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HOME CARE AGENCY BLUEPRINT

Building Successful Home Care Businesses

POLICIES & PROCEDURES MANUAL

Comprehensive Operational Guidelines for
Non-Medical Home Care Agencies

Complete Edition

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Welcome & Purpose

Welcome to the **Policies and Procedures Manual** for your home care agency. This comprehensive manual has been developed to provide clear, consistent guidelines for all aspects of agency operations, ensuring quality care delivery and regulatory compliance.

The policies contained within this manual represent the standards by which our agency operates. They have been carefully developed to align with federal and state regulations, industry best practices, and our commitment to excellence in home care services.

Purpose of This Manual

This manual serves several critical purposes:

- **Standardization:** Ensures consistent practices across all agency operations and personnel
- **Compliance:** Meets regulatory requirements for documented policies and procedures
- **Training:** Serves as a reference tool for new employee orientation and ongoing education
- **Quality Assurance:** Establishes benchmarks for measuring and improving service delivery
- **Risk Management:** Reduces liability by defining appropriate conduct and procedures

Scope of Policies

The policies in this manual apply to all employees, contractors, volunteers, and any other individuals providing services on behalf of the agency. Compliance with these policies is mandatory and is a condition of employment or engagement with the agency.

Important Note

This manual is a living document that will be updated as regulations change, as our agency grows, and as we identify opportunities for improvement. All staff members will be notified of policy changes and provided with updated materials as needed.

Legal Disclaimer

While this manual is designed to comply with applicable federal and state regulations, it is the responsibility of agency leadership to ensure policies are customized to meet specific state licensing requirements. This manual serves as a template and framework; agencies should consult with legal counsel and regulatory bodies to verify compliance with jurisdiction-specific requirements.

How to Use This Manual

This manual is organized into five main sections, each addressing a critical area of agency operations. Understanding how to navigate and use this manual will help you quickly find the information you need.

Manual Organization

Section	Prefix	Content
Administrative	ADM	Business operations, records, scheduling, quality
Human Resources	HR	Hiring, training, supervision, performance
Clinical/Client Care	CL	Admission, care planning, discharge, client services
Emergency	EM	Emergency response, incident reporting, safety
Compliance	CO	HIPAA, grievances, regulatory compliance

Policy Structure

Each policy follows a consistent format for easy reference:

- **Policy ID:** Unique identifier for tracking and reference
- **Purpose:** Why this policy exists and what it aims to accomplish
- **Scope:** Who the policy applies to and in what circumstances
- **Policy Statement:** The official position and requirements
- **Procedures:** Step-by-step instructions for implementation
- **Responsible Parties:** Who is accountable for enforcement and compliance

Customization Guidelines

Before implementing these policies, you should:

1. Review each policy against your state's specific licensing requirements
2. Insert your agency name where indicated by [AGENCY NAME]
3. Customize contact information and reporting structures
4. Adjust timelines and requirements as needed for your jurisdiction
5. Have policies reviewed by legal counsel
6. Obtain board or ownership approval as required

State-Specific Requirements

Home care regulations vary significantly by state. Some states require specific policy language, additional policies, or different procedures. Always verify compliance with your state licensing agency before finalizing your policy manual.

Mission, Vision & Values

Our Mission

[AGENCY NAME] is dedicated to providing compassionate, high-quality non-medical home care services that enable individuals to maintain their independence, dignity, and quality of life in the comfort of their own homes. We are committed to supporting our clients and their families with reliable, personalized care delivered by trained and caring professionals.

Our Vision

To be the trusted leader in home care services in our community, recognized for excellence in care delivery, employee satisfaction, and positive client outcomes. We envision a future where every individual has access to the support they need to age gracefully and safely at home.

Our Core Values

Compassion

We approach every client with empathy, kindness, and genuine concern for their well-being. We treat each person as we would want our own family members to be treated.

Integrity

We operate with honesty, transparency, and ethical standards in all our interactions. We do what is right, even when no one is watching.

Excellence

We strive for the highest standards in everything we do, continuously improving our services and exceeding expectations.

Respect

We honor the dignity, privacy, and individual preferences of every client, family member, and team member. We celebrate diversity and treat everyone with courtesy.

Accountability

We take responsibility for our actions and commitments. We are reliable, dependable, and follow through on our promises.

Commitment to Quality

These values are not just words on paper - they are the foundation of every policy in this manual and guide every decision we make. All employees are expected to embody these values in their daily work and interactions with clients, families, and colleagues.

ADMINISTRATIVE POLICIES

Foundational policies governing agency operations, organizational structure, records management, scheduling, documentation, and quality assurance.

01

Organizational Structure

PURPOSE

To define the organizational structure of [AGENCY NAME], establishing clear lines of authority, responsibility, and accountability for all agency operations and personnel.

SCOPE

This policy applies to all employees, contractors, and volunteers of [AGENCY NAME], regardless of position or tenure.

POLICY STATEMENT

[AGENCY NAME] maintains a clearly defined organizational structure that ensures efficient operations, quality care delivery, and regulatory compliance. All personnel understand their roles, reporting relationships, and responsibilities within this structure.

PROCEDURES

1. **Organizational Hierarchy:**

- Owner/Administrator - Overall agency leadership and compliance
- Director of Operations - Day-to-day operational management
- Care Coordinator/Scheduler - Client-caregiver matching and scheduling
- Caregivers/Home Care Aides - Direct client care services

2. **Authority Levels:** Each position has defined authority for decision-making, spending limits, and personnel actions as outlined in individual job descriptions.

3. **Chain of Command:** All personnel report to their direct supervisor. Issues should be escalated through the chain of command unless safety concerns require immediate escalation.

4. **Governing Body:** The Owner/Administrator serves as the governing body and is responsible for:

- Overall agency direction and policy

- Compliance with all applicable laws and regulations
- Financial oversight and sustainability
- Quality of care and service delivery

5. **Documentation:** An organizational chart is maintained and updated whenever structural changes occur.

RESPONSIBLE PARTIES

- **Owner/Administrator:** Establishing and maintaining organizational structure
- **All Supervisors:** Communicating roles and expectations to direct reports
- **All Employees:** Understanding and adhering to organizational structure

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Record Retention

PURPOSE

To establish guidelines for the retention, storage, protection, and destruction of agency records in compliance with federal and state regulations.

SCOPE

This policy applies to all records created, received, or maintained by [AGENCY NAME], including client records, personnel files, financial documents, and administrative records.

POLICY STATEMENT

[AGENCY NAME] maintains accurate, complete, and confidential records in accordance with all applicable federal and state requirements. Records are retained for the required periods and disposed of securely when retention requirements have been met.

