State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE	
TYPE OF FILING: Amendment	**Filing ID: OFFICE USE ONLY**
Rule or section number:	**R432-700**
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

Name:	**Phone:**	**Email:**
Kamille Sheikh	385-227-1290	dlbcrules@utah.gov
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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:

R432-700. Home Health Licensee Rule

B. Purpose of the new rule or reason for the change:

The purpose of this amendment is to ensure compliance for the Office of Licensing (OL), under the Department of Health and Human Services (department), with HB 417 from the 2026 General Session. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department. Additionally, the rule amendment clarifies language across multiple sections.

HB 417 defines terms related to non-medical transportation and requires any health facility to allow a client to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a client request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the client, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation in this rule to align with these new requirements for any health care facility regulated by OL.

C. Summary of the new rule or change:

To support the implementation of legislation from the 2026 General Session, this amendment adds the requirement to allow a client under certain circumstances to use non-medical transportation to another health care facility is added as a new section to Section R432-700-26.

The filing clarifies language related to requirements throughout the rule. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule. The filing also updates the "Penalties" section with the correct rule and statute references for enforcement of any possible penalty.

The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 417 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of HB 417 from the 2026 General Session that relates to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of this legislative action to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of HB 417 from 2026 General Session, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to this legislative action.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 417, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirement for non-medical transportation outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirement, which includes allowing any client who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule and standard operating procedure updates has been identified and considered under the state budget in the fiscal note for HB 417 (2026 General Session). The department has notified providers about the additional requirement related to this legislative action and the department does not anticipate any compliance cost for OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	$0	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation:	☒

B. Summary of reasonable alternatives or modifications:
If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-2-902	

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**	
A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on: (NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)	Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or designee and title:	Tracy S. Gruber, Commissioner	**Date:**	Click or tap to enter a date.

R432. Health and Human Services, Health Care Facility Licensing.
R432-700. Home Health [~~Agency~~]Licensee Rule.
R432-700-1. Authority and Purpose.

(1) This rule is authorized by Section 26B-2-202.[

~~R432-700-2. Purpose.~~

] (2) The purpose of this rule is to promote public health and welfare through the establishment and enforcement of licensure standards for the operation of a home health [~~agency~~]licensee.

[**~~R432-700-3. Compliance.~~**

~~A home health agency shall comply with this rule and their own policies and procedures.~~

]**R432-700-[4]2. Definitions.**

Terms used in this rule are defined in Section 26B-2-201 , Section 26B-2-249, and [~~Section~~]Rule R432-1[~~-3~~]. [~~In a~~]Additionally:

(1) "Administrator" means the individual the home health [~~agency~~]licensee's governing body appoints to be responsible for the overall functions of the [~~agency~~]licensee.

(2)(a) "Ancillary [~~S~~]services" means services that support clinical services and are usually diagnostic in nature.

(b) These services do not require direct care or oversight by a nurse or physician including labs, radiology, cardiac testing, outpatient services, and diabetic teaching.

(3) "Certification in Cardiopulmonary Resuscitation" (CPR) refers to certification issued after completion of an in-person course, to include skills testing and evaluation on-site with a licensed instructor.

(4) "Clinical [~~S~~]services" means medical services that are provided by licensed physicians or nurses or under their direct care and supervision.[

~~(5) "Home health agency" is defined in 26B-2-201 and means an institutionally based home care program, freestanding public and proprietary home health agency, and any subdivision of an organization, public agency, hospital, or nursing home licensed to provide intermittent part-time services or full-time private duty services to clients in their places of residence.~~

] ([~~6~~]5) "Licensed health care professional" means a registered nurse, physician assistant, advanced practice registered nurse, or physician licensed by the Utah Department of Commerce who has education and experience to assess and evaluate the health care needs of the client.

([~~7~~]6)(a) "Primary [~~C~~]care [~~P~~]provider" means the physician, physician assistant, or advanced practice registered nurse who is the primary care provider of the client, and who has education and experience to assess and evaluate the health care needs of the client.

