shall not be performed
 1021 by a home services worker.
- 1022
- 1023 ii) A home services worker may empty ostomy bags and
 1024 provide assistance with other client-directed ostomy care
 1025 only when there is no need for skilled personal skin care or
 1026 for observation or reporting to a nurse. A home services

worker shall not perform digital stimulation, insert suppositories, or give an enema.

- M) Transfers. A home services worker may assist with transfers, transfers using adaptive equipment (e.g., wheelchairs, tub seats, and grab bars), transfers using safety equipment (e.g., gait belts), and transfers using a mechanical or electrical transfer device only when the client has sufficient balance and strength to reliably stand and pivot and assist with the transfer either directly or by providing ongoing feedback, including indications of potential harm or discomfort, to the home services worker through either verbal or non-verbal indications and cues, and the following conditions are met:
- i) The client or client's representative can provide ongoing feedback to the home services worker, including indications of potential harm or discomfort through either verbal or non-verbal indications and cues, and advocate for their needs;
 - ii) The home services worker shall have completed training in transfer techniques and any client-specific adaptive equipment, safety equipment, and mechanical or electrical transfer devices; and
 - iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform transfers effectively and safely, including any adaptive equipment, safety equipment, and mechanical or electrical transfer devices.
- N) Medication Reminding. A home services worker may assist a client with medication reminding only when medications have been pre-selected by the client, a family member, a nurse, or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers shall be clearly marked as to day and time of dosage. Medication reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over-

the-counter medications. The home services worker shall immediately report to the supervisor, or, in the case of a placement worker, to the client or the client's advocate or designee, any irregularities noted in the pre-selected medications, such as medications taken too often or not often enough, or not at the correct time as identified in the written instructions.

- O) Respiratory Care. A home services worker shall not provide respiratory care except within the limitations as enumerated in this Section. Respiratory care is skilled personal care and includes postural drainage; cupping; adjusting oxygen flow within established parameters; nasal, endotracheal and tracheal suctioning; and turning off or changing tanks. However, a home services worker may temporarily remove and replace a cannula or mask from the client's face for the purposes of shaving or washing a client's face and may provide oral suctioning. A home services worker may assist the client with changing the oxygen delivery system from a stationary system to a portable system as directed by the client and the client's health care professional to enable client transport, or in emergency situations such as loss of electrical power in the client's home (stationary systems are electrically powered devices). For the purposes of this Section, a "stationary system" refers to an oxygen concentrator used for at-home oxygen therapy and is not intended to be fully mobile. For those home services workers that are assigned to clients who require continuous supplemental oxygen therapy, the home services worker may assist the client with changing of the delivery system from stationary to portable only when the following conditions are met:
 - i) The home services worker shall have completed training in switching client-specific oxygen delivery systems from stationary to portable and the risks associated with improper adjustment of O2 flow rates;
 - ii) The agency shall have conducted a competency evaluation of the home ~~services worker's~~service's workers ability to employ the methods required to change the oxygen delivery system effectively and safely, including any client-specific equipment; and
 - iii) A home services agency seeking to have a home services worker assist a client with changing of oxygen delivery

systems shall maintain an individual on staff that has been trained and is able to conduct training and administer competency evaluation for any home services worker assisting clients with changing of the delivery system from stationary to portable.

- P) A home services worker may remind a client to perform client monitoring, including monitoring of heart rate, blood pressure, oxygen saturation, and temperature and weight. The home service agency shall not provide the client and/or family any service to interpret the data or to take clinical action of the monitoring results. The home services worker may assist the client with the application of the heart rate, blood pressure, and oxygen saturation device and assist the client with recording the device reading.

5) In addition to the exclusions prescribed in subsection (c)(4), home services workers shall not act in the following capacities:

- A) Provide skilled personal care services to clients as defined in Section 245.20;
- B) Become or act as a power of attorney for clients;
- C) Be involved in any financial transactions of the client outside of contracted services. In these cases, the home services worker shall follow agency policies in regard to securing receipts for items purchased and ensuring both client and worker signatures documenting those expenditures;
- D) Perform or provide medication setup for a client; and
- E) Other actions specifically prohibited by agency policy or other State laws.

6) Supervision of a home services worker shall include the following (these provisions do not apply to placement agencies):

- A) An individual who is in a supervisory capacity shall be designated and available to the worker for responses to questions at all times.
- B) On-site supervision shall take place at a minimum of every 90 days or more often if the plan of service requires it. The supervisory visits may be made when the home services worker is present so

that the supervisor may observe, or when the home services worker is absent so that the supervisor may assess relationships and determine whether the service plan is being met.

