**Section 245.40 Staffing and Staff Responsibilities**

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

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

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

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

4) Ensure that reports and records as required by the Department are completed, maintained and submitted;

5) Maintain ongoing liaison with the governing body, staff members and the community;

6) Maintain a current organizational chart to show lines of authority down to the patient or client level;

7) Manage business affairs and the overall operation of the agency;

8) Maintain personnel records, administrative records and all policies and procedures of the agency;

9) Employ qualified personnel in accordance with job descriptions;

10) Provide orientation of new staff, regularly scheduled in-service education programs and opportunities for continuing education for the staff;

11) Designate in writing the qualified staff member to act in the absence of the administrator;

12) Provide and maintain an office with a working telephone that is staffed during the agency's business hours.

A) The office shall be adequately equipped for an efficient work environment.

B) The office shall be maintained to protect the confidentiality of patient and client records (physical or electronic).

C) The office shall provide a safe working environment that complies with local ordinances and regulations related to fire safety.

13) Adopt and enforce a written policy identifying the agency's operating hours and including, at a minimum, provisions that ensure clients and patients are provided information regarding the procedures for accessing care from the agency or another health care provider outside of the agency's operating hours.

b) Home Health Aide

1) When home health aide services are offered, the services shall be under the supervision of an RN in accordance with the plan of treatment. The RN shall assign the home health aide to a particular patient. The RN or the appropriate therapist (e.g., physical, occupational or speech therapist) shall prepare written instructions for patient care.

2) Duties of the home health aide may include:

A) Performing simple procedures as an extension of therapeutic services;

B) Skilled personal care and personal care, as defined in this Part;

C) Patient ambulation and exercise;

D) Household services essential to health care at home;

E) Assisting with medications that are ordinarily self-administered;

F) Reporting changes in the patient's or client's condition and needs to the RN or the appropriate therapist; and

G) Completing appropriate records.

3) For home health agencies, the supervising RN or appropriate therapist shall make a supervisory visit to the patient's residence at least every two weeks either when the home health aide is present to observe and assist, or when the home health aide is absent.

A) If an area of concern in aide services is noted by the supervising RN or other appropriately skilled professional, then the supervising individual shall make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while the aide is performing care no later than the next supervisory visit.

B) A supervising RN or other appropriately skilled professional shall make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while the aide is performing care.

C) The purpose of the supervisory visits is to assess relationships and determine that the aide furnishes care in a safe and effective manner by following the patient's plan, demonstrating competency with assigned tasks, complying with infection prevention and control policies and procedures, reporting changes in the patient's condition, honoring the patient's rights, and maintaining open communication.

4) For home nursing agencies, the supervising RN shall make a supervisory visit to the patient's/client's residence at least every 60 days when the home health aide is present to observe and assist, or when the home health aide is absent.

A) If an area of concern is noted by the supervising RN in the care provided by the home health aide, then the supervising individual shall make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while the aide is performing care no later than the next supervisory visit.

B) A supervising RN shall make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while the aide is performing care.

C) The purpose of the supervisory visits is to assess relationships and determine that the aide furnishes care in a safe and effective manner by following the patient's plan, demonstrating competency with assigned tasks, complying with infection prevention and control policies and procedures, reporting changes in the patient's condition, honoring patient's rights, and maintaining open communication.

c) Home Services or In-Home Services Worker

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

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

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

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

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

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

D) Companionship;

E) Completion of appropriate records documenting service provision; and

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

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

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

i) The client or client's representative shall be able to provide ongoing feedback and advocate for their needs, including indications of potential harm and discomfort, to the home services worker;

ii) The home services worker shall have completed training in first aid for a lay person; and

iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to implement first aid effectively and safely.

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

i) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;

ii) The home services worker shall have completed training in the methods required to assist clients with adaptive equipment for ambulation; and

iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to assist those clients who require the use of adaptive equipment for ambulation effectively and safely.

C) Bathing. A home services worker may assist clients with bathing. When a client has skilled skin care needs or skilled dressings that will need attention before, during, or after bathing, the client shall be in the care of an agency licensed as a home health agency or a home nursing agency to meet those specific needs. Home services workers may assist individuals in all types of bathing (e.g. tub, shower, sponge, bed) only when the following requirements are met:

i) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;

ii) The home services worker shall have completed training in the particular methods required to perform the client-specific bath, including the observations of indications of potential harm or discomfort;

iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform the bath; and.

iv) The agency shall conduct annual training and competency evaluation for skills to perform all types of bathing effectively and safely.