(b) This definition also applies to a physician, physician assistant, or advanced practice registered nurse who is on call for the primary care provider of the client.

([~~8~~]7) "Service [~~A~~]agreement" means a written agreement for services between the client and the personal care provider that outlines how the services are to be provided according to the requirements of Section R432-700-2[~~3~~]1.

([~~9~~]8) "Therapy [~~S~~]services" means therapeutic services including physical, occupational, speech, and nutrition therapy services.

R432-700-3. Scope.

(1) Each licensee shall comply with any applicable federal, state, or local law, rule, or ordinance, including:
(a) Rule R432-1; and
(b) this rule.
(2) This rule does not apply to a single individual providing professional services under the authority granted by a professional license or registration.

R432-700-[~~5~~]4. Services Provided by a Home Health Agency Licensee.

(1) A licensee shall provide services to a client in their place of residence, or under special circumstances, in their place of employment.
(2) Services shall be directed and supervised by a licensed practitioner.
(3) Professional and supportive personnel shall be responsible for any of the following services that they may perform:
(a) providing skilled services authorized by a primary care provider;
(b) nursing services assessed, provided, or supervised by a registered nurse; or
(c) other related health services approved by a licensed practitioner.[

~~R432-700-6. Licensure Required.~~

~~(1) Rule R432-700, Home Health Agency does not apply to a single individual providing professional services under the authority granted by a professional license or registration.~~
~~(2) The licensee shall comply with Rule R432-2, General Licensing Provisions.~~

]**R432-700-[~~7~~]5. Governing Body and Policies.**

(1) The home health [~~agency~~]licensee shall be organized under a governing body that assumes full legal responsibility for the conduct of the home health [~~agency~~]licensee.

(2) The governing body shall:

(a) develop an organization chart that shows the administrative structure;

(b) be responsible for compliance with federal regulation, state rules, and local laws;

(c) ensure there is no discrimination on the basis of race, color, sex, religion, ancestry, national origin;

(d) adopt policies and procedures that describe functions or services and protect client rights;

(e) review and make available to the department, the written annual evaluation report from the administrator and make recommendations as necessary;

(f) provide resources and equipment to provide a safe working environment for personnel; and

(g) establish a system of financial management and accountability;

(3) The governing body shall have the authority and responsibility to develop and implement bylaws to include:

(a) a statement of purpose;

(b) a statement of qualifications for membership and methods to select members of the governing board;

(c) a process for the establishment, selection, and term of office for committee members and officers;

(d) a description of functions and duties of the governing body, officers, and committees;

(e) a statement of the authority and responsibility delegated to the administrator;

(f) a statement relating to conflict of interest of members of the governing body or employees who may influence licensee decisions;

(g) annually required meetings as stated in bylaws; and

(h) appointment by name and in writing of a qualified administrator who is responsible for the [~~agency~~]licensee's overall functions.

R432-700-[~~8~~]6. Administrator Responsibilities.

(1) The administrator shall have at least one year of managerial or supervisory experience.

(2) The administrator shall be responsible to:

(a) designate in writing a qualified person who shall act in their absence;

(b) ensure that the administrator or designee has enough power, authority, and freedom to act in the best interests of client safety and well-being;

(c) ensure that administrator or designee is available during the [~~agency~~]licensee's hours of operation;

(d) complete, submit and file records and reports required by the department;

(e) review policies and procedures at least annually and revise as necessary and document the date of review;

(f) implement policies and procedures;

(g) organize and coordinate functions of the [~~agency~~]licensee by delegating duties and establishing a formal means of staff accountability;

(h) appoint the following:

(i) a primary care provider[~~:~~];

(ii) a registered nurse, or healthcare professional to provide general supervision coordination and direction for professional services in the [~~agency~~]licensee;

(iii) the members and their terms of membership in the interdisciplinary quality assurance committee; and

(iv) other committees as deemed necessary;

(i) describe each committee functions and duties;

(j) develop processes for selection, term of office and responsibilities of each committee member;

(k) designate a person responsible for maintaining a clinical record system on each client;

(l) maintain current written designations or letters of appointment in the home health [~~agency~~]licensee;