PROCEDURES

1. Retention Periods:

Record Type	Retention Period
Client Care Records	7 years after discharge (or as required by state)
Minor Client Records	7 years after age of majority
Personnel Files	7 years after termination
Financial Records	7 years
Contracts & Agreements	10 years after expiration
Policies & Procedures	5 years after superseded

Incident Reports	7 years
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2. Storage Requirements:

- Records stored in secure, locked locations
- Electronic records protected with encryption and access controls
- Backup copies maintained in separate location
- Protection from fire, water, and environmental damage

3. Access Controls:

- Access limited to authorized personnel on need-to-know basis
- Access logs maintained for sensitive records
- Client records accessed only for legitimate business purposes

4. Record Destruction:

- Records destroyed only after retention period expires
- Paper records shredded or incinerated
- Electronic records permanently deleted and overwritten
- Destruction log maintained documenting what was destroyed and when

RESPONSIBLE PARTIES

- **Administrator:** Overall compliance with retention policy
- **Office Manager:** Day-to-day record management and storage
- **All Staff:** Proper handling and filing of records

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Scheduling Policy

PURPOSE

To establish procedures for scheduling caregiver assignments that ensure continuity of care, appropriate caregiver-client matching, and efficient utilization of staff resources.

SCOPE

This policy applies to all scheduling activities, including initial assignments, shift changes, call-offs, and schedule modifications.

POLICY STATEMENT

[AGENCY NAME] is committed to maintaining consistent, reliable scheduling that meets client needs while respecting caregiver availability and work-life balance. Schedules are created and maintained to maximize continuity of care and client satisfaction.

PROCEDURES

1. Schedule Development:

- Schedules developed based on client care plans and authorized service hours
- Caregiver skills and experience matched to client needs
- Client preferences considered when possible
- Geographic considerations for travel efficiency
- Schedules published at least one week in advance when possible

2. Caregiver-Client Matching Criteria:

- Required skills and training for client needs
- Language compatibility
- Personality and care style compatibility
- Availability matching client's schedule

- No conflicts of interest

3. Call-Off Procedures:

- Caregivers must notify the agency at least 4 hours before shift when possible
- Emergency call-offs require immediate notification
- Scheduler will arrange replacement coverage
- Pattern of excessive call-offs subject to disciplinary action

4. Schedule Changes:

- Agency-initiated changes communicated as early as possible
- Client-requested changes accommodated when feasible
- Caregiver requests for schedule changes submitted in writing
- All changes documented in scheduling system

5. Overtime Management:

- Overtime must be pre-approved by supervisor
- Alternative staffing solutions explored before authorizing overtime
- Overtime tracked and monitored weekly

RESPONSIBLE PARTIES

- **Care Coordinator/Scheduler:** Creating and maintaining schedules, arranging coverage
- **Caregivers:** Adhering to schedules, timely notification of absences
- **Director of Operations:** Oversight of scheduling practices, overtime approval

<p>EFFECTIVE DATE [DATE]</p>	<p>REVIEW FREQUENCY Annually</p>	<p>APPROVED BY [ADMINISTRATOR]</p>
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Documentation Standards

PURPOSE

To establish standards for accurate, complete, timely, and professional documentation of all client care activities and agency operations.

SCOPE

This policy applies to all documentation created by agency personnel, including client care notes, incident reports, assessments, and administrative records.

POLICY STATEMENT

[AGENCY NAME] maintains accurate and complete documentation that reflects the care provided, supports quality assurance efforts, and meets regulatory requirements. Documentation is considered a legal record and must meet professional standards.

PROCEDURES

1. General Documentation Standards:

- Use black or blue ink for handwritten entries
- Write legibly or use electronic documentation
- Use only approved abbreviations
- Document in chronological order
- Date and sign all entries
- Never leave blank spaces in documentation

2. Timeliness Requirements:

- Care notes completed at the end of each shift
- Incident reports completed within 24 hours of incident
- Assessments completed within required timeframes

- Late entries clearly marked as such with current date

3. Content Requirements:

- Document what was observed, done, and communicated
- Include client responses to care
- Record any changes in condition
- Note any deviations from the care plan
- Avoid subjective opinions or judgmental language

4. Error Correction:

- Draw single line through error
- Initial and date the correction
- Never use correction fluid or obscure original entry
- Electronic corrections maintain audit trail

5. Required Documentation:

- Daily care notes for each client visit
- Medication reminders provided
- Tasks completed per care plan
- Client condition and any concerns
- Communication with family or other providers

RESPONSIBLE PARTIES

- **All Caregivers:** Completing accurate and timely documentation
- **Care Coordinator:** Reviewing documentation for completeness
- **Administrator:** Ensuring documentation standards are maintained

<p>EFFECTIVE DATE [DATE]</p>	<p>REVIEW FREQUENCY Annually</p>	<p>APPROVED BY [ADMINISTRATOR]</p>
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Quality Assurance Program

PURPOSE

To establish a systematic approach to monitoring, evaluating, and continuously improving the quality of services provided by [AGENCY NAME].

SCOPE

This policy applies to all aspects of agency operations and service delivery, including client care, administrative processes, and personnel performance.

POLICY STATEMENT

[AGENCY NAME] is committed to providing high-quality home care services through ongoing monitoring, evaluation, and improvement activities. Quality assurance is integral to all agency operations.

PROCEDURES

1. Quality Assurance Activities:

- Regular client satisfaction surveys
- Supervisory visits to client homes
- Chart audits and documentation reviews
- Caregiver performance evaluations
- Incident and complaint tracking and analysis
- Compliance monitoring

2. Performance Indicators Monitored:

- Client satisfaction scores
- Caregiver retention rates
- Scheduling accuracy and reliability

- Documentation completeness
- Incident frequency and severity
- Complaint resolution timeliness

3. Review and Reporting:

- Monthly review of quality indicators
- Quarterly quality assurance reports
- Annual comprehensive quality review
- Findings reported to Administrator

4. Corrective Action:

- Issues identified through QA activities addressed promptly
- Root cause analysis conducted for significant issues
- Corrective action plans developed and implemented
- Follow-up to verify effectiveness of corrective actions

5. Continuous Improvement:

- Staff input solicited for improvement ideas
- Best practices researched and implemented
- Policies and procedures updated based on findings
- Training adjusted to address identified needs

RESPONSIBLE PARTIES

- **Administrator:** Overall quality assurance program oversight
- **Director of Operations:** Implementing QA activities
- **All Staff:** Participating in quality improvement efforts

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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HUMAN RESOURCES POLICIES

Policies governing recruitment, hiring, background checks, training, supervision, performance management, and employee conduct for all agency personnel.

02

Recruitment & Hiring

PURPOSE

To establish procedures for recruiting, screening, and hiring qualified candidates who meet agency standards and regulatory requirements for providing home care services.

SCOPE

This policy applies to the recruitment and hiring of all employees, including caregivers, administrative staff, and management personnel.