D) Dressing. A home services worker may assist a client with dressing. This may include assistance with ordinary clothing and application of support stockings of the type that can be purchased without a prescription from a health care professional. A home services worker may not assist with applying an elastic bandage that can be purchased only with a prescription from a health care professional (the application of which involves wrapping a part of the client's body) or with applying a sequential compression device that can be purchased only with a prescription from a health care professional unless the following requirements are met:

i) The client's prescribing health care professional has issued an order allowing the home service worker to apply the compression device as a part of daily activities of living;

ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;

iii) The home services worker shall have completed training in the application of the compression device, including observations of indications of potential harm or discomfort; and

iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to apply the compressional device effectively and safely.

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

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

i) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;

ii) The home services worker shall have completed training in the indications, precautions, and methods required to use pre-measured thickening products; and

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

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

i) The client's prescribing health care professional has issued an order allowing the home service worker to apply the prescription shampoo;

ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker including indications of potential harm and discomfort, and advocate for their needs;

iii) The home services worker shall have completed training in the methods required to apply prescription shampoo, including the importance of observing any open skin lesions, and shall document and report these to the agency and client's emergency contact;

iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to apply prescription shampoo effectively and safely; and

v) The agency shall conduct annual training and competency evaluation for skills to apply and observe clients during shampooing.

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

I) Nail Care. A home services worker may assist with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing nails. Assistance by a home services worker shall not include nail trimming. If a client has a medical condition that might involve peripheral circulatory problems or loss of sensation, a home services worker may file the client's nails only if the following requirements are met:

i) The client's health care professional has issued an order allowing the home service worker to file the client's nails;

ii) The client or client's representative shall be able to provide ongoing feedback to the home services worker, including indications of potential harm or discomfort, and advocate for their needs;

iii) The home services worker shall have completed training in the methods required to assist with nail care, including the importance of observing for and reporting of any potential signs of injury or harm for a client with peripheral circulatory conditions; and

iv) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform nail care effectively and safely and to observe and report potential signs of injury or harm.

J) Positioning. A home services worker may assist a client with positioning when the client is able to identify to the personal care staff, either verbally, non-verbally or through others, when the position needs to be changed. For clients that are unable to identify when their position needs to be changed, a home services worker may assist with client position per subsection 245.210(d)(2) and as instructed by the service plan, only when skilled skin care, as previously described, is not required in conjunction with the positioning. Positioning may include simple alignment in a bed, wheelchair, or other furniture. A home services worker may assist a client with positioning only if the following requirements are met:

i) The home services worker shall have completed training in the methods required to monitor and observe verbal and non-verbal indications and cues from the client that re-positioning may be needed, the indications of and procedures for positioning and repositioning of clients, and the importance of following the service plan concerning the client's positioning needs, including, when possible, reminders to clients concerning the importance of repositioning.

ii) The client or client's representative shall be able to provide ongoing feedback (including non-verbal indications and cues) and advocate for their needs, including indications of potential harm or discomfort by the home services worker during any repositioning. If the client representative is present when the position needs to be changed, the client's representative shall be able to assist with the repositioning, either directly or by providing ongoing feedback, including indications of potential harm or discomfort, to the home services worker; and

iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform repositioning effectively and safely as needed.

K) Shaving. A home services worker may assist a client with shaving only with an electric or a safety razor.

L) Toileting. A home services worker may assist a client to and from the bathroom; provide assistance with bed pans, urinals, and commodes; provide pericare; or change clothing and pads of any kind used for the care of incontinence.

i) A home services worker may empty or change external urine collection devices, such as catheter bags or suprapubic catheter bags. In all cases, the insertion and removal of catheters and care of external catheters is considered skilled personal care and shall not be performed by a home services worker.

ii) A home services worker may empty ostomy bags and provide assistance with other client-directed ostomy care only when there is no need for skilled personal skin care or for observation or reporting to a nurse. A home services worker shall not perform digital stimulation, insert suppositories, or give an enema.

M) Transfers. A home services worker may assist with transfers, transfers using adaptive equipment (e.g., wheelchairs, tub seats, and grab bars), transfers using safety equipment (e.g., gait belts), and transfers using a mechanical or electrical transfer device only when the client has sufficient balance and strength to reliably stand and pivot and assist with the transfer either directly or by providing ongoing feedback, including indications of potential harm or discomfort, to the home services worker through either verbal or non-verbal indications and cues, and the following conditions are met:

i) The client or client's representative can provide ongoing feedback to the home services worker, including indications of potential harm or discomfort through either verbal or non-verbal indications and cues, and advocate for their needs;

ii) The home services worker shall have completed training in transfer techniques and any client-specific adaptive equipment, safety equipment, and mechanical or electrical transfer devices; and

iii) The agency shall have conducted a competency evaluation of the home services worker's ability to employ the methods required to perform transfers effectively and safely, including any adaptive equipment, safety equipment, and mechanical or electrical transfer devices.