(m) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority, and who have the appropriate license or certificate of completion;

(n) develop job descriptions that delineate functional responsibilities and authority;

(o) develop a staff communication system that coordinates implementation of plans of treatment, utilizes services or resources to meet client needs and promotes an orderly flow of information within the organization;

(p) provide staff orientation as well as continuing education in applicable policies, rules, regulations, and resource materials;

(q) secure contracts for services not directly provided by the home health [~~agency~~]licensee;

(r) implement a program of budgeting and accounting; and

(s) establish a billing system which itemizes services provided and charges submitted to the payment source.

R432-700-[~~9~~]7. Personnel.

(1) The administrator shall employ qualified personnel who are competent to perform their respective duties, services, and functions.

(2) The administrator shall develop written policies and procedures that address the following:

(a) job descriptions, qualifications, validation of licensure or certificates of completion for each position held;

(b) orientation for direct and contract employees;

(c) criteria for, and frequency of, performance evaluations;

(d) work schedules, method and period of payment, benefits such as sick leave, vacation, and insurance;

(e) frequency and documentation of in-service training;

(f) contents of personnel files; and

(g) emergency and after-hours care policies and procedures that are made available to the client and family.

(3) Each employee shall be licensed, certified, or registered as required by the Utah Department of Commerce, Division of Professional Licensing.

(4) The licensee shall document that staff have been trained annually in the reporting requirements for suspected abuse, neglect, and exploitation.

R432-700-[~~10~~]8. Health Surveillance.

(1) The licensee shall establish and implement a policy and procedure for employee health screenings to identify any situation which would prevent the employee from performing assigned duties in a satisfactory manner.

(2) Employee health screening and immunization components of personnel health programs shall be developed by the licensee, in accordance with Rule R386-702[~~, Communicable Disease Rules~~].

(3)(a) Employees shall be tested for tuberculosis by the Mantoux Method or other FDA approved in-vitro serologic test in accordance with Rule R388-804, Special Measures for Control of Tuberculosis.

([~~a~~]b) The licensee shall ensure that employees are skin-tested for tuberculosis within two weeks of:

(i) initial hiring;

(ii) suspected exposure to a person with active tuberculosis; or

(iii) development of symptoms of tuberculosis.

([~~b~~]c) Skin testing shall be exempted for employees with a known positive reaction to skin tests.

(4) Infections and communicable diseases reportable by law shall be reported by the licensee to the local health department in accordance with Section R386-702-3.

R432-700-[~~11~~]9. Orientation.

(1) The licensee shall document in writing that each employee is oriented to the home health [~~agency~~]licensee and the job that they are hired to perform.

(2) The licensee shall ensure that orientation includes:

(a) the functions of [~~agency~~]licensee employees and the relationships between various positions or services;

(b) job descriptions;

(c) duties that persons are trained, certified, or licensed to perform;

(d) ethics, confidentiality, and client rights training;

(e) information about other community agencies including emergency medical services;

(f) opportunities for continuing education appropriate to the client population served; and

(g) reporting requirements for suspected abuse, neglect, or exploitation.

R432-700-1[~~2~~]0. Contracts.

(1) The administrator shall secure written contracts or agreements from other providers, or independent contractors, who provide client services through the [~~agency~~]licensee and shall arrange for an orientation to ensure that the contractor is prepared to meet the job expectations.

(2) The licensee shall make any contract available for review by the department.

(3) Each contract shall include:

(a) the effective and expiration dates;

(b) a description of goods or services to be provided; and

(c) a copy of the contractor's professional license.

R432-700-1[~~3~~]1. Acceptance Criteria.

(1) The licensee shall develop written acceptance criteria and shall make criteria policy information available to the public upon request.

(2)(a) The licensee shall accept a client for treatment if the client's needs can be met by the [~~agency~~]licensee in the client's place of residence.