POLICY STATEMENT

[AGENCY NAME] employs individuals who are qualified, reliable, and committed to providing quality care. The agency follows fair and consistent hiring practices that comply with all applicable employment laws and licensing requirements.

PROCEDURES

1. Minimum Qualifications for Caregivers:

- Minimum 18 years of age
- High school diploma or equivalent (preferred)
- Legal authorization to work in the United States
- Valid driver's license and reliable transportation (if applicable)
- Ability to pass background check
- Physical ability to perform job duties
- Clear TB test or chest x-ray

2. Application Process:

1. Candidate completes employment application
2. Application reviewed for minimum qualifications

3. Initial phone screening conducted
4. In-person interview scheduled for qualified candidates
5. Reference checks completed (minimum 2 professional references)
6. Background check initiated
7. Skills assessment/competency evaluation
8. Conditional job offer extended pending background check

3. Interview Process:

- Standardized interview questions used for consistency
- Scenario-based questions to assess problem-solving
- Verification of certifications and experience
- Assessment of communication skills and demeanor
- Documentation of interview on Interview Evaluation Form

4. Pre-Employment Requirements:

- Completed application with all required information
- Signed consent for background check
- Verification of identity and work authorization (I-9)
- Copies of certifications, licenses, or training certificates
- TB test results
- Signed acknowledgment of job description

RESPONSIBLE PARTIES

- **Administrator/HR:** Overseeing recruitment and hiring process
- **Hiring Manager:** Conducting interviews and making hiring decisions
- **Office Manager:** Processing applications and maintaining files

EFFECTIVE DATE
[DATE]

REVIEW FREQUENCY
Annually

APPROVED BY
[ADMINISTRATOR]

Background Checks

PURPOSE

To establish procedures for conducting comprehensive background checks on all prospective employees to protect clients, ensure regulatory compliance, and maintain agency integrity.

SCOPE

This policy applies to all prospective employees, contractors, and volunteers who will have direct contact with clients or access to client information.

POLICY STATEMENT

[AGENCY NAME] conducts thorough background checks on all individuals prior to employment to ensure client safety and comply with state licensing requirements. No individual may provide services to clients until background check results have been reviewed and approved.

PROCEDURES

1. Required Background Checks:

- Criminal history check (state and federal)
- Sex offender registry check
- Adult abuse registry check (if applicable in state)
- Office of Inspector General (OIG) exclusion list
- Social Security Number verification
- Employment verification
- Fingerprint-based FBI check (if required by state)

2. Process:

1. Candidate signs Background Check Consent Form
2. Agency submits request to approved background check vendor
3. Results received and reviewed by authorized personnel
4. Any concerning findings investigated further
5. Hiring decision made based on findings and job requirements
6. Candidate notified of decision

3. Disqualifying Offenses:

- Convictions for abuse, neglect, or exploitation of vulnerable adults or children
- Violent felonies
- Sexual offenses
- Theft or financial crimes (evaluated based on recency and circumstances)
- Drug offenses (evaluated based on recency and circumstances)
- OIG or state exclusion list appearance

4. Adverse Action Process:

- Pre-adverse action notice provided with copy of report
- Candidate given opportunity to dispute inaccuracies
- Final decision made after review period
- Adverse action notice provided if not hired

5. Ongoing Monitoring:

- Annual re-check of OIG exclusion list for all employees
- Employees required to report any arrests or convictions
- Additional background checks as required by state regulations

RESPONSIBLE PARTIES

- **Administrator:** Final approval of hiring decisions based on background check results
- **HR/Office Manager:** Initiating and tracking background checks

- **Employees:** Reporting any arrests or convictions

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Training Requirements

PURPOSE

To establish comprehensive training requirements that ensure all staff possess the knowledge and skills necessary to provide safe, quality care and comply with regulatory requirements.

SCOPE

This policy applies to all employees providing direct care services and all staff with client contact or access to protected health information.

POLICY STATEMENT

[AGENCY NAME] provides thorough initial orientation and ongoing training to all staff members. Training ensures competency in job responsibilities, understanding of agency policies, and compliance with all applicable regulations.

PROCEDURES

1. Initial Orientation (Before Client Contact):

- Agency overview, mission, values, and organizational structure
- Review of all policies and procedures
- HIPAA and confidentiality training
- Abuse and neglect recognition and reporting
- Infection control and universal precautions
- Emergency procedures
- Documentation requirements
- Client rights and responsibilities
- Cultural competency and sensitivity

- Safety and body mechanics

2. Skills Competency Verification:

- Hands-on demonstration of care skills
- Observation during supervised client visits
- Competency checklist completion and sign-off
- Written assessment (if applicable)

3. Ongoing Training Requirements:

Training Topic	Frequency
HIPAA/Confidentiality	Annual
Abuse/Neglect Recognition	Annual
Infection Control	Annual
Emergency Procedures	Annual
Client Rights	Annual
Dementia Care (if serving this population)	Annual
CPR/First Aid (if required)	Per certification requirements

4. Training Documentation:

- Training logs maintained in personnel file
- Sign-in sheets for group training sessions
- Certificates of completion
- Competency checklists signed by trainer and employee

5. Additional Training:

- Client-specific training for specialized care needs
- Updated training when policies change

- Remedial training when deficiencies identified

RESPONSIBLE PARTIES

- **Administrator:** Ensuring training program meets requirements
- **Trainer/Supervisor:** Conducting training and verifying competency
- **Employees:** Completing required training and maintaining certifications

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Supervision Policy

PURPOSE

To establish standards for supervising caregivers to ensure quality care delivery, provide ongoing support and guidance, and identify opportunities for improvement.

SCOPE

This policy applies to all caregivers and home care aides providing direct client care services.

POLICY STATEMENT

[AGENCY NAME] provides regular, meaningful supervision to all caregivers to support quality care, professional development, and regulatory compliance. Supervision includes direct observation, communication, and documentation review.

PROCEDURES

1. Supervisory Structure:

- All caregivers assigned to a supervisor
- Supervisor-to-caregiver ratio allows for adequate oversight
- Supervisors have appropriate qualifications and experience
- Supervisors available for consultation during business hours

2. Types of Supervision:

- **On-Site Visits:** Direct observation of caregiver with client
- **Telephone Contact:** Regular check-ins with caregivers
- **Client Contact:** Calls to clients/families to assess satisfaction
- **Documentation Review:** Audit of care notes and records

3. Frequency Requirements:

Supervision Type	Frequency
New caregiver on-site visit	Within first 2 weeks of employment
New client on-site visit	Within first week of service
Routine on-site supervision	Every 90 days per caregiver (or per state requirement)
Client satisfaction contact	Monthly or as needed
Documentation review	Weekly

4. On-Site Visit Procedures:

- Schedule visit with client (may be unannounced for caregiver)
- Observe caregiver providing care
- Review documentation
- Speak with client and/or family
- Provide feedback to caregiver
- Complete Supervisory Visit Form

5. Documentation:

- All supervisory activities documented
- Supervisory forms maintained in personnel files
- Issues identified and corrective actions noted
- Follow-up on previous concerns documented

RESPONSIBLE PARTIES

- **Administrator:** Ensuring supervision program compliance
- **Supervisors:** Conducting supervisory activities and documentation
- **Caregivers:** Participating in supervision and implementing feedback

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

Performance Evaluation

PURPOSE

To establish a fair and consistent process for evaluating employee performance, providing feedback, and supporting professional development.

