

1. Two-Tiered Licensure System for Home Care Agencies

Rationale: Implementing a two-tiered licensing structure is a pragmatic approach that accommodates the different levels of care provided by home care agencies. This would allow differentiation between personal care services and more advanced, skilled care, ensuring that both receive appropriate regulation.

Tier 1:

Personal Care/Companion Care License

- This license would cover non-medical services such as assistance with activities of daily living (ADLs) like bathing, dressing, meal preparation, companionship, and light housekeeping.
- It would ensure that agencies offering this level of care are held to safety and competency standards without the unnecessary regulatory burden of meeting medical care requirements.

Tier 2:

Skilled Care License

- This tier would be reserved for agencies providing medical care, such as private duty nursing, medication management, and other services requiring licensed healthcare professionals.
- Attaining a skilled care license should automatically allow the agency to offer personal care/companion services. This simplifies the process for agencies offering both types of care and reduces the need for multiple licenses, as skilled providers are already expected to meet more rigorous regulatory standards.

✓ **Benefit:** This system would streamline the licensure process, prevent unnecessary overlap in regulations, and ensure agencies are appropriately regulated based on the type of care they offer.

2. Licensure Renewal Frequency



- **Rationale:** Requiring license renewals **every three years** strikes a balance between maintaining oversight and minimizing administrative burden on home care agencies. Regular renewals ensure that agencies remain compliant with evolving state regulations and industry standards, while avoiding overly frequent renewal processes that are burdensome.

- **Fee Structure:** A portion of the licensure renewal fee could be directed towards combating “gray market” activity, which refers to unlicensed individuals or agencies providing home care in newly licensed states. This fee could help fund public awareness campaigns, enforcement activities, and efforts to bring unlicensed providers into compliance.

✓ **Benefit:** This could ensure a steady and predictable source of revenue for enforcement efforts, helping to protect consumers from substandard, unlicensed care.

3. Accreditation by Nationally Recognized Bodies

- Accreditation from one of the three most reputable home care accrediting bodies – Accreditation Commission for Health Care (ACHC), Community Health Accreditation Partner (CHAP), and The Joint Commission (JCAHO) – **should be sufficient but not mandatory for licensure.**





- **Rationale:** While accreditation from these bodies demonstrates that an agency has met rigorous quality and safety standards, requiring accreditation for licensure may place an undue burden on smaller agencies, especially those operating in rural or underserved areas.

✓ **Benefit:** *This allows agencies that want to differentiate themselves through accreditation to do so while ensuring that licensure is accessible to all providers, including smaller, non-accredited agencies.*

4. Competency-Based Training Requirements

- **Rationale:** Rather than focusing on the number of hours or specific topics covered during training, agencies should be required to demonstrate that their staff are competent in providing the care they are licensed to offer.
 - **Competency-Based Approach:** This allows for more flexibility in training methods and places an emphasis on actual performance rather than completion of sometimes arbitrary educational requirements.
 - **Alternative Option:** Proof of recent training (within the past 12 months prior to employment) could be accepted as a pathway to meet training requirements for licensure. This ensures that staff have received up-to-date instruction while reducing the burden on agencies that have already invested in training programs.
- ✓ **Benefit:** *This approach promotes a focus on quality outcomes rather than compliance with rigid hour-based requirements, making it more adaptable to different educational settings and individual needs.*

5. Accreditation Waives the Annual Survey Process

- **Rationale:** Home care agencies that are accredited by ACHC, CHAP, or JCAHO should be exempt from an annual survey process required by a state licensing authority. Accreditation by one of these bodies already ensures that the agency is adhering to a high standard of care and compliance.
- ✓ **Benefit:** *This increases regulatory efficiency, allowing limited resources to be focused elsewhere, all while recognizing the efforts of accredited agencies in maintaining high-quality care.*

6. Background Check Requirements: CIS-Backed Screening for Caregivers



Rationale: To ensure the safety and well-being of clients, it is critical that home care agencies conduct thorough background checks on potential caregivers. Requiring CIS-backed (Criminal Information System) background checks ensures a comprehensive review of an individual's criminal history at both state and federal levels.

- **Scope of Screening:** The background check should screen for offenses that may disqualify individuals from working in a home care setting, such as abuse, neglect, fraud, or violent crimes.
 - **CIS-Backed Checks:** These checks are more extensive than basic state screenings and include data from multiple sources, such as law enforcement, corrections, and other governmental databases.
- ✓ **Benefit:** *Conducting rigorous CIS-backed background checks ensures that caregivers working in a home care setting have undergone thorough vetting, reducing the risk of harm to vulnerable individuals.*