(b) The licensee shall base the acceptance determination on an assessment that the client needs skilled nursing services and meets the following criteria:

([~~a~~]i) the complexity of prescribed services can be safely or effectively performed only by, or under the close supervision of, technical or professional personnel;

([~~b~~]ii) care is needed to prevent, to the extent possible, deterioration of the condition or to sustain current capacities of a client, such as one with terminal cancer;

([~~c~~]iii) special medical complications require service performance or close supervision by technical or professional persons, such as the care of a diabetic client with impaired circulation, fragile skin, or a fractured leg in a cast;

([~~d~~]iv) the client needs therapy services or support services as outlined in this rule;

([~~e~~]v) the client, responsible family members, guardians, or legal representatives request care at home; or

([~~f~~]vi) the physical facilities in the client's place of residence can be adapted to provide a safe environment for care.

R432-700-1[~~4~~]2. Termination of Services Policies.

(1) The licensee may discharge a client under any of the following circumstances:

(a) a licensed practitioner signs a discharge statement for termination of services;

(b) treatment objectives are met;

(c) the client's status changes, that makes treatment objectives unattainable and new treatment objectives are not an alternative;

(d) the family situation changes and affects the delivery of services;

(e) the client or family is uncooperative in efforts to attain treatment objectives;

(f) the client moves from the geographic area served by the [~~agency~~]licensee;
(g) the primary care provider fails to renew orders as required by the rules for skilled nursing or therapy services;
(h) the client changes primary care providers and the licensee cannot obtain orders for continuation of services from the new primary care provider;
(i) the client's payment sources become exhausted and the licensee is fiscally unable to provide free or reduced care;
(j) the licensee discontinues a particular service or terminates services;
(k) the licensee can no longer provide quality care in the place of residence;
(l) the client or family requests [~~agency~~]licensee services to be discontinued;
(m) the client dies;
(n) the client or family cannot or is unwilling to provide an environment that ensures safety for the both the client and provider of service; or
(o) the client's payer excludes the licensee from participating as a covered provider or refuses to authorize services the licensee determines are medically necessary.
(2) The person who is assigned to supervise and coordinate care for a particular client shall complete a discharge summary when services to the client are terminated.

R432-700-1[~~5~~]3. Client Rights.
(1) Written client's rights shall be established by the licensee and made available to the client, guardian, next of kin, sponsoring [~~agency~~]licensee, representative payee, and the public.
(2) The licensee shall determine in policy how client's rights information is distributed.
(3) The licensee shall ensure that each client receiving care has the following rights:
(a) to be fully informed of these rights and rules governing client conduct, as evidenced by documentation in the clinical record;
(b) to be fully informed of services and related charges that the client or a private insurer may be responsible, and to be informed of changes in charges;
(c) to be fully informed of the client's health condition, unless medically contraindicated and documented in the clinical record;
(d) to be given the opportunity to participate in the planning of home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;
(e) to refuse treatment to the extent permitted by law and to be informed of the medical consequences if treatment is refused;
(f) to be assured confidential treatment of personal and medical records, and to approve or refuse their release to any individual outside the home health [~~agency~~]licensee, except when transferring to another home health [~~agency~~]licensee or health facility, or as required by law or third-party payment contract;
(g) to be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;
(h) to be assured the client, family members or other individuals providing care to the client will be taught about required services, so the client can develop or regain self-care skills and the family members or other individuals providing care to the client can understand and help the client;
(i) to be assured that personnel who provide care demonstrate competency through education and experience to carry out the services that they are responsible;
(j) to receive proper identification from the individual providing home health services; and
(k) to receive information concerning the procedures to follow to submit complaints about services being performed.

R432-700-1[~~6~~]4. Primary Care Provider Orders.
The licensee shall incorporate primary care provider orders into the plan of care when skilled care is being provided that may include:
(1) diet and nutritional requirements;
(2) medications;
(3) frequency and type of service;
(4) treatments;
(5) medical equipment and supplies; and
(6) prognosis.