- i) If an area of concern in the performance of a home ~~services~~~~service~~ worker is noted by the supervisor, then the supervising individual shall make an on-site visit to the location where the client is receiving services in order to observe and assess the home service worker while he or she is performing care no later than the next supervisory visit.
- ii) The supervisor shall make an annual on-site visit to the location where a client is receiving care in order to observe and assess each home ~~services~~~~service~~ worker while he or she is performing care.
- iii) The purpose of the supervisory visits is to assess relationships and determine that the home service worker furnishes care in a safe and effective manner by following the client's service plan, demonstrating competency with assigned tasks, complying with infection prevention and control policies and procedures, reporting changes in the ~~client's~~~~patient's~~ condition, honoring ~~client's~~~~patient's~~ rights, and maintaining open communication.

C) Supervision does not constitute time or an activity that can be billed as a service to the client or consumer.

d) Licensed Practical Nurse

- 1) The licensed practical nurse may perform selected acts in accordance with the Nurse Practice Act and under the direction of an RN, including administering treatments and medications in the care of the ill, injured or infirm; health maintenance; and illness prevention.
- 2) The licensed practical nurse shall report changes in the patient's condition to the RN, and these reports shall be documented in the clinical notes.
- 3) The licensed practical nurse shall prepare clinical notes for the clinical record.

e) Social Worker. When medical social services are provided, the social worker or social work assistant under the supervision of a social worker shall provide the

services in accordance with the plan of treatment. These services shall include the following:

- 1) Assist the health care professional~~physician or podiatrist~~ and other members of the health care team in understanding significant social and emotional factors related to the patient's health problems.
- 2) Assess the social and emotional factors to estimate the patient's capacity and potential to cope with the problems of daily living.
- 3) Help the patient and family to understand, accept, and follow medical recommendations and provide services planned to restore the patient to the optimum social and health adjustment within the patient's capacity.
- 4) Assist the patient and family with personal and environmental difficulties that predispose toward illness or interfere with obtaining maximum benefits from medical care.
- 5) Use all available resources, such as family and community agencies, to assist the patient to resume life in the community or to live within the disability.
- 6) Observe, record and report social and emotional changes.
- 7) Prepare clinical and progress notes for the clinical record.
- 8) Supervise the social work assistant, which shall include the following:
 - A) A licensed social worker shall be accessible by telephone to the social work assistant at all times while the social work assistant is treating patients.
 - B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the social work assistant is present so that the supervisor may observe and assist, or when the social work assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.
 - C) Supervision does not constitute treatment.
 - D) The supervisory visit shall include a complete on-site assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the use of outside resources.

f) Occupational Therapist and Occupational Therapy Assistant. When occupational therapy services are required, an occupational therapist or an occupational therapy assistant under the supervision of an occupational therapist shall provide the services in accordance with the plan of treatment and within the licensee's scope of practice as established by the Illinois Occupational Therapy Practice Act. These services shall include the following:

- 1) Instruct other health [care](#) team personnel, including, when appropriate, home health aides and family members in certain phases of occupational therapy in which they may work with the patient.
- 2) Prepare clinical and progress notes for the clinical record.
- 3) Supervise the occupational therapy assistant, which shall include the following:
 - A) A licensed occupational therapist shall be accessible by telephone to the occupational therapy assistant at all times while the occupational therapy assistant is treating patients.
 - B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the occupational therapy assistant is present so that the supervisor may observe and assist, or when the occupational therapy assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.
 - C) Supervision does not constitute treatment.
 - D) The supervisory visit shall include a complete on-site functional assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the use of outside resources.

g) Physical Therapist and Physical Therapist Assistant

- 1) When physical therapy services are provided, a physical therapist or a physical therapist assistant under the supervision of a physical therapist shall provide the services in accordance with the plan of treatment and within the licensee's scope of practice as established by the Illinois Physical Therapy Act. These services shall include the following:

- A) Instruct other health [care](#) team personnel, including, when appropriate, home health aides and family members, in certain phases of physical therapy with which they may work with the patient.
 - B) Instruct the patient and family in the total physical therapy program.
 - C) Prepare clinical and progress notes for the clinical record.
- 2) Supervision of the physical therapist assistant shall include the following:
 - A) A licensed physical therapist shall be accessible by telephone to the physical therapist assistant at all times while the physical therapist assistant is treating patients.
 - B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the physical therapist assistant is present so that the supervisor may observe and assist, or when the physical therapist assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.
 - C) Supervision does not constitute treatment.
 - D) The supervisory visit shall include a complete on-site functional assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the utilization of outside resources.
- 3) The physical therapist assistant shall:
 - A) Be directed by and under the supervision of a licensed physical therapist and within the licensee's scope of practice as established by the Illinois Physical Therapy Act;
 - B) Administer the physical therapy program as established by the physical therapist;
 - C) Observe patient's progress and response to treatment, and report to the physical therapist; and
 - D) Confer with members of the health care team for planning,

modifying and coordinating treatment programs.

