

**DEPARTMENT OF HEALTH
STATE HEALTH PLANNING AND DEVELOPMENT AGENCY**

**Criteria and Standards
Home Health Services**

Pursuant to District of Columbia Official Code § 44-418, the State Health Planning and Development Agency (“SHPDA”) imposed a 120-day moratorium on new applications for the issuance of certificates of need for the establishment of home health services. Notice of the Moratorium was published in the D.C. Register on March 19, 2021 at 68 DCR 2857. During the moratorium, the SHPDA revised the criteria and standards to be utilized in the evaluation of certificate of need (“CON”) applications.

According to the most recent Health Systems Plan (“HSP”) developed and adopted by the SHPDA in 2017 pursuant to D.C. Official Code § 44-404(a) in order to guide health policy in the District:

Home health care services are provided for the purpose of promoting, maintaining, or restoring health and minimizing the effects of disability and illness, while maximizing the level of independence. Home health services have been growing in importance as they have been shown to effectively support adherence to treatment plans, including prescribed medication regimens, and can contribute to reducing total health care costs, most notably by reducing avoidable hospital readmissions. The services provided range from assistance with performing activities of daily living to intensive, skilled nursing care and therapeutic services.

Title 22-B, Section 4099.1 of the D.C. Municipal Regulations defines *home health agency* (“HHA”) as

“a public agency or private organization, or a subdivision of an agency or organization, that is primarily engaged in providing skilled nursing services and at least one (1) other therapeutic service to individuals in their residences, that has at least one (1) employee in addition to the proprietor if the agency is a sole proprietorship. This term does not include an entity that provides only housekeeping services.”

The HSP and the SHPDA’s survey of HHAs indicate that overall service capacity is not a major concern. Further, information gathered by the SHPDA shows that there continues to be a stable, adequate and well-distributed supply of HHA providers and other post-acute care service agencies. However, there is evidence that there is an insufficient workforce to provide the post-acute care services necessary to meet the needs of District residents. The following concerns continue to be of paramount importance to the SHPDA:

- ensuring that HHAs are capable of providing care that is of the highest quality and fully informed by existing evidence;
- ensuring that HHAs are capable of working with hospitals and other post-acute care providers to develop and implement innovative home health protocols that promote recovery and independence while also reducing readmissions;

- o verifying that current HHAs are capable of providing services across the continuum to those with all forms of public and private insurance.

As a result, the SHPDA has revised the criteria and standards for the consideration of CON applications for home health services. Applicants will need to demonstrate knowledge and experience in the provision of home health services and explain how they will ensure and maintain on-going staffing capacity in order to manage and provide accessible, high quality, well-coordinated, integrated services.

As noted in the HSP¹, in addition to meeting the general CON criteria, applicants for home health services will need to provide information to demonstrate that they are in compliance with the following criteria and standards:

	Criteria and Standards	Minimal Supporting Documents to be included
Description of Provider	Provide the name of the legal entity proposing to offer home health services in the District.	Organizational Chart; Articles of Incorporation; Bylaws; Corporation Formation Documents; Certificates of Good Standing
	Identify the owners of the legal entity.	Department of Consumer and Regulatory Affairs certifications, licenses, and permits
	Provide a description of the applicant’s history; including milestones.	Narrative
	Demonstrate the applicant’s understanding and experience with the health care delivery system in the District of Columbia.	References; Resume
Scope of Service	Clearly define the type, scope, and level of home health services to be provided.	Narrative, list of services offered
	Describe the target population and estimate the total number of patients who need the intended types of service.	Utilization data (i.e., population/service ratios); quantitative and qualitative
	Describe the age range of the patients to be served.	Evidence from government agencies, third party payors, educational institutions, or health care organizations
NEED: Applicants shall demonstrate unmet need among the proposed target population.	Describe the unmet need of the target population.	Detailed sources, methodology and assumptions; Quantitative and qualitative evidence from government agencies,

¹ Health Systems Plan (2017), pp. 111-123.