SCOPE

This policy applies to all employees of [AGENCY NAME].

POLICY STATEMENT

[AGENCY NAME] conducts regular performance evaluations to recognize achievements, identify areas for improvement, and support employee growth. Evaluations are conducted fairly and documented appropriately.

PROCEDURES

1. Evaluation Schedule:

- Introductory period review: 90 days after hire
- Annual performance evaluation: Yearly on anniversary date
- Additional evaluations as needed for performance concerns

2. Evaluation Criteria for Caregivers:

- Quality of care provided
- Reliability and attendance
- Documentation accuracy and timeliness
- Client and family feedback
- Communication with office staff
- Compliance with policies and procedures
- Professional conduct and appearance

- Teamwork and flexibility

3. Evaluation Process:

1. Supervisor gathers performance data (supervisory visits, client feedback, documentation review)
2. Supervisor completes Performance Evaluation Form
3. Evaluation meeting scheduled with employee
4. Discussion of performance, strengths, and areas for improvement
5. Goals established for upcoming period
6. Employee invited to provide comments
7. Both parties sign evaluation
8. Copy placed in personnel file

4. Performance Improvement:

- Employees not meeting expectations given clear feedback
- Performance Improvement Plan (PIP) developed if needed
- Additional training or support provided
- Follow-up evaluations to monitor progress

RESPONSIBLE PARTIES

- **Supervisors:** Conducting evaluations and providing feedback
- **Administrator:** Reviewing evaluations and approving compensation changes
- **Employees:** Participating in evaluation process

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Employee Conduct

PURPOSE

To establish standards of professional conduct expected of all employees and define behaviors that are unacceptable in the workplace or while providing client care.

SCOPE

This policy applies to all employees during work hours and whenever representing [AGENCY NAME].

POLICY STATEMENT

[AGENCY NAME] expects all employees to conduct themselves professionally, ethically, and in accordance with agency policies. Violations of conduct standards may result in disciplinary action up to and including termination.

PROCEDURES

1. Expected Professional Conduct:

- Treat all clients, families, and coworkers with respect and dignity
- Maintain professional boundaries with clients
- Arrive on time and work scheduled hours
- Dress appropriately and maintain good hygiene
- Follow all agency policies and procedures
- Maintain confidentiality of client information
- Report concerns or issues promptly
- Refuse gifts of significant value from clients

2. Prohibited Conduct (Examples):

- Abuse, neglect, or exploitation of clients

- Theft or misappropriation of client or agency property
- Working under the influence of drugs or alcohol
- Falsification of documentation or records
- Harassment or discrimination
- Violation of client confidentiality
- Abandoning a client
- Insubordination or refusal to follow instructions
- Using client's phone, computer, or property without permission
- Soliciting tips or loans from clients
- Bringing unauthorized persons to client's home

3. Progressive Discipline:

1. Verbal warning (documented)
2. Written warning
3. Final written warning/suspension
4. Termination

Note: Serious violations may result in immediate termination without progressive steps.

4. Grounds for Immediate Termination:

- Any form of client abuse, neglect, or exploitation
- Theft
- Working under the influence
- Gross misconduct
- Violence or threats
- Serious confidentiality breach

RESPONSIBLE PARTIES

- **All Employees:** Adhering to conduct standards
- **Supervisors:** Monitoring conduct and addressing violations

- **Administrator:** Final authority on disciplinary decisions

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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CLINICAL/CLIENT CARE POLICIES

03

Policies governing client intake, care planning, medication management, infection control, discharge, and the protection of client rights.

Intake & Admission

PURPOSE

To establish a standardized process for receiving, evaluating, and admitting new clients to ensure appropriate services can be provided and all required documentation is completed.

SCOPE

This policy applies to all new client referrals and admissions to [AGENCY NAME].

POLICY STATEMENT

[AGENCY NAME] accepts clients whose care needs can be safely and appropriately met by the services we provide. The intake process ensures a thorough assessment of needs, clear communication of services, and completion of all required documentation.

PROCEDURES

1. Initial Inquiry:

- Receive inquiry via phone, website, or referral
- Gather basic information (name, contact, reason for services)
- Provide overview of services and answer questions
- If appropriate, schedule in-home assessment
- Document inquiry in intake log

2. Admission Criteria:

- Client resides within agency service area
- Client's needs are within agency scope of services
- Safe environment for caregiver to provide services
- Client/responsible party willing to participate in care
- Payment source established (private pay, insurance, etc.)

3. In-Home Assessment:

- Conducted by trained agency representative
- Assessment of client's functional abilities and care needs
- Review of home environment and safety
- Discussion of services, schedule, and costs
- Completion of required assessment forms

4. Required Admission Documentation:

- Client Information Form (demographics, emergency contacts)
- Initial Assessment/Service Plan
- Service Agreement/Contract
- Client Rights and Responsibilities (signed)
- HIPAA Notice of Privacy Practices (signed acknowledgment)
- Consent for Services
- Emergency Information Sheet
- Physician information (if applicable)
- Payment information/authorization

5. Care Plan Development:

- Care plan developed based on assessment
- Specific tasks and schedule outlined
- Client/family input incorporated
- Care plan reviewed with client and signed

6. Service Initiation:

- Appropriate caregiver selected and matched
- Caregiver oriented to client's care plan
- Introduction visit scheduled
- Follow-up contact within 48 hours of first visit

RESPONSIBLE PARTIES

- **Intake Coordinator:** Processing inquiries and scheduling assessments
- **Assessor:** Conducting in-home assessments
- **Care Coordinator:** Developing care plans and matching caregivers
- **Administrator:** Approving admissions and contracts

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Care Plan Development

PURPOSE

To establish procedures for developing individualized care plans that address each client's unique needs, preferences, and goals.

SCOPE

This policy applies to all clients receiving services from [AGENCY NAME].

POLICY STATEMENT

Every client receives an individualized care plan that reflects their assessed needs and personal preferences. Care plans are developed collaboratively with the client and/or their representative and are updated as needs change.