- h) Registered Professional Nurse. The RN may perform selected acts in accordance with the Nurse Practice Act and 68 Ill. Adm. Code 1300. Skilled nursing services shall be provided by an RN in accordance with the plan of treatment. The RN shall:
- 1) Be responsible for the observation, assessment, nursing diagnosis, counsel, care and health teaching for patients, and health maintenance and illness prevention for others;
 - 2) Maintain a clinical record for each patient receiving care;
 - 3) Provide progress notes to the patient's health care professional~~physician or podiatrist~~ about patients under care when the patient's conditions change or there are deviations from the plan of care, or at least every 60 days for a home health agency and every 90 days for a home nursing agency;
 - 4) In the case of an RN working as a part of a home health or home nursing agency, make home health aide assignments, prepare written instructions for the home health aide, and supervise the home health aide in the home;
 - 5) Direct the activities of the licensed practical nurse;
 - 6) Administer medications and treatments as prescribed by the patient's health care professional~~physician or podiatrist; and~~
 - 7) Act as the coordinator of the health care team in order to maintain the proper linkages within a continuum of care; and;
 - 8) When appropriate, delegate skilled nursing activities, tasks, or interventions to other RNs, licensed practical nurses, and unlicensed personnel in accordance with the Nurse Practice Act and Section 245.76.
- i) Speech-Language Pathologist. The speech-language pathologist may perform selected acts in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act. When required, speech therapy services shall be provided by a speech-language pathologist in accordance with the plan of treatment. The speech-language pathologist shall:
- 1) Assist the health care professional~~physician~~ in determining and recommending appropriate speech and hearing services;

- 1371 2) Evaluate the patient's speech and language abilities and establish a plan of
1372 care;
1373
 - 1374 3) Provide rehabilitation services for speech and language disorders;
1375
 - 1376 4) Record and report to the patient's health care professional~~physician~~ the
1377 patient's progress in treatment and any changes in the patient's condition
1378 and plan of care;
1379
 - 1380 5) Instruct other health care team personnel and family members in methods
1381 of assisting the patient in improving communication skills; and
1382
 - 1383 6) Prepare clinical and progress notes for the clinical record.
1384
- 1385 j) Audiologist. The audiologist may perform selected acts in accordance with the
1386 Illinois Speech-Language Pathology and Audiology Practice Act. When
1387 audiology services are required, an audiologist shall provide the services in
1388 accordance with the plan of treatment. The audiologist shall:
1389
- 1390 1) Administer diagnostic hearing tests to evaluate the patient's audiological
1391 abilities;
1392
 - 1393 2) Assess the patient's need for amplification;
1394
 - 1395 3) Provide rehabilitative services for hearing disorders;
1396
 - 1397 4) Instruct other health care team personnel and family members in methods
1398 of assisting the patient in improving communication skills; and
1399
 - 1400 5) Record and report to the patient's health care professional~~physician~~ the
1401 patient's response to rehabilitative intervention.
1402
- 1403 k) Student Training Program. When an agency elects to participate with an
1404 educational institution to provide clinical experience for students as part of their
1405 health-related professional training, a written agreement between the agency and
1406 each educational institution shall specify the responsibilities of the agency and the
1407 educational institution. The agreement shall include, at a minimum, the following
1408 provisions:
1409
- 1410 1) The agency retains the responsibility for client care;
1411
 - 1412 2) The educational institution retains the responsibility for student education;
1413

- 3) Student and faculty performance expectations;
- 4) Faculty supervision of ~~undergraduate~~ students in the clinic and the field;
- 5) Ratio of faculty to students;
- 6) Confidentiality regarding patient information;
- 7) Required insurance coverage; and
- 8) Provisions for the agency and faculty to jointly evaluate the students' performance and the training program.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 245.76 Nursing Delegation for Home Health and Home Nursing Agencies

- a) An RN may delegate skilled nursing activities, tasks, or interventions to other RNs, licensed practical nurses, and unlicensed personnel who meet the requirements of Section 395.305 of 77 Ill. Adm. Code 395. The delegation shall be based on the comprehensive nursing assessment that includes, but is not limited to:
 - 1) The stability and condition of the patient;
 - 2) The potential for harm;
 - 3) The complexity of the nursing intervention to be delegated;
 - 4) The predictability of outcomes; and
 - 5) The competency of the person to whom the nursing intervention is delegated.
- b) An RN may delegate other skilled nursing activities, tasks, or interventions, as set forth in this Section, only to a home health aide certified as a CNA II and who meets the conditions of delegation set forth in subsection (a) of this Section and the requirements of Section 1300.20 of 68 Ill. Adm. Code 1300.
- c) An RN may delegate the task of administering medication to other RNs and licensed practical nurses, and may delegate the task of administering certain medication (limited to oral or subcutaneous dosage and topical or transdermal application (Section 50-75(b) of the Nurse Practice Act), excluding schedule II

through V controlled substances) to a CNA II, who has successfully completed the medication aide training in subsection (k) of this Section in accordance with subsection (a) of this Section, and with Section 1300.20 of 68 Ill. Adm. Code 1300. The RN shall consider the 2024 ISMP List of High Alert Medications.