	Criteria and Standards	Minimal Supporting Documents to be included
		third party payors, educational institutions, or health care organizations should be utilized
	Explain how the applicant plans to meet the identified need, while also avoiding unnecessary duplication of services.	Quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations
	For existing CON holders requesting expansion of services, provide evidence to demonstrate there is a need for additional capacity within the targeted service area.	Utilization data (i.e., population/service ratios); quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations
	For existing CON holders requesting expansion of services, provide evidence to demonstrate that current utilization of home health services meets or exceeds system-wide capacity.	Utilization data (i.e., population/service ratios); quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations
	For new HHAs, demonstrate the impact of the proposed HHA on existing providers and the health care delivery system, including information and analysis with respect to the impact on geographic and demographic access to services, occupancy, quality, costs and charges of other providers, and costs to the health care delivery system.	Quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations
	Describe the types, amount and level of HHA providers that should be available in the District of Columbia.	Narrative: An assessment of the health status of residents of the District of Columbia
	Present evidence of the need for the proposed scope of services.	Utilization data (i.e., population/service ratios)
	Provide documentation to demonstrate that there are home health patients who are having difficulty accessing care because of a shortage of HHA providers.	Quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations

	Criteria and Standards	Minimal Supporting Documents to be included
	<p>Explain why existing HHAs cannot meet the demand for services by:</p> <ul style="list-style-type: none"> a) Describing the existing service landscape for the proposed service area, including existing providers, capacity, and services provided; and, b) Demonstrating that existing availability of such services does not adequately meet the need for services. 	<p>Utilization data (i.e., population/service ratios); quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations</p>
<p>ACCESSIBILITY: Applicants must demonstrate how the proposed HHA will lower barriers to accessibility.</p>	<p>Identify common or specific barriers to accessibility for the population to be served and demonstrate how the proposed HHA will reduce barriers to accessibility.</p>	<p>Applicants should demonstrate strategies to address barriers, such as:</p> <ol style="list-style-type: none"> 1. Demonstrating that financial requirements will not be a barrier to services for persons that are uninsured or underinsured (e.g. providing alternative payment methods, referring patients to resources for financial assistance, and providing charity care) 2. Demonstrating the patient intake and registration processes do not place an undue burden on individuals seeking care and do not discourage individuals from obtaining care 3. Demonstrating that the proposed hours of operation are convenient to the target population; Describing procedures for providing translation, sign language interpretation, and/ or interpreter capabilities for the major languages of non-English-

	Criteria and Standards	Minimal Supporting Documents to be included
		speaking patient populations and ensuring staff is aware of the cultural mores of the population
	<p>Demonstrate that processes are in place to ensure that services are not denied, and individuals are not discouraged from receiving care for any reason that would be considered discrimination under D.C. Law 2-38, the Human Rights Act of 1977 (D.C. Official Code § 2-1401.01 <i>et seq.</i>) including, but not limited to, age, sex, race, creed, religion, sexual orientation, color, national origin, socioeconomic status, legal status, disability, prior hospitalization, diagnosis, prognosis, organizational affiliation, ability to pay, or payer source.</p>	Policies and Protocols
	<p>Demonstrate that services are accessible regardless of payer type, including:</p> <ul style="list-style-type: none"> a) Provide a written commitment to serve individuals covered by Medicare and Medicaid. For existing health care providers should also include documentation demonstrating that, in fact, services have been provided to individuals covered by Medicare and Medicaid. b) Providing documentation of Medicare and Medicaid certification. c) Provide written policies governing provision of services without charge for indigent patients in accordance with the uncompensated care obligation under D.C. Official Code § 44-405(a). 	Utilization data (i.e., population/service ratios); Quantitative and qualitative evidence from government agencies, third party payors, educational institutions, or health care organizations; Policies and Protocols
	<p>Explain how the Applicant will provide services to underserved and minority groups.</p>	Policies and Protocols