PROCEDURES

1. Care Plan Components:

- Client information and emergency contacts
- Physician information
- Medical conditions and relevant diagnoses
- Allergies and dietary restrictions
- Medications (for reminder/awareness purposes)
- Specific tasks to be performed by caregiver
- Schedule of services (days, times, hours)
- Client preferences and routines
- Safety considerations
- Goals of care

2. Development Process:

1. Review assessment findings
2. Identify client needs and goals
3. Determine appropriate services and tasks
4. Incorporate client/family preferences
5. Document care plan in standard format
6. Review care plan with client/responsible party
7. Obtain signatures
8. Provide copy to client

3. Care Plan Review and Updates:

- Routine review at minimum every 6 months (or per state requirement)
- Update when client condition changes
- Update when services change
- Update following hospitalization or significant health event
- Update at client/family request
- All updates documented with date and signature

4. Care Plan Distribution:

- Copy maintained in client file at agency
- Copy kept in client's home for caregiver reference
- Copy provided to client/responsible party
- All assigned caregivers oriented to care plan

RESPONSIBLE PARTIES

- **Care Coordinator:** Developing and updating care plans
- **Caregivers:** Following care plan and reporting changes
- **Client/Family:** Participating in care planning

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

Medication Management

PURPOSE

To establish guidelines for caregiver assistance with medications that ensures client safety while remaining within the scope of non-medical home care services.

SCOPE

This policy applies to all caregivers who assist clients with medication-related activities.

POLICY STATEMENT

[AGENCY NAME] caregivers may provide medication reminders and assistance within the limits defined by state regulations and our scope of practice. Caregivers do not administer medications but may provide cueing, reminders, and physical assistance as permitted.

PROCEDURES

1. Permitted Activities (varies by state):

- Reminding clients to take medications
- Reading medication labels to client
- Opening containers if client has physical limitations
- Handing pre-filled medication organizers to client
- Observing and documenting that client took medication
- Reporting concerns about medications to supervisor

2. Prohibited Activities:

- Administering medications (placing in client's mouth, injection, etc.)
- Determining dosage or timing
- Filling medication organizers from prescription bottles
- Crushing or altering medications

- Making decisions about whether client should take medication
- Administering PRN (as needed) medications

3. Documentation Requirements:

- Document medication reminders provided
- Note client's response (took medication, refused, etc.)
- Report any concerns or refusals to supervisor
- Maintain medication list in client record for reference

4. Safety Procedures:

- Verify client identity before assistance
- Check medication label matches client name
- Report any expired medications
- Report any observed side effects or adverse reactions
- Never provide medications that were not prescribed to client

5. Training Requirements:

- All caregivers trained on medication assistance policy
- Training on recognizing adverse reactions
- Clear understanding of scope of practice limits
- Annual refresher training

Important State Variation

Medication assistance regulations vary significantly by state. This policy should be customized to reflect your specific state's regulations regarding what non-medical caregivers may and may not do with medications.

RESPONSIBLE PARTIES

- **Caregivers:** Providing assistance within scope and documenting
- **Supervisor:** Training and monitoring compliance

- **Administrator:** Ensuring policy aligns with state regulations

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Infection Control

PURPOSE

To establish infection prevention and control practices that protect clients, caregivers, and the community from the spread of infectious diseases.

SCOPE

This policy applies to all employees and all care activities performed by [AGENCY NAME].

POLICY STATEMENT

[AGENCY NAME] is committed to preventing the transmission of infections through proper hygiene practices, use of personal protective equipment, and adherence to standard precautions. All staff are trained in infection control procedures.

PROCEDURES

1. Hand Hygiene:

- Wash hands or use hand sanitizer:
 - Upon arriving at client's home
 - Before and after providing personal care
 - After using the restroom
 - After handling soiled items
 - Before food preparation
 - After sneezing, coughing, or nose blowing
 - Before leaving client's home
- Use soap and water for at least 20 seconds
- Hand sanitizer (60%+ alcohol) acceptable when hands not visibly soiled

2. Personal Protective Equipment (PPE):

- Gloves worn when contact with blood or body fluids anticipated
- Gloves changed between tasks and between clients
- Masks, gowns, eye protection used as appropriate
- PPE removed properly and disposed of appropriately

3. Standard Precautions:

- Treat all blood and body fluids as potentially infectious
- Use appropriate barriers when exposure possible
- Proper disposal of contaminated materials
- Clean and disinfect surfaces appropriately
- Safe handling of soiled linens

4. When Caregiver is Ill:

- Do not work if experiencing fever, vomiting, diarrhea, or other acute illness
- Notify supervisor immediately
- Obtain medical clearance before returning to work if directed

5. When Client Has Infectious Disease:

- Follow specific precautions as directed
- Use appropriate PPE
- Report any concerns to supervisor
- Additional training provided as needed

6. Exposure Incidents:

- Report any exposure to blood or body fluids immediately
- Wash affected area thoroughly
- Complete incident report
- Follow post-exposure protocols

RESPONSIBLE PARTIES

- **All Caregivers:** Following infection control practices
- **Supervisor:** Ensuring compliance and providing supplies
- **Administrator:** Maintaining infection control program

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Discharge Planning

PURPOSE

To establish procedures for appropriately and safely discharging clients from services, ensuring continuity of care and proper documentation.

SCOPE

This policy applies to all client discharges, whether initiated by the client, family, agency, or due to other circumstances.

POLICY STATEMENT

[AGENCY NAME] ensures that all client discharges are handled professionally, with appropriate notice, and with consideration for ongoing care needs. Discharge planning begins at admission and continues throughout the care relationship.

PROCEDURES

1. Reasons for Discharge:

- Client goals achieved/services no longer needed
- Client moves out of service area
- Client admitted to hospital, nursing home, or other facility
- Client or family request discontinuation
- Non-payment of services
- Unsafe environment for staff
- Client's needs exceed agency's scope of services
- Death of client

2. Client-Initiated Discharge:

- Accept client's decision respectfully

- Attempt to understand reason and address concerns if possible
- Offer assistance with transition to other services
- Provide written notice of discharge date
- Complete discharge documentation

3. Agency-Initiated Discharge:

- Provide written notice (minimum 10 days unless safety concern)
- Explain reason for discharge
- Offer referrals to alternative providers
- Assist with transition planning
- Document efforts to resolve issues before discharge

4. Discharge Documentation:

- Discharge Summary completed including:
 - Date of discharge
 - Reason for discharge
 - Summary of services provided
 - Client's status at discharge
 - Referrals or recommendations made
- Final billing completed
- Client record closed and filed per retention policy

5. No-Show/Unable to Contact:

- Attempt to contact client/family multiple times
- Document all contact attempts
- Send certified letter after 3 unsuccessful contact attempts
- Discharge if no response within 10 days

6. Death of Client:

- Document circumstances and notification received
- Express condolences to family

- Complete discharge documentation
- Final billing to responsible party

RESPONSIBLE PARTIES

- **Care Coordinator:** Managing discharge process
- **Administrator:** Approving agency-initiated discharges
- **Billing:** Processing final invoices

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Client Rights

PURPOSE

To ensure that all clients are informed of and receive protection of their fundamental rights while receiving services from [AGENCY NAME].