R432-700-1[~~7~~]5. Client Records.
(1) The licensee shall develop and implement record-keeping policies and procedures that address use of client records by authorized staff, content, confidentiality, retention, and storage.
(2) Records shall be maintained in an organized format.
(3) The [~~agency~~]licensee shall maintain a client record identification system to facilitate locating each client's current or closed record.
(4) An accurate, up-to-date record shall be maintained by the licensee, for each client receiving service through the [~~agency~~]licensee.
(a) Each person who has client contact or provides a service in the client's place of residence shall enter a clinical note of that contact or service in the client's record.
(b) The licensee shall ensure that client record entries are dated and authenticated with the signature, or identifiable initials of the person making the entry.
(c) The licensee shall document each service provided by the licensee and outcomes of these services in the individual client record.
(5) The licensee shall ensure that each client record contains the following information:
(a) identification data including client name, address, age, and date of birth;
(b) name and address of nearest relative or responsible individual;

(c) name and telephone number of the primary care provider with responsibility for client care;
(d) name and telephone number of any person or family member who provides care in the place of residence;
(e) a written plan of care;
(f) a signed and dated client assessment that identifies pertinent information required to carry out the plan of care;
(g) reasons for referral to the home health [~~agency~~]licensee;
(h) statement of the suitability of the client's place of residence for the provision of health care services;
(i) documentation of telephone consultation or case conferences with other individuals providing services;
(j) signed and dated clinical notes for each client contact or home visit including services provided; and
(k) a written termination of services summary that describes:
(i) the care or services provided;
(ii) the course of care and services;
(iii) the reason for discharge;
(iv) the status of the client at time of discharge; and
(v) the name of the [~~agency~~]licensee or facility if the client was referred or transferred.
(6) For a client who receives skilled services, the licensee shall additionally include the following items in the client record:
(a) diagnosis;
(b) pertinent medical and surgical history;
(c) a list of medications and treatments;
(d) allergies or reactions to drugs or other substances;
(e) any clinical summaries or other documents obtained when necessary for promoting continuity of care, especially when a client receives care elsewhere, to include:
(i) a hospital;
(ii) an ambulatory surgical center;
(iii) a nursing home;
(iv) a primary care providers or consultant's office; or
(v) other home health [~~agency~~]licensee; and
(f) clinical notes to include a description of the client condition and significant changes such as:
(i) objective signs of illness, disorders, and body malfunction;
(ii) subjective information from the client and family;
(iii) general physical condition;
(iv) general emotional condition;
(v) positive or negative physical and emotional responses to treatments and services;
(vi) general behavior; and
(vii) general appearance.

R432-700-1[~~8~~]6. Confidentiality and Release of Information.
(1) The licensee shall:
(a) develop [~~and~~]implement; and comply with policies and procedures to safeguard client records against loss, destruction, or unauthorized use;
(b) have written procedures for the use, release, and removal of medical records, including photographs, that require the written consent of the client;
(c) keep client records confidential and only disclose client information to authorized persons;
(d) allow authorized representatives of the [~~D~~]department to review records to determine compliance with licensure rules and standards; and
(e) provide for filing, safe storage, and easy access to medical records.
(2) When a client is referred to another [~~agency~~]licensee or facility, the licensee may release information only with the written consent of the client.

R432-700-1[~~9~~]7. Quality Assurance.
(1) The quality, appropriateness, and scope of services provided shall be reviewed and evaluated annually by the governing body to determine overall effectiveness in meeting [~~agency~~]licensee objectives.
(2) The administrator shall conduct an annual evaluation of the licensee's overall program and submit a written report of the findings to the governing body.
(3) The licensee shall demonstrate concern for cost of care by evaluating:
(a) relevance of health care services;
(b) appropriateness of treatment frequency;
(c) use of less expensive, but effective resources when possible; and
(d) use of ancillary services consistent with client needs.
(4)(a) An interdisciplinary quality assurance committee shall evaluate client services on a quarterly basis.
(b) A written report of findings from each meeting shall be submitted to the administrator and shall be available in the home health [~~agency~~]licensee.
([~~a~~]c) Each member of the interdisciplinary quality assurance committee shall be appointed by the administrator for a given term of membership.

([~~b~~]d) The interdisciplinary quality assurance committee shall have a minimum of three members who represent three different licensed or certified health care professions.