	Criteria and Standards	Minimal Supporting Documents to be included
	Describe how the Applicant intends to meet workforce demands for the provision of home health service to District residents.	Policies and Protocols
	Describe how access to comparable services will be provided to District residents regardless of their geographic location; For existing HHAs, describe the population (e.g., geographic and demographic information) the applicant has served over the past three years.	Copy of transportation policies for health care providers; Utilization data (i.e., population/service ratios)
QUALITY OF CARE: Applicants shall demonstrate how the proposed project will provide quality care to patients.	Demonstrate, with clear evidence, the qualifications, experience, and track record of the organization in providing the proposed services.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies.
	Identify the standards and requirements the applicant plans to meet in the provision of home health services.	Narrative
	Provide a written policy for appropriate medical supervision of patients and the creation of a planned regimen for total patient care, which shall include the oversight and coordination of medical care by a medical director or designated supervisor.	Policies and Protocols
	Identify the roles and responsibilities of the health care staff, as well as the necessary qualifications and credentials required for the provision of services.	Policies and Protocols
	Demonstrate that staff is certified by the appropriate licensing authorities and professional bodies and that a policy is in place to provide continuing education programs for staff and volunteers to keep pace with health care advancements.	Licenses; Certificates
	Demonstrate that adequate staffing patterns are in place to meet locally and/or nationally recognized standards for quality care.	Utilization data

	Criteria and Standards	Minimal Supporting Documents to be included
	Provide evidence of malpractice insurance consistent with industry standards.	Insurance Declaration; Certificate of Insurance
	Existing HHAs shall identify any outstanding health care licensure deficiencies, citations or accreditation problems as well as mitigation plans.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Demonstrate that qualifications for practice will be continuously updated to keep pace with advancements in health care knowledge and techniques.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Demonstrate that proposed HHA includes appropriate infrastructure and equipment to deliver high quality care.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Demonstrate the ability to achieve the volume necessary to provide quality services.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Demonstrate the adoption of appropriate health information technology (“HIT”).	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Describe process for developing and maintaining Individualized Care Plans (“ICP”) for all patients that is reviewed and revised on a regular basis by all providers of care.	Policies and Protocols
	Demonstrate that care plans are consistent with required licensure and certification standards to ensure the provision of an entire range of services, including services required after discharge.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies
	Describe policy for providing or formally arranging for any service deemed as a necessary component of the ICP.	Policies and Protocols
	Demonstrate development of a Quality Improvement Plan (“QIP”) that clearly indicates responsibility and accountability and defines a process for ongoing evaluation and assessment.	Policies and Protocols

	Criteria and Standards	Minimal Supporting Documents to be included
	<p>Describe policy for implementing a Continuous Quality Improvement (“CQI”) process into the organizational structure and service delivery system that:</p> <ul style="list-style-type: none"> a) Establishes a QIP to coordinate and implement the CQI process. b) Involves interdisciplinary teams of treatment staff and management to monitor administrative and patient records to ensure compliance with key quality indicators of care and provide appropriate training of all personnel. c) Monitors utilization of services and treatment outcomes. d) Documents all findings and corrective actions. 	Policies and Protocols
	Demonstrate compliance with all federal and District health and safety regulations, applicable Joint Commission and other appropriate national standards.	Assessments or evaluations by government agencies, third party payors, or accrediting agencies; Licenses; Certifications
	Demonstrate how services will incorporate effective, evidence-based, care and treatment models, such as projects and strategies that are proven, rooted in clinical or service provider experience, and take into consideration the interests and needs of the target population.	Narrative
	Demonstrate how the proposed HHA will improve health outcomes such as morbidity, mortality, rate of infections, medical errors and readmission rates.	Utilization data
	Describe how the quality of care will be consistent with CMS and DC licensing regulations, including Home Health Compare Star Ratings.	Narrative; Assessment or evaluation by government agencies, third party payors, or accrediting agencies.
	Clearly define the roles and responsibilities of clinical and non-clinical personnel and identify the necessary qualifications and credentials	Detailed Organizational Chart; Position Descriptions; Resumes of key staff such as