SCOPE

This policy applies to all clients and their representatives, and all agency personnel.

POLICY STATEMENT

[AGENCY NAME] respects and protects the rights of all clients. Clients are provided with written information about their rights upon admission, and all staff are trained to uphold these rights in all interactions.

CLIENT RIGHTS

Every client has the right to:

1. **Dignity and Respect:** Be treated with consideration, respect, and dignity regardless of age, race, religion, gender, sexual orientation, disability, or economic status.
2. **Privacy and Confidentiality:** Have personal, financial, and medical information kept confidential and disclosed only with consent or as required by law.
3. **Information:** Receive complete and accurate information about services, costs, and personnel providing care.
4. **Participation:** Participate in planning care and making decisions about services.
5. **Refuse Services:** Refuse any service and be informed of the consequences of refusal.
6. **Voice Concerns:** Express grievances and complaints without fear of retaliation.
7. **Freedom from Abuse:** Be free from verbal, mental, sexual, and physical abuse, neglect, and exploitation.
8. **Personal Property:** Have personal property treated with respect.

- 9. **Choose Providers:** Be informed of and choose among available service providers.
- 10. **Continuity of Care:** Receive reasonable continuity of care and advance notice of service changes.
- 11. **Access Records:** Access or obtain copies of their service records.

PROCEDURES

- Client Rights document provided and explained at admission
- Client/representative signs acknowledgment of receipt
- Rights posted in agency office
- Staff trained on client rights during orientation
- Violations of rights investigated promptly

RESPONSIBLE PARTIES

- **All Staff:** Upholding and respecting client rights
- **Administrator:** Ensuring rights are communicated and protected

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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EMERGENCY POLICIES

Policies governing emergency preparedness, incident reporting, mandatory abuse and neglect reporting, and protocols for critical situations.

04

Emergency Preparedness

PURPOSE

To establish procedures for responding to emergencies affecting clients, staff, or agency operations, ensuring safety and continuity of care.

SCOPE

This policy applies to all employees and all emergency situations that may arise during the provision of services.

POLICY STATEMENT

[AGENCY NAME] maintains emergency preparedness plans to protect the safety of clients and staff and to ensure continuity of essential services during emergencies.

PROCEDURES

1. Medical Emergency at Client's Home:

1. Assess the situation - ensure your own safety
2. Call 911 immediately if life-threatening
3. Provide basic first aid within your training
4. Stay with client until help arrives
5. Notify agency supervisor as soon as possible
6. Have client information ready for emergency responders
7. Complete Incident Report

2. Fire:

- Alert client and assist with evacuation
- Call 911
- Do not re-enter building

- Notify agency supervisor

3. Natural Disasters (Earthquake, Severe Weather):

- Follow standard safety protocols (shelter, cover, etc.)
- Ensure client safety
- Contact agency when safe to do so
- Follow agency disaster communication plan

4. Power Outage:

- Assess client's safety needs (medical equipment, temperature)
- Notify supervisor
- Follow care plan for power outage situations
- Contact emergency services if medically necessary

5. Agency Emergency Contact Protocol:

- Primary: Call office main number
- After hours: Call emergency on-call number
- Supervisor will coordinate response and communication

6. Business Continuity:

- Priority client list maintained for essential services
- Emergency contact information for all clients current
- Backup staff identified for coverage
- Off-site backup of critical records

RESPONSIBLE PARTIES

- **All Caregivers:** Following emergency procedures, reporting incidents
- **On-Call Supervisor:** Coordinating emergency response
- **Administrator:** Maintaining emergency preparedness plan

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

Incident Reporting

PURPOSE

To establish procedures for identifying, reporting, documenting, and reviewing incidents to ensure appropriate response and prevent recurrence.

SCOPE

This policy applies to all incidents involving clients, staff, or agency operations.

POLICY STATEMENT

[AGENCY NAME] maintains a comprehensive incident reporting system to identify problems, ensure appropriate response, and implement improvements. All staff are required to report incidents promptly and accurately.

PROCEDURES

1. Reportable Incidents Include:

- Falls (with or without injury)
- Injuries to client or staff
- Medication errors or concerns
- Client elopement or missing client
- Allegations of abuse, neglect, or exploitation
- Theft or missing property
- Client emergency requiring 911
- Unexpected hospitalization
- Client death
- Complaints or grievances
- Motor vehicle accidents during work

- Any unusual occurrence

2. Immediate Response:

1. Ensure safety of all involved
2. Provide appropriate first aid or assistance
3. Call 911 if emergency services needed
4. Notify supervisor immediately (verbal report)

3. Written Incident Report:

- Complete Incident Report Form within 24 hours
- Document only facts - who, what, when, where
- Avoid opinions, conclusions, or blame
- Include names of witnesses
- Document actions taken
- Sign and date report

4. Incident Review:

- Supervisor reviews all incident reports
- Investigation conducted as appropriate
- Root cause identified when possible
- Corrective actions implemented
- Follow-up documented

5. Reporting to External Agencies:

- Abuse/neglect reported to Adult/Child Protective Services per policy
- Required reports to licensing agency per state regulations
- Reports to insurance carriers as required

6. Non-Retaliation:

No employee will face retaliation for reporting incidents in good faith. Failure to report incidents may result in disciplinary action.

RESPONSIBLE PARTIES

- **All Staff:** Identifying and reporting incidents
- **Supervisor:** Reviewing reports and coordinating response
- **Administrator:** Overseeing incident management system

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Abuse & Neglect Reporting

PURPOSE

To establish procedures for recognizing, reporting, and responding to suspected abuse, neglect, or exploitation of vulnerable adults and children.

SCOPE

This policy applies to all employees who may observe or suspect abuse, neglect, or exploitation of any client.

POLICY STATEMENT

[AGENCY NAME] has zero tolerance for abuse, neglect, or exploitation of clients. All employees are mandated reporters and are required by law and agency policy to report suspected abuse immediately. Failure to report is a violation of law and grounds for termination.

DEFINITIONS

Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting in physical harm, pain, or mental anguish.

Neglect: The failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness.

Exploitation: The illegal or improper use of a vulnerable adult's funds, property, or assets.

Self-Neglect: A vulnerable adult's inability to provide essential self-care.