d) The delegation of medication administration shall be rescinded upon the discharge of the patient from the home health or home nursing agency, or when the RN who delegated the medication administration is no longer providing or coordinating the nursing clinical care.

e) An RN may refuse to delegate or rescind a delegation. In refusing to delegate or rescind a delegation the RN shall consider a patient's or client's change in condition including, but not limited to, changes in level of consciousness, behavioral status, changes in cognition, or changes in swallowing status.

f) The home health or home nursing agency shall establish written policies, procedures, and protocols that address:

1) Ongoing supervision by an RN and monitoring;

2) A systematic review of all medication errors, adverse drug reactions, and incidents to identify contributing factors and plan corrective action;

3) Initial training and annual training in the theory and practice of medication administration; and

4) Standards of care that limit or prohibit delegations by nurses in specific circumstances.

g) The home health or home nursing agency is prohibited from:

1) Mandating that an RN delegate skilled nursing activities, tasks, or interventions when the RN has determined that it is not appropriate to do so;

2) Allowing an RN to delegate nursing judgement, the comprehensive patient assessment, development of a plan of care, or evaluations of care to licensed or unlicensed personnel; or

3) Allowing a licensed practical nurse or unlicensed personnel to re-delegate a nursing intervention that had been delegated to them by the RN.

h) An RN shall evaluate the delegated skilled nursing activities, tasks, or

interventions as a component of patient care coordination after completion of the comprehensive patient reassessment. Care coordination may occur in person, by telecommunication, or by electronic communication.

- i) Written informed consent shall be obtained from the patient or client, or the patient's or client's representative, prior to the home health aide rendering the delegated skilled nursing care. The written informed consent, which shall be retained in the patient's or client's record, shall include the following:
 - 1) Identification of the home health aide who will be performing the skill;
 - 2) The specific delegated skill(s) to be performed;
 - 3) Identification of the RN delegating, educating, and supervising, the home health aide; and
 - 4) A notice that the consent may be rescinded at the patient's, client's or RN's request.
- j) Written delegation of skilled nursing services from the RN to the LPN or home health aide shall be included in the client's or patient's plan of care.
- k) Training
 - 1) The delegating RN shall provide additional training to the home health aide that includes the following:
 - A) Procedures for all skilled nursing activities, tasks, or interventions the aide may be expected to perform;
 - B) Potential adverse effects specific to the patient or client;
 - C) Reporting procedures for adverse effects, complications, or unexpected outcomes, and appropriate actions to be implemented, including specific parameters for notifying the delegating RN, health care provider, or emergency services;
 - D) Return demonstration of the delegated skilled nursing activities, tasks, or interventions;
 - E) Best practice nursing techniques associated with medication administration, including, but not limited to information on the correct route, the proper dose, the correct medication, the correct

time, how to read labels, and documentation regarding medication administration;

F) Instruction on the specific medications delegated to the home health aide, including their intended effects, common side effects, and any patient- or client-specific considerations;

G) Techniques to observe, report and document medication effects, side effects, adverse outcomes, and vital signs when those skills are necessary for the safe administration of a medication to a client or patient;

H) Documentation requirements for missed medications or medication-adverse reactions; and

I) A final, client- or patient-specific, competency-based assessment, i.e., written, verbal, or return demonstration, performed by the delegating RN for each medication to be administered to that patient.

2) The training shall be documented in the home health aide's personnel file.

l) Assessment of Delegated Tasks by an RN

1) The delegating RN shall conduct an initial on-site supervisory visit and visits every two weeks thereafter, while the home health aide is present, to observe and assess the delegated skill(s) and determine whether the home health aide is furnishing care in a safe and effective manner, including following the patient's or client's plan of care, demonstrating competency with assigned skilled nursing activities, tasks, or interventions, complying with infection prevention and control policies and procedures as provided in Section 245.75, reporting changes in the patient's or client's condition, honoring the patient's or client's rights, and maintaining open communication with the patient or client.

2) The RN is not required to be physically present in the home care setting but shall be available to assist in person or by telecommunications if requested by the home health aide or the client or patient.

m) Quality Assurance and Performance Improvement (QAPI)

The home health or home nursing agency shall include in the agency's QAPI program a clinical review that measures, analyzes and tracks quality indicators, including adverse medical and medication errors, regarding the home health and

1586 home nursing agency nurse delegation to a home health aide. The reviews shall
1587 occur at least quarterly but may be done more frequently at the discretion of the
1588 RN.

1589
1590 (Source: Added at 50 Ill. Reg. _____, effective _____)