	Criteria and Standards	Minimal Supporting Documents to be included
	required for the provision of high-quality services.	the Director of Nursing, Administrator, etc.
	Demonstrate a track record, experience, and qualification in the provision of home health care services and the provision of the proposed scope of services.	Assessment or evaluation by government agencies, third party payors, or accrediting agencies.
	Demonstrate how the quality of care will be consistent with CMS and DC licensing regulations for HHAs participating in Medicare and Medicaid, include Home Health Compare (HHC) Star Ratings.	Narrative
	Demonstrate that the applicant will be able to be accredited by appropriate accreditation agencies.	Narrative
	Demonstrate the understanding and experience with the health care delivery system in the District in general and the underserved and minority groups in particular.	Narrative
CONTINUITY OF CARE: Applicants shall demonstrate how the proposed project will ensure appropriate care is provided on a continuous basis across one or more care settings.	Demonstrate that policies and procedures for internal communication and service coordination have been developed.	List of referral sources; Memoranda of Understanding; Policies and Procedures
	Demonstrate that the applicant has adequate resources and procedures to monitor patient progress, and as necessary, provide or arrange for follow-up care.	Narrative, Policies and Protocols
	Demonstrate that services are coordinated and interlinked with other clinical and non-clinical providers and human service delivery systems in the community to promote holistic care.	Narrative, Memorandum of Understanding
	Provide a copy of referral agreements to connect patients with appropriate	Referral agreements

	Criteria and Standards	Minimal Supporting Documents to be included
	services, and include provisions for linkages to primary, secondary, and tertiary levels of care as needed.	
	Provide a copy of written policies and guidelines for making referrals.	Policies and Protocols
	Demonstrate how care coordination is applied to patients from admittance to discharge across clinical and non-clinical services.	Narrative, Policies and Protocols
	Provide a copy of written policies and procedures for discharge planning and follow-up care, including how patients and families are educated prior to discharge on the practices to be followed for patients at home.	Policies and Protocols
	Demonstrate how medical records and information systems enable transfer of health information, physically and/or electronically, from one service provider to another, and procedures for confirmation of receipt; Records should include, at minimum, written summaries of care rendered as well as current patient care data.	Policies and Protocols
	Provide a copy of procedures for follow-up with patients after discharge including phone calls, visits, and medical reconciliation as appropriate.	Policies and Protocols
	Identify how care coordination is applied to patients from admittance to discharge across clinical and non-clinical services.	List of referral sources
	Demonstrate how continuity of care will be ensured.	Policies and Protocols; Utilization Data

	Criteria and Standards	Minimal Supporting Documents to be included
<p>ACCEPTABILITY: Applicants must demonstrate how the proposed project will be acceptable to the proposed target population and the public.</p>	<p>Demonstrate how rights and dignity of patients are respected, as follows:</p> <ul style="list-style-type: none"> a) Provide an adopted Patient’s Bill of Rights and describe how patients and family/ caregivers will be informed about their Patient’s Bill of Rights, including providing individual copies and posting the information in visible locations b) Demonstrate how policies and services enhance the privacy and dignity of patients c) Demonstrate procedures to ensure patient confidentiality d) Demonstrate that the applicant has adequate knowledge and understanding of the cultural, religious and linguistic preferences of the target population and that it has the capacity to provide needed services e) Demonstrate that the selection of treatment and the availability of support services should be conducive to patient cooperation and participation, such as how the religious needs of each patient and their caregiver are accommodated 	<p>Patients’ Bill of Rights; Grievance Policy and Procedure; Patient Satisfaction Policy and Procedure; Results/Process; Letter from ANC; Letters of Recommendation</p>
	<p>Demonstrate a process for patient engagement, including the following:</p> <ul style="list-style-type: none"> a) How patients and family/caregivers will be informed about their condition and care, and how patients and family/caregivers can participate in care planning, review and evaluation of services, and the selection of treatment b) How patients and family/caregivers should be provided with simple, understandable information about fees, billing procedures, scheduling of appointments, contacting the unit after hours, and grievance procedures 	<p>Discharge; Policies; Patient Plan of Care</p>