(5) The methodology for evaluation by the interdisciplinary quality assurance committee shall include:

(a) review and evaluation of active and closed client records to ensure that established policies and procedures are being followed. The licensee shall ensure that the policy and procedure determines the methods for selecting and reviewing a representative sample of records;

(b) review and evaluation of coordination of services through documentation of written reports, telephone consultation, or case conferences; and

(c) review and evaluation of plans of treatment for content, frequency of updates and whether clinical notes correspond to goals written in the plan of care.

R432-700-[~~20~~]18. Nursing Services.

(1) Nursing services provided through a home health [~~agency~~]licensee shall be conducted under the supervision of a director of nursing services.

(2) Nursing services shall be provided by or under the supervision of a registered nurse and according to the plan of care.

(3) When a licensee provides or contracts for services, the service shall be provided according to the plan of care and supervised by designated, qualified personnel.

(4) The nursing staff of the home health [~~agency~~]licensee shall observe, report, and record written clinical notes.

(5) The licensee shall recognize and use opportunities to teach health concepts to the client and family.

(6) A registered nurse or licensed practical nurse employed by or contracted with the licensee shall have a valid license from the Utah Department of Commerce.

(7) Responsibilities of a licensed nurse employed or contracted by the home health [~~agency~~]licensee shall include the following:

(a) administer prescribed medications and treatments lawfully and as permitted within the scope of the individual's license;

(b) perform nursing care according to the needs of the client and as indicated in the written plan of care;

(c) inform the primary care provider and other personnel of changes in the client's condition and needs;

(d) document clinical notes in the individual client record for each visit or contact;

(e) teach self-care techniques to the client or family;

(f) develop plans of care; and

(g) participate in in-service programs.

(8) The director of nursing services shall:

(a) designate a registered nurse to act as director of nursing services during their absence;

(b) assume responsibility for the quality of nursing services provided;

(c) develop nursing service policies and procedures that shall be reviewed annually and revised as necessary;

(d) establish work schedules for nursing personnel according to client needs;

(e) assist in development of job descriptions for nursing personnel;

(f) complete performance evaluations for nursing personnel according to policy; and

(g) direct in-service programs for nursing personnel.

(9) The registered nurse shall:

(a) make the initial nursing evaluation visit;

(b) re-evaluate nursing needs based on the client's status and condition;

(c) initiate the plan of care and make necessary revisions;

(d) provide services that require specialized nursing skills;

(e) initiate appropriate preventive and rehabilitative nursing procedures;

(f) supervise staff assignments based on specific client needs, family capabilities, staff training and experience, and degree of supervision needed;

(g) assist in coordinating services provided;

(h) prepare termination of services statements;

(i) supervise and consult with licensed practical nurses as necessary;

(j) provide written instructions for a certified nursing aide to ensure provision of required services written in the plan of care;

(k) supervise any certified nursing aide in the client's home as necessary, and be readily available for consultation by telephone; and

(l) make supervisory visits with or without certified nursing aide's presence as follows:

(i) for initial assessment;

(ii) every two weeks to clients who receive skilled services;

(iii) every three months to clients who require long-term maintenance services; and

(iv) any time there is a question of change in the client's condition.

(10) The licensed practical nurse shall:

(a) work under the supervision of a registered nurse;

(b) observe, record, and report to the immediate supervisor the general physical or mental condition of the client;

(c) assist the registered nurse in performing specialized procedures; and

(d) assist in development of the plan of care.

R432-700-[~~21~~]19. Certified Nursing Aide.

(1) A Certified Nursing Aide (CNA) may have the following responsibilities:

(a) provide only those services written in the plan of care and received as written instructions from the registered nurse supervisor, if the service is an extension of therapy, the instructions shall be written by the licensed therapist;

(b) perform normal household services essential to health care at home;
(c) make occupied or unoccupied beds;
(d) supervise the client's self-administration of medication;
(e) observe, record, and report basic client status;
(f) perform activities of daily living as written in the plan of care;
(g) give nail care as described in the plan of care;
(h) observe and record food and fluid intake when ordered;
(i) change dry dressings according to written instructions from the supervisor;
(j) administer emergency first aid;
(k) provide escort and transportation to appointments for client care services;
(l) provide social interaction and reassurance to the client and family in accordance with the plan of care; and
(m) write clinical notes in individual client records.
(2) A C[~~ertified Nursing Aide~~]NA shall:
(a) be at least 18 years old;
(b) have a certificate of completion for the employment position within six months of the date of hire; and
(c) be certified in CPR and emergency procedures.