PROCEDURES

1. Signs of Abuse/Neglect to Watch For:

- Unexplained bruises, burns, or injuries
- Poor hygiene or malnutrition

- Fearful or withdrawn behavior
- Unexplained changes in financial situation
- Caregiver preventing contact with others
- Conflicting explanations for injuries
- Unsafe or unsanitary living conditions

2. Immediate Response:

1. If client is in immediate danger, call 911
2. Ensure client's immediate safety
3. Document observations (facts only)
4. Report to supervisor immediately

3. Mandatory Reporting:

- Report to Adult Protective Services (APS) or Child Protective Services (CPS)
- Report must be made immediately or within 24 hours
- Both verbal and written reports required
- Reporter's identity is confidential

Reporting Hotlines (Update for Your State)

Adult Protective Services: [STATE APS HOTLINE]

Child Protective Services: [STATE CPS HOTLINE]

Law Enforcement: 911 (emergencies)

4. Internal Reporting:

- Notify Administrator immediately
- Complete Incident Report
- If allegation involves agency employee, employee removed from case pending investigation
- Cooperate fully with investigations

5. Documentation:

- Document exactly what was observed or reported
- Record client's statements using their words
- Document date, time, and persons notified
- Maintain confidentiality of report

6. Non-Retaliation:

Employees who make good-faith reports are protected from retaliation. Knowingly making false reports is prohibited.

RESPONSIBLE PARTIES

- **All Employees:** Recognizing and reporting suspected abuse/neglect
- **Administrator:** Ensuring proper reporting and cooperation with investigations

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

Missing Client Protocol

PURPOSE

To establish procedures for responding when a client is missing or cannot be located at the scheduled service time.

SCOPE

This policy applies to all situations where a caregiver cannot locate a client or gains access to a client's home and finds the client absent.

POLICY STATEMENT

[AGENCY NAME] takes client safety seriously and has established protocols for responding promptly when a client cannot be located. Quick action may be essential to prevent harm.

PROCEDURES

1. Unable to Gain Entry:

1. Knock/ring doorbell multiple times
2. Try to look through windows for signs of client
3. Call client's phone number
4. Contact agency office immediately
5. Office will attempt to reach emergency contacts
6. If no response and concern for safety, call 911 for welfare check

2. Client Not Home When Expected:

1. Check care plan for scheduled appointments
2. Call client's cell phone if available
3. Contact agency office
4. Wait at location if safe and appropriate (per supervisor direction)

5. Document situation

3. Client with Dementia Missing:

1. Search home and immediate surroundings
2. Call 911 immediately - time is critical
3. Notify agency office
4. Provide description and recent photo to authorities
5. Notify emergency contacts
6. Stay available for search coordination

4. Documentation:

- Document exact timeline of events
- Record all persons contacted
- Complete Incident Report

RESPONSIBLE PARTIES

- **Caregiver:** Following protocol and reporting immediately
- **Office Staff:** Coordinating contact attempts and emergency response
- **Administrator:** Oversight of missing client situations

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

COMPLIANCE POLICIES

Policies governing HIPAA privacy and security, grievance procedures, non-discrimination, and corporate compliance to ensure regulatory adherence.

05

HIPAA Privacy Policy

PURPOSE

To establish procedures for protecting the privacy and security of client protected health information (PHI) in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

SCOPE

This policy applies to all employees, contractors, and business associates who have access to client information.

POLICY STATEMENT

[AGENCY NAME] protects the privacy and security of all client health information. PHI is used and disclosed only for authorized purposes, and all staff are trained on HIPAA requirements. Violations of this policy may result in disciplinary action and legal consequences.

DEFINITIONS

Protected Health Information (PHI): Any individually identifiable health information including name, address, date of birth, Social Security number, medical conditions, and treatment information.

Minimum Necessary: Using or disclosing only the minimum amount of PHI needed to accomplish the intended purpose.

PROCEDURES

1. Permitted Uses and Disclosures:

- Treatment - Providing or coordinating care
- Payment - Billing and collecting for services
- Healthcare Operations - Quality assurance, training, audits

- As required by law
- With client's written authorization

2. Safeguarding PHI:

- Keep records in secure, locked locations
- Use passwords on electronic devices and systems
- Do not discuss client information in public areas
- Do not leave records visible or unattended
- Verify identity before releasing information
- Shred documents containing PHI before disposal
- Log off computers when not in use

3. Client Rights Under HIPAA:

- Right to receive Notice of Privacy Practices
- Right to access their records
- Right to request amendments to records
- Right to accounting of disclosures
- Right to request restrictions on uses/disclosures
- Right to confidential communications
- Right to file complaints

4. Notice of Privacy Practices:

- Provided to all clients at intake
- Acknowledgment of receipt signed
- Available upon request
- Posted in agency office

5. Breach Notification:

- Any suspected breach reported to Privacy Officer immediately
- Investigation conducted
- Affected individuals notified as required

- HHS notified if required by breach size

6. Business Associates:

- Business Associate Agreements required with all vendors who access PHI
- Agreements maintained on file

RESPONSIBLE PARTIES

- **Privacy Officer (Administrator):** Overall HIPAA compliance
- **All Staff:** Protecting PHI in all activities

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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Grievance Procedure

PURPOSE

To establish a fair and accessible process for clients and their representatives to express concerns, complaints, or grievances about services received.

SCOPE

This policy applies to all complaints and grievances received from clients, family members, or their representatives.

POLICY STATEMENT

[AGENCY NAME] welcomes feedback and takes all complaints seriously. Clients have the right to voice concerns without fear of retaliation. All grievances are investigated and resolved in a timely manner.

PROCEDURES

1. How to File a Grievance:

- Verbal complaint to any staff member
- Written complaint submitted to office
- Phone call to agency
- Email to agency
- Grievance form (available upon request)

2. Grievance Process:

1. **Receipt:** Grievance received and logged within 24 hours
2. **Acknowledgment:** Client contacted within 2 business days to acknowledge receipt
3. **Investigation:** Complaint investigated thoroughly
4. **Resolution:** Written response provided within 14 days

5. **Appeal:** Client may appeal to Administrator if not satisfied

3. Investigation Process:

- Gather information from all parties involved
- Review relevant documentation
- Identify root cause
- Determine appropriate resolution
- Implement corrective actions

4. Documentation:

- All grievances documented on Grievance Log
- Investigation notes maintained
- Resolution and outcome documented
- Grievance file maintained separately from client record

5. Non-Retaliation:

No client will experience reduced services, discharge, or any negative consequence for filing a grievance in good faith.

6. External Complaints:

Clients have the right to file complaints with external agencies:

- State Licensing Agency: [STATE AGENCY CONTACT]
- State Ombudsman: [OMBUDSMAN CONTACT]

7. Quality Improvement:

- Grievances reviewed for patterns and trends
- Systemic issues addressed through policy or procedure changes
- Staff training adjusted as needed

RESPONSIBLE PARTIES

- **All Staff:** Receiving and forwarding complaints
- **Administrator:** Investigating and resolving grievances

EFFECTIVE DATE

[DATE]

REVIEW FREQUENCY

Annually

APPROVED BY

[ADMINISTRATOR]

Non-Discrimination Policy

PURPOSE

To establish [AGENCY NAME]'s commitment to providing services and employment opportunities without discrimination.

SCOPE

This policy applies to all aspects of agency operations including client services, employment, and business relationships.