	Criteria and Standards	Minimal Supporting Documents to be included
	c) How community participation is encouraged and achieved	
	Demonstrate how patient and community satisfaction is solicited, gained and assessed, such as: d) Publicized grievance procedures for patients, caregivers and staff that permit expressions of concern without fear of reprisal and procedures to monitor the effectiveness and timely resolution of grievances e) Procedures for the assessment of service acceptability as viewed by patients and the community f) Notification of the general public by publishing a notice in a newspaper of general circulation, and by contacting the Advisory Neighborhood Commissions in their service area about the proposed HHA before submitting an application	Patient satisfaction tools; Assessment or evaluation by government agencies, third party payors, or accrediting agencies; Patient grievance policies and procedures
	Demonstrate the procedures that will be in place for the assessment of patient satisfaction regarding the home health services provided	Patient satisfaction assessment
FINANCIAL FEASIBILITY: Financial impact is defined as the full breadth of financial and economic consequences resulting from the provision of health care services.	Submit a detailed explanation of the capital expenditure associated with the HHA	Audited Financial Statements; Financial Projections; Manpower Budget; Financial Indicators
	Demonstrate the availability of funds for capital expenditures and operating needs as well as the immediate and long-term financial projections of the costs of and charges for providing health services	Audited Financial Statements; Taxes; Financial Projections; Financial Indicators
	Demonstrate the sources and amounts of funding which may include borrowing details; lease and purchase arrangements, and other financial requirements as may be requested by the SHPDA	Audited Financial Statements; Taxes; Financial Projections; Financial Indicators, lease, purchase agreements
	Provide information on the financial viability of the Applicant	Audited Financial Statements; Taxes; Financial Indicators

	Criteria and Standards	Minimal Supporting Documents to be included
	Provide information on the anticipated effects, consequences, as well as benefits of the proposed project and on the projected financial viability of the Applicant.	Audited Financial Statements; Taxes; Financial Projections; Manpower Budget; Financial Indicators
	Submit a projected manpower budget specifying the personnel required for the HHA and a plan for the recruitment and training of personnel.	Manpower Budget
	Provide full disclosure of all entities, subsidiaries, or persons within a legal chain of control and such other relevant information as may be deemed necessary.	Narrative, Organizational Chart
	Describe the projected impact of the proposed project on existing providers and the health care delivery system as a whole; Address the potential for adverse consequences including duplication of services, fragmentation of the delivery system, and the financial viability of other healthcare providers	Narrative, utilization statistics
	Demonstrate that investment in the proposed HHA will contribute to the SHPDA's goal of improving quality while reducing costs.	Narrative
	Describe the financial resources available to the applicant and how the applicant plans to utilize those resources in the provision of services	Narrative
	Describe the financial resources available to the Applicant and how the Applicant plans to utilize those resources in the provision of home health services.	Audited Financial Statements; Taxes
	Provide a detailed budget	Detailed Budget
	Demonstrate the capacity to bill across a diverse payer base	Description of billing system; List of payers with which the Applicant is contracted; List of payers with which the Applicant has a letter of intent to contract

	Criteria and Standards	Minimal Supporting Documents to be included
COMMITMENTS AND CONDITIONS	Provide a written commitment to participate in the Medicare and Medicaid programs	Signed statements
	Provide a written commitment that services for uncompensated care will be offered to a level that meets or exceeds the District requirements.	Signed statements

Applications for the establishment of home health services are reviewed in batch pursuant to Title 22-B, Section 4300.3 of the District of Columbia Municipal Regulations, in April and October of each year. In considering applications batched for review, the SHPDA may give favorable consideration to whichever of the applicants historically has provided the higher annual percentage of uncompensated care and the higher annual percentage of services to Medicare and Medicaid patients.

The above criteria and standards, along with the general criteria and standards set forth in the HSP will be utilized to evaluate CON applications for home health services.