UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH AND PREPAREDNESS
BUREAU OF HEALTH FACILITY LICENSING, CERTIFICATION
AND RESIDENT ASSESSMENT

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POLICY AND PROCEDURE MANUAL INFORMATION AND FREQUENTLY ASKED QUESTIONS

(Information Only)

***Please Note:** The Bureau does not provide consultation for policy manuals. You are responsible to ensure that your manual addresses each of the rules required, and that it is cross-referenced to state rules to allow for a timely review. Manuals that have no cross reference index or manuals that are not adapted to Utah rules will be returned without review. This may delay the licensing process.

All health facilities must submit a printed copy of their Policy and Procedure Manual for approval. **You must include a cross-reference from the applicable State licensing rules to your policies and procedures. If you are seeking Medicare/Medicaid Certification only, you will need to ensure your policies and procedures are cross-referenced to the applicable Federal Regulations.** A minimum of 45 days is given to review your manual to ensure it meets both State Licensing Rules as well as Federal Regulations, if applicable. You will be contacted for any corrections and notified when your manual is approved.

Why is a cross-reference needed and is there a specific format required?

A cross-reference is used to facilitate the review of your policy and procedure manual and ensure each applicable rule and/or regulation has been addressed. There is no specific format required for your cross-reference, however, a good cross-reference will clearly outline where each rule is addressed in your manual. For the most effective cross-reference, you can print a copy of the applicable rules and write the identifying location of the corresponding policy in the margin next to each rule. (See example below) This is also a good way to check that you have a policy for each rule.

How do I know which State Licensing Rules must be included in my policy and procedure manual?

The form "Applicable Rules by Facility Type" is a general table containing the different rules that apply to each provider type and can be found at http://health.utah.gov/hflcra/forms.php. The specific rules for each provider type listed on the Applicable Rules form can be found at http://health.utah.gov/hflcra/rules.php.

How do I know which Federal Regulations apply to my facility?

http://www.cms.hhs.gov/Manuals/IOM/list.asp
Select Publication "100-07 - State Operations Manual"; Select "Appendices Table of Contents"; Select the applicable provider type.

Does the Bureau accept purchased generic manuals?

Yes, however, these manuals must be revised to meet the Utah State Licensing Rules and specific to the provider type you are in process of licensing. The manual must include your facility name. The contents of the manual must describe your policies and procedures and how you facility will meet each rule. Your facility is expected to be in compliance with every policy and procedure in your manual, so be aware of what is expect according to your manual.

Where do I submit my Policy and Procedure Manual?

Mailing Address:

The Bureau of Health Facility Licensing, Certification
and Resident Assessment
PO Box 144103
Salt Lake City, UT 84114-4103

Hand Delivered to:

The Bureau of Health Facility Licensing, Certification
and Resident Assessment
288 North 1460 West, 4th Floor
Salt Lake City, UT 84116

Sample cross-reference and policies.

Example of an acceptable cross-reference.

UT Admin Code R432-700. Home Health Agency Rule.

R432-700-12. Orientation.

(2) Orientation shall include but is not limited to: **Orientation Documentation Record Appendix B-1**

(a) The functions of agency employees and the relationships between positions or services; **Section II-203**

(b) Job descriptions; **Appendix C**

(c) Duties for which persons are trained, hold a registration, certificate, or are licensed; **Appendix C**

(d) Ethics, confidentiality and patient's rights; **Section IV-411**

(e) Information about community agencies including emergency medical services; **Section VII-708, 711**

(f) Opportunities for continuing education appropriate to the patient population served; **Section II-209**

(g) Reporting requirements for suspected abuse, neglect or exploitation. **Sections II-205, IV-412**

Example of acceptable Criminal Background Screening policy and procedure.

SAMPLE
POLICY AND PROCEDURE

XYZ Facility PERSONNEL

Policy Title:	**BACKGROUND SCREENING**	Policy No.:	022
Rule No.	Utah State R432-35	Revised Date:	
Effective Date:	xx/xx/xxxx	Revised Date:	

PURPOSE: To provide a safe environment for residents by only hiring direct care staff who do not have criminal backgrounds that may put resident safety in jeopardy.

POLICY: XYZ facility will comply with Utah State Licensing Rule R432-35 Background Screening. Any person seeking employment with the facility for direct care positions must submit to a criminal background check.

PROCEDURE:

1. XYZ facility will provide a release of information form at time of hire for a new employee to sign that allows the Utah Department of Health (the "Department") to do a criminal background screening. Required form: Individual Background Screening Application (Version, July 2010) that may be found on the Bureau website.

2. The facility will submit the applicant's information to the Department, including fees and releases, within ten days of employee hire.