N) Medication Reminding. A home services worker may assist a client with medication reminding only when medications have been pre-selected by the client, a family member, a nurse, or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers shall be clearly marked as to day and time of dosage. Medication reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications. The home services worker shall immediately report to the supervisor, or, in the case of a placement worker, to the client or the client's advocate or designee, any irregularities noted in the pre-selected medications, such as medications taken too often or not often enough, or not at the correct time as identified in the written instructions.

O) Respiratory Care. A home services worker shall not provide respiratory care except within the limitations as enumerated in this Section. Respiratory care is skilled personal care and includes postural drainage; cupping; adjusting oxygen flow within established parameters; nasal, endotracheal and tracheal suctioning; and turning off or changing tanks. However, a home services worker may temporarily remove and replace a cannula or mask from the client's face for the purposes of shaving or washing a client's face and may provide oral suctioning. A home services worker may assist the client with changing the oxygen delivery system from a stationary system to a portable system as directed by the client and the client's health care professional to enable client transport, or in emergency situations such as loss of electrical power in the client's home (stationary systems are electrically powered devices). For the purposes of this Section, a "stationary system" refers to an oxygen concentrator used for at-home oxygen therapy and is not intended to be fully mobile. For those home services workers that are assigned to clients who require continuous supplemental oxygen therapy, the home services worker may assist the client with changing of the delivery system from stationary to portable only when the following conditions are met:

i) The home services worker shall have completed training in switching client-specific oxygen delivery systems from stationary to portable and the risks associated with improper adjustment of O2 flow rates;

ii) The agency shall have conducted a competency evaluation of the home service's workers ability to employ the methods required to change the oxygen delivery system effectively and safely, including any client-specific equipment; and

iii) A home services agency seeking to have a home services worker assist a client with changing of oxygen delivery systems shall maintain an individual on staff that has been trained and is able to conduct training and administer competency evaluation for any home services worker assisting clients with changing of the delivery system from stationary to portable.

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

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

A) Provide skilled personal care services to clients as defined in Section 245.20;

B) Become or act as a power of attorney for clients;

C) Be involved in any financial transactions of the client outside of contracted services. In these cases, the home services worker shall follow agency policies in regard to securing receipts for items purchased and ensuring both client and worker signatures documenting those expenditures;

D) Perform or provide medication setup for a client; and

E) Other actions specifically prohibited by agency policy or other State laws.

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

A) An individual who is in a supervisory capacity shall be designated and available to the worker for responses to questions at all times.

B) On-site supervision shall take place at a minimum of every 90 days or more often if the plan of service requires it. The supervisory visits may be made when the home services worker is present so that the supervisor may observe, or when the home services worker is absent so that the supervisor may assess relationships and determine whether the service plan is being met.

i) If an area of concern in the performance of a home service worker is noted by the supervisor, then the supervising individual shall make an on-site visit to the location where the client is receiving services in order to observe and assess the home service worker while he or she is performing care no later than the next supervisory visit.

ii) The supervisor shall make an annual on-site visit to the location where a client is receiving care in order to observe and assess each home service worker while he or she is performing care.

iii) The purpose of the supervisory visits is to assess relationships and determine that the home service worker furnishes care in a safe and effective manner by following the client's service plan, demonstrating competency with assigned tasks, complying with infection prevention and control policies and procedures, reporting changes in the patient's condition, honoring patient's rights, and maintaining open communication.

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

d) Licensed Practical Nurse

1) The licensed practical nurse may perform selected acts in accordance with the Nurse Practice Act and under the direction of an RN, including administering treatments and medications in the care of the ill, injured or infirm; health maintenance; and illness prevention.

2) The licensed practical nurse shall report changes in the patient's condition to the RN, and these reports shall be documented in the clinical notes.

3) The licensed practical nurse shall prepare clinical notes for the clinical record.

e) Social Worker. When medical social services are provided, the social worker or social work assistant under the supervision of a social worker shall provide the services in accordance with the plan of treatment. These services shall include the following:

1) Assist the physician or podiatrist and other members of the health team in understanding significant social and emotional factors related to the patient's health problems.

2) Assess the social and emotional factors to estimate the patient's capacity and potential to cope with the problems of daily living.

3) Help the patient and family to understand, accept, and follow medical recommendations and provide services planned to restore the patient to the optimum social and health adjustment within the patient's capacity.

4) Assist the patient and family with personal and environmental difficulties that predispose toward illness or interfere with obtaining maximum benefits from medical care.

5) Use all available resources, such as family and community agencies, to assist the patient to resume life in the community or to live within the disability.

6) Observe, record and report social and emotional changes.

7) Prepare clinical and progress notes for the clinical record.

8) Supervise the social work assistant, which shall include the following:

A) A licensed social worker shall be accessible by telephone to the social work assistant at all times while the social work assistant is treating patients.

B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the social work assistant is present so that the supervisor may observe and assist, or when the social work assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.

C) Supervision does not constitute treatment.