R432-700-2[~~2~~]0. Personal Care Aides.
(1) A Personal Care Aide (PCA) shall be 18 years old.
(2) The licensee shall ensure that PCAs:
(a) receive written instructions from the supervisor;
(b) perform only the tasks and duties outlined in the service agreement;
(c) know of home health [~~agency~~]licensee policy and procedures;
(d) receive first aid training;
(e) receive orientation and training in aspects of care;
(f) demonstrate competency in areas of training for personal care; and
(g) receive a minimum of six hours in-service training per calendar year, prorated in the first year of employment.
(3) A PCA may assist clients with the following activities:
(a) self-administration of medications by:
(i) reminding the client to take medications; and
(ii) opening containers for the client;
(b) housekeeping;
(c) personal grooming and dressing;
(d) eating and meal preparation;
(e) oral hygiene and denture care;
(f) toileting and toilet hygiene;
(g) arranging for medical and dental care including transportation to and from appointments;
(h) taking and recording temperatures;
(i) administering emergency first aid;
(j) providing or arranging for social interaction; and
(k) providing transportation.
(4) A PCA shall document observations and services in the individual client record.

R432-700-2[~~3~~]1. Plan of Care.
(1) For each client, the licensee shall:
(a) establish and implement a plan of care for any care, services, or treatment provided by the licensee or any contractor:
(b) describe the plan of care in the client's record; and
(c) document the activities of the licensee or contractor to implement the plan of care in the client's record.
(2) The plan of care shall be developed and signed by a licensed health care professional in consultation with other [~~agency~~]licensee staff or contract personnel.
(3) Modifications or additions to the initial plan of care shall be made by a licensed health care professional as necessary.
(4) Each plan of care shall be reviewed and approved by the licensed health care professional as the client's condition warrants, at intervals not to exceed 60 days in accordance with the [~~Code of Federal Regulations, Title 42, Part 60, Section c, 2023 edition~~]42 CFR 60(c).
(5) Each written plan of care for skilled services shall be approved by a primary care provider at intervals not to exceed 60 days in accordance with the [~~Code of Federal Regulations, Title 42, Part 60, Section c, 2023 edition~~]42 CFR 60(c).
(6)(a) The person who is assigned to supervise and coordinate care for a client shall have the primary responsibility to notify the attending primary care provider and other staff of any significant changes in the client's status.
(b) Any notification[~~s~~] shall be made part of the client's record.
(7) The plan of care, developed in accordance with the referring primary care provider's orders, shall include:
(a) name of the client;
(b) diagnoses;
(c) treatment goals stated in measurable terms;
(d) services to be provided, at what intervals, and by whom;
(e) needed medical equipment and supplies;

(f) medications to be administered by designated, licensed personnel;
(g) supervision of self-administered medication;
(h) diet or nutritional requirements;
(i) necessary safety measures;
(j) instructions to client and family; and
(k) date the plan was initiated and dates of subsequent review.

R432-700-2[4]2. Medication and Treatment.

(1) Skilled treatment shall be administered only by licensed personnel to comply with a signed order from a person lawfully authorized to give the order.

(2) Medication shall be administered according to signed orders from a person lawfully authorized to give the order.

(3) An order that is remotely given shall be:

(a) subsequently signed by the person giving the order within 31 days;

(b) received and verified only by licensed personnel lawfully authorized to accept the order; and

(c) recorded in the client's record.

(4) If medication is administered by [~~agency~~]licensee personnel, the orders and subsequent changes in orders shall be signed by the primary care provider and included in the client's record.