3. If the applicant has not had residency in Utah for the last five years, they shall submit fingerprints for an FBI national criminal history record check along with the applicant's information and release forms.

4. A copy of the applicant's information and release form will be kept in the employee's file. The date the information is sent to the Department will be documented on the information form.

5. The applicant's information will be tracked for return with Department clearance. The Department clearance will be kept in the employee's file.

6. XYZ facility will comply fully with any Notice of Agency Action received from the Department.

7. XYZ facility will report all felony and misdemeanor arrests, charge, or convictions of covered individuals (employees) to the Department within 48 hours of discovery.

8. When the licensee of XYZ facility becomes aware that the Utah Department of Human Services has determined a covered individual has a substantiated or supported finding of abuse or neglect after the Department issues a license or grants employment, the licensee and covered individual will notify the Department of Health of such within five working days. The licensee is aware that failure to notify the Department may result in revocation of the facility's license.

Example of acceptable Life With Dignity Order policy and procedure.

LIFE WITH DIGNITY ORDER
[Transferable Physician Order for Life Sustaining Treatment (POLST)]

Policy #: State Rule: R432-31 Effective Date:

POLICY:(Facility name) respects and encourages the right of patients to self-determine and participate in the decision-making process regarding their health care through education, inquiry, and assistance as requested. Patients will be encouraged to communicate their desires to their significant others providing guidance to them and healthcare providers in following the patient's desires should the patient become incapacitated and unable to make decisions. (Facility name) will determine upon admission if the patient has a current Life With Dignity Order, and if the patient would like to make changes or amendments to it. If the patient does not have a Life With Dignity Order, (facility name) will offer the patient an opportunity to complete a Life With Dignity Order.

Life With Dignity Order (LWDO):
The LWDO is a physician order sheet signed by a physician and based on patient wishes and medical indications for life-sustaining treatment. It is a uniform communication tool between health care facilities for when a person needs emergency medical services. It can expedite the type of care a person wants to receive.

The LWDO has a required form that may be obtained from the Department of Health or the website for the Bureau of Health Facility Licensing, Certification and Resident Assessment. Bracelets and necklaces may also be approved by the Department for use and are as valid as the physician order sheet.

A LWDO is fully transferable between all health care facilities. A copy may be followed as if it were an original.

PROCEDURE:

A. Upon Admission:
1. The (title or name of the person responsibility) shall determine if the patient has a LWDO.
   (a) If the patient has a LWDO, they will be asked if they would like to make any changes to the Order.
   (b) If the patient does not have a LWDO, they will be offered the opportunity to complete a LWDO. If the patient refuses, the offer and refusal shall be documented in the patient's record.
2. A copy of the LWDO will be obtained by (health care facility name) and placed in a prominent location in the patient's medical record. An additional copy will be posted in a conspicuous area at the patient's place of residence, as appropriate.

B. Staff Training:
1. The health care providers assuming the individual's care shall read the LWDO.

2. New employees providing health care, quality improvement, and record keeping will be trained during orientation to the requirements of Title 75, Chapter 2a, the Advance Health Care Directive Act; AND this rule; AND the facility's policies and procedures established pursuant to this rule.

C. Facility Responsibilities:
1. The facility will review the LWDO for changes when the patient has a significant change in health status; the patient is transferred from one care setting to another; the patient's treatment preferences change; and any time the patient requests to make changes, amend, or revoke the LWDO.

2. These policies and procedures will be reviewed with the appropriate staff at least annually.

3. The facility will not follow the LWDO if:
   (a) The order is not current or valid.
   (b) If the patient (or, if incapacitated, the surrogate, guardian, or physician) verbally request that the Order be disregarded or that they wish to change the instructions.
   (c) There is a conflict in the valid documentation of incompetence of the individual.
   (d) The individual preparing the document does not have the appropriate Medical Power of Attorney.

4. Should EMS personnel be called to transport the patient, a copy of the LWDO shall be presented to them upon their arrival.

5. When a patient is transferred from this facility to another facility or to home, a copy of the LWDO shall accompany the patient.

D. Prior Orders and Out of State Orders:

1. EMS and other health care providers may recognize as valid all POLST, LWDO and EMS/DNR orders unless there is a more current LWDO or POLST.

2. If the patient no longer has the capacity to complete new orders and who does not have a surrogate/guardian to authorize the new order, a physician may complete and sign the LWDO for patients with prior forms. The physician must indicate on the new order that the individual's preferences from the prior order are still applicable.

3. An Out of State form executed while the patient was in another state may be honored as if it were executed in compliance with this rule and Section 75-2a-106 if it is substantially similar to a LWDO or POLST and was executed according to the laws of that state.