D) The supervisory visit shall include a complete on-site assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the use of outside resources.

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

1) Instruct other health team personnel, including, when appropriate, home health aides and family members in certain phases of occupational therapy in which they may work with the patient.

2) Prepare clinical and progress notes for the clinical record.

3) Supervise the occupational therapy assistant, which shall include the following:

A) A licensed occupational therapist shall be accessible by telephone to the occupational therapy assistant at all times while the occupational therapy assistant is treating patients.

B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the occupational therapy assistant is present so that the supervisor may observe and assist, or when the occupational therapy assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.

C) Supervision does not constitute treatment.

D) The supervisory visit shall include a complete on-site functional assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the use of outside resources.

g) Physical Therapist and Physical Therapist Assistant

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

A) Instruct other health team personnel, including, when appropriate, home health aides and family members, in certain phases of physical therapy with which they may work with the patient.

B) Instruct the patient and family in the total physical therapy program.

C) Prepare clinical and progress notes for the clinical record.

2) Supervision of the physical therapist assistant shall include the following:

A) A licensed physical therapist shall be accessible by telephone to the physical therapist assistant at all times while the physical therapist assistant is treating patients.

B) On-site supervision shall take place every four to six visits. The supervisory visits may be made either when the physical therapist assistant is present so that the supervisor may observe and assist, or when the physical therapist assistant is absent so that the supervisor may assess relationships and determine whether goals are being met.

C) Supervision does not constitute treatment.

D) The supervisory visit shall include a complete on-site functional assessment, an on-site review of activities with appropriate revision of treatment plan, and an assessment of the utilization of outside resources.

3) The physical therapist assistant shall:

A) Be directed by and under the supervision of a licensed physical therapist and within the licensee's scope of practice as established by the Illinois Physical Therapy Act;

B) Administer the physical therapy program as established by the physical therapist;

C) Observe patient's progress and response to treatment, and report to the physical therapist; and

D) Confer with members of the health care team for planning, modifying and coordinating treatment programs.

h) Registered Professional Nurse. The RN may perform selected acts in accordance with the Nurse Practice Act. Skilled nursing services shall be provided by an RN in accordance with the plan of treatment. The RN shall:

1) Be responsible for the observation, assessment, nursing diagnosis, counsel, care and health teaching for patients, and health maintenance and illness prevention for others;

2) Maintain a clinical record for each patient receiving care;

3) Provide progress notes to the patient's physician or podiatrist about patients under care when the patient's conditions change or there are deviations from the plan of care, or at least every 60 days for a home health agency and every 90 days for a home nursing agency;

4) In the case of an RN working as a part of a home health or home nursing agency, make home health aide assignments, prepare written instructions for the home health aide, and supervise the home health aide in the home;

5) Direct the activities of the licensed practical nurse;

6) Administer medications and treatments as prescribed by the patient's physician or podiatrist; and

7) Act as the coordinator of the health care team in order to maintain the proper linkages within a continuum of care.

i) Speech-Language Pathologist. The speech-language pathologist may perform selected acts in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act. When required, speech therapy services shall be provided by a speech-language pathologist in accordance with the plan of treatment. The speech-language pathologist shall:

1) Assist the physician in determining and recommending appropriate speech and hearing services;

2) Evaluate the patient's speech and language abilities and establish a plan of care;

3) Provide rehabilitation services for speech and language disorders;

4) Record and report to the patient's physician the patient's progress in treatment and any changes in the patient's condition and plan of care;

5) Instruct other health team personnel and family members in methods of assisting the patient in improving communication skills; and

6) Prepare clinical and progress notes for the clinical record.

j) Audiologist. The audiologist may perform selected acts in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act. When audiology services are required, an audiologist shall provide the services in accordance with the plan of treatment. The audiologist shall:

1) Administer diagnostic hearing tests to evaluate the patient's audiological abilities;

2) Assess the patient's need for amplification;

3) Provide rehabilitative services for hearing disorders;

4) Instruct other health team personnel and family members in methods of assisting the patient in improving communication skills; and

5) Record and report to the patient's physician the patient's response to rehabilitative intervention.

k) Student Training Program. When an agency elects to participate with an educational institution to provide clinical experience for students as part of their health-related professional training, a written agreement between the agency and each educational institution shall specify the responsibilities of the agency and the educational institution. The agreement shall include, at a minimum, the following provisions:

1) The agency retains the responsibility for client care;

2) The educational institution retains the responsibility for student education;

3) Student and faculty performance expectations;

4) Faculty supervision of undergraduate students in the clinic and the field;

5) Ratio of faculty to students;

6) Confidentiality regarding patient information;

7) Required insurance coverage; and

8) Provisions for the agency and faculty to jointly evaluate the students' performance and the training program.

(Source: Amended at 47 Ill. Reg. 17468, effective November 8, 2023)