POLICY STATEMENT

[AGENCY NAME] does not discriminate against any person on the basis of race, color, national origin, ancestry, religion, sex, gender identity, sexual orientation, age, disability, marital status, veteran status, or any other characteristic protected by law. This applies to:

- Client admission and services
- Employment and personnel decisions
- Vendor and contractor relationships

PROCEDURES

1. Client Services:

- Services provided equally to all qualified clients
- Reasonable accommodations made for disabilities
- Language assistance provided when possible
- Cultural preferences respected

2. Employment:

- Hiring based on qualifications and ability to perform job
- Equal opportunity for training and advancement

- Reasonable accommodations for qualified individuals with disabilities
- Harassment prohibited and addressed promptly

3. Complaint Process:

- Discrimination complaints investigated promptly
- Retaliation for reporting prohibited
- Violations subject to disciplinary action

4. Training:

- All staff trained on non-discrimination policy
- Cultural competency training provided
- Annual refresher training

RESPONSIBLE PARTIES

- **Administrator:** Ensuring compliance with non-discrimination requirements
- **All Staff:** Treating all persons without discrimination

<p>EFFECTIVE DATE [DATE]</p>	<p>REVIEW FREQUENCY Annually</p>	<p>APPROVED BY [ADMINISTRATOR]</p>
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Corporate Compliance Program

PURPOSE

To establish a compliance program that promotes ethical conduct, prevents fraud, and ensures adherence to all applicable laws and regulations.

SCOPE

This policy applies to all employees, contractors, and agents of [AGENCY NAME].

POLICY STATEMENT

[AGENCY NAME] is committed to conducting business ethically and in compliance with all applicable federal, state, and local laws. The agency maintains a compliance program to prevent, detect, and correct violations.

PROCEDURES

1. Compliance Program Elements:

- Written standards of conduct and compliance policies
- Designated Compliance Officer (Administrator)
- Training and education on compliance
- Communication lines for reporting concerns
- Auditing and monitoring systems
- Consistent enforcement and discipline
- Response to detected problems and corrective action

2. Standards of Conduct:

- Act honestly and with integrity
- Follow all laws, regulations, and agency policies
- Report compliance concerns promptly

- Cooperate with audits and investigations
- Maintain accurate records and documentation
- Avoid conflicts of interest
- Protect confidential information

3. Prohibited Conduct:

- Fraud or false claims
- Falsification of records
- Kickbacks or improper payments
- Billing for services not rendered
- Upcoding or misrepresentation
- Violation of privacy laws

4. Reporting Compliance Concerns:

- Report to immediate supervisor
- Report to Compliance Officer
- Anonymous reporting available
- No retaliation for good-faith reports

5. Consequences of Non-Compliance:

- Disciplinary action up to termination
- Reporting to licensing agencies as required
- Potential legal consequences

RESPONSIBLE PARTIES

- **Compliance Officer:** Overseeing compliance program
- **All Staff:** Following compliance standards and reporting concerns

EFFECTIVE DATE [DATE]	REVIEW FREQUENCY Annually	APPROVED BY [ADMINISTRATOR]
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APPENDICES

Sample forms, templates, and acknowledgment documents to support policy implementation.

A

Appendix A: Sample Forms

The following sample forms are provided as templates to support your agency's operations. Customize these forms to meet your specific needs and state requirements.

Form A-1: Incident Report Form

INCIDENT REPORT

Date of Report: _____ **Time:** _____

Date of Incident: _____ **Time:** _____

Client Name: _____

Location of Incident: _____

Type of Incident:

Fall Injury Medication Issue Emergency/911 Called

Allegation of Abuse/Neglect Missing Client Property Damage

Other: _____

Description of Incident (what happened, who was involved):

Actions Taken:

Persons Notified:

Supervisor: _____ Time: _____

Family/Emergency Contact: _____ Time: _____

911/EMS: Time: _____

Other: _____

Witnesses: _____

Staff Signature

Date

Supervisor Review:

Follow-up Actions Required:

Supervisor Signature

Date Reviewed

Form A-2: Supervisory Visit Form

SUPERVISORY VISIT DOCUMENTATION

Date of Visit: _____ **Time:** _____

Client Name: _____

Caregiver Name: _____

Type of Visit: Scheduled Unannounced

Persons Present: _____

Area Evaluated	Satisfactory	Needs Improvement	Comments
Following care plan	<input type="checkbox"/>	<input type="checkbox"/>	
Professional appearance	<input type="checkbox"/>	<input type="checkbox"/>	
Communication with client	<input type="checkbox"/>	<input type="checkbox"/>	
Infection control practices	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation accuracy	<input type="checkbox"/>	<input type="checkbox"/>	
Time and attendance	<input type="checkbox"/>	<input type="checkbox"/>	

Client Feedback:

Satisfied with services? Yes No

Comments: _____

Supervisor Observations:

Action Items/Follow-up Needed:

Supervisor Signature

Date

Form A-3: Grievance Form

CLIENT GRIEVANCE FORM

Date: _____

Client Name: _____

Person Filing Complaint (if different): _____

Relationship to Client: _____

Contact Phone: _____

Best Time to Call: _____

Date(s) of Concern: _____

Description of Complaint/Concern:

What resolution would you like to see?

Have you discussed this with anyone at the agency?

Yes - Who: _____ When: _____

No

Signature

Date

For Office Use Only

Received by: _____ Date: _____

Grievance #: _____

Appendix B: Policy Manual Acknowledgment

EMPLOYEE ACKNOWLEDGMENT

Policies and Procedures Manual

I, _____ (print name), acknowledge that I have received a copy of or have been given access to the [AGENCY NAME] Policies and Procedures Manual.

I understand that:

1. It is my responsibility to read and understand the policies contained in this manual.
2. I may ask my supervisor or the Administrator for clarification of any policy I do not understand.
3. Compliance with the policies in this manual is a condition of my employment.
4. Violation of policies may result in disciplinary action, up to and including termination.
5. The agency reserves the right to modify, revoke, suspend, or change policies at any time, with or without notice.
6. This manual is not a contract of employment, and my employment remains at-will (where applicable by state law).
7. I am responsible for keeping current with policy updates that are communicated to me.

I have also received training on the following key policies:

- HIPAA Privacy and Confidentiality
- Abuse and Neglect Reporting
- Infection Control
- Emergency Procedures
- Client Rights
- Documentation Requirements

Employee Conduct Standards

Employee Signature

Date

Employee Printed Name

Position/Title

Witness/Supervisor Signature

Date

This acknowledgment will be placed in the employee's personnel file.



Home Care Agency Blueprint

Building Successful Home Care Businesses

Thank you for using the Home Care Agency Blueprint Policies & Procedures Manual. This comprehensive guide provides the foundation for operating a compliant and professional home care agency.

For additional resources, training materials, and support:

www.homecareagencyblueprint.com

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