(5) Unlicensed staff may administer medication only after delegation by a licensed health care professional under the professional scope of practice with the following requirements:

(a) the delegation shall be in accordance with Section R156-31B-701;

(b) the medication shall be administered according to the prescribing order;

(c) the delegating authority shall provide and document supervision, evaluation and training of unlicensed assistive personnel assisting with medication administration; and

(d) the delegating authority or another registered nurse shall be readily available either in person or by telephone.

(6) An order for therapy services shall include the procedures to be used, the frequency of therapy and the duration of therapy.

(7) An order for skilled services shall be reviewed or renewed by the attending primary care provider at intervals not to exceed 60 days.[-] Primary care provider's signature and date shall be evidence of this review or renewal.

(8)(a) Primary care provider orders may be transmitted by facsimile machine or another approved method.

(b) The home health [~~agency~~]licensee shall obtain the original signature, upon request, if verification of the signature is requested.

R432-700-2[5]3. Therapy Services.

(1) Therapy services offered by the licensee, as either direct or contract services, shall be provided by, or under the supervision of, a licensed or certified therapist in accordance with the plan of care.

(2) The qualified therapist shall have the following general responsibilities:

(a) provide treatment as ordered and approved by the attending primary care provider;

(b) evaluate the home environment and make recommendations;

(c) develop the plan of care for therapy;

(d) observe and report findings about the client's condition to the attending primary care provider and other staff and document information in the client's record;

(e) advise, consult, and instruct other personnel and family about the client's therapy program;

(f) provide written instructions for the CNA to promote extension of therapy services;

(g) supervise other personnel when appropriate; and

(h) participate in in-service programs.

(3) A physical, speech, or occupational therapist may additionally perform the following:

(a) provide written instructions for personal care aides and certified nursing aides to ensure provision of required services written in the plan of care;

(b) supervise aides in the client's home as necessary, and be readily available for consultation by phone; and

(c) make supervisory visits with or without the aide's presence, as required.

R432-700-2[6]4. Medical Supplies and Equipment.

The licensee shall develop and follow written medical supply policies and procedures that describe:

(1) supply of or use of durable medical equipment and disposable medical supplies;

(2) categories of medical supplies and equipment available through the [~~agency~~]licensee;

(3) charges and reimbursement for medical supplies and equipment; and

(4) processes for billing medical supplies and equipment to the client, insurance carrier, or another payment source.

R432-700-2[7]5. Social Services.

(1) When medical social services are provided by the licensee, the services shall be provided by a certified social worker or by a social service worker supervised by a certified social worker, in accordance with the plan of care.

(2) The social worker shall be responsible to:

(a) assist team members in understanding significant social and emotional factors related to health problems;

(b) participate in the development of the plan of care;

(c) prepare clinical notes according to rules and policy;

(d) utilize community resources; and

(e) participate in in-service programs.

R432-700-26. Client Interfacility Transportation.

(1) The licensee shall allow a client to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.

(2)(a) A client may request the licensee to determine if the client is eligible for a non-medical transport for an interfacility transfer.

(b) For any request from a client to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the client addressing each item in Subsection 26B-2-249(4).

(3)(a) If a client arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the client for any admission or readmission cost, except as provided in (3)(b).

(b) The receiving center may charge the insurance or health benefit plan of the client if upon arrival, the medical staff document a change in the medical condition or mental condition of the client.

(4) A receiving facility shall hold and reserve the specific bed offered to the client upon discharge from the originating facility if the client arrives within adequate time.

(5) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the client before discharge:

(a) formal clinical assessment of the medical or mental condition of the client is stable and does not require ambulance or medically supervised transportation;

(b) the specific type of non-medical transportation that will be used to transport the client; and

(c) the expected arrival window communicated to the receiving facility.

R432-700-2[~~8~~]7. Penalties.

Any person who violates this rule may be subject to the penalties [~~enumerated in Section 26B-2-208 and~~]in Rule R[~~432-3~~]380-600 and [~~may be charged with a class A misdemeanor as provided in Section 26B-2-216~~]and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

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