



**APPLIED  
HOME CARE**  
CARING IS OUR COMMITMENT

Policies and Procedures

Owned By Applied Home Care, INC.

# Applied Home Care

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## Introduction

This handbook has been developed to provide employees of Applied Home Care with an understanding of the values and expectations that will contribute to the success of our organization. This information is not all inclusive but will increase your awareness of the rights and responsibilities as a home care provider or an independent contractor.

As a representative of Applied Home Care, you are expected to observe and comply with the policies and procedures. It is up to all of you to contribute to and maintain our organization's development and quality of service so that we may better service our clients' needs.

This handbook is divided into sections:

### Introduction

- Mission Statement
- Scope of Services
- Type of Clients Served
- New Hire- Orientation
- Policies and Procedures
- Job Descriptions
- Reported Client's Progression & Problems
- Handling Emergencies
- Rights and Responsibilities

The purpose of this handbook is to be utilized as a guide to the policy and procedure manual. The agency's Policy and Procedure Manual is to be considered the primary resource document with regard to questions about policies and procedures.

Applied Home Care reserves the right to modify in whole or part of its personnel policies. All employees will be informed and receive new pages for this handbook when it is revised.

*Dear Health Care Provider,*

*I would like to extend my sincere thanks to you for your interest in becoming a part of a quality driven home care agency. Applied Home Care strives to staff homecare providers who are knowledgeable, compassionate, and willing to provide quality care to our clients.*

*Our mission is guided by a tradition of personal, clinical, and technological excellence. We are dedicated to resemble to clients the highest quality of patient care with compassion, efficiency, and respect for each other.*

*We are licensed through the State of Georgia and providers of Medicaid and Aetna insurance companies. We comply with all their policies and procedures to ensure that our clients are receiving the highest quality of care.*

*I founded the agency 15 years ago by actually working as a private healthcare provider in which I established relationships with outside members of the healthcare field. In doing so, I became such an asset to healthcare that the demand for my services became overwhelming. As a result, I was then obligated to create a staff, form a business, and inherit a life long career in serving clients.*

*Behind this much needed service, I developed a large reputation of providing the highest quality care within the community. I established valued relationships with Hospice Nurses, Rabbis, Physicians, and many other people within the community in which I have serviced. I intend to continue that custom by hiring quality healthcare providers.*

*Again, thank you for your interest in working on staff with Applied Home Care.*

*Sincerely,*

*Cheryl C. Rogers*

*Cheryl C. Rogers, Administrator*

## **Scope of Services**

Applied Home Care (AHC) encompasses a diverse industry that provides a provision of personal care, companionship, home management and nursing services. Services includes skilled nursing, personal assistance, stand by assistance, supervision or care for persons with inability to perform but not limited to basic Activities of Daily Living, meal preparation/eating, dressing, bathing, toileting, transferring in/out of bed/chair or walking and Instrumental Activities of Daily Living such as light house-keeping and shopping/errands.

The Personal Support Services (PSS) providers are licensed as Private Home Care Providers and are enrolled in CCSP to provide a range of supportive services in the member's home setting. Personal Support Aides (PSA) provide personal care services, Companions sitter services provides companionship, which includes the services such as meal prep, light housekeeping, shopping/errands, etc) and a Registered Nurse (RN) or Licensed practical nurse (LPN), under the supervision of the RN, provides medical supervision of the Personal Support Aides and medication monitoring. The PSS RN supervisor provides administrative and performance supervision of all care in services.

The Patient Care Aide is assigned to a client to perform the duties that are required for that particular client in relation with the job description and care plan provided by the care coordinator and or in conjunction with AHH's RN. The services are rendered 7 days a week and anytime within a 24-hour day period, according to the care plan. Services include weekends and all holidays.

Services are rendered in member/client's private residence such as home, assisted living facility, hospital, group home, etc.

## Scope of Services for Skilled Nursing

Skilled Nursing services are rendered in accordance with the provisions of the Georgia Registered Practice Act, O.C.G.A. 43-26-1 and Georgia Practical Nurse Act, O.C. G. A. 4326-30, when ordered by a physician in a plan of care. All services rendered to the member or client requires certification by a physician. For CCSP members the certification is on the CCSP Level of Care and Placement Instrument.

*Physician orders/certification is specific for procedures performed and are time limited.*

\*Services are rendered to those recipients who meet all requirements for Medicaid Home Health Skilled Services. Private pay clients also require a physician order for skilled nursing.

Skilled nursing services necessary to meet the medical needs of the member/client may be provided in the most appropriate setting, to include the member/client's **home. SNS can be provided to member/client in his/her home NOT in Day Care Center or Day Treatment Facility.** If Applied Home Care is unable to provide service to member, the member will be referred to a private home care provider licensed to provide skilled nursing services. Skilled nursing services may be rendered in type and frequency as determined by the CCSP care coordinator on the comprehensive care plan as ordered by the physician, or by the client/client representative. Skilled nursing services are indicated when necessary for treatment of an illness or injury and are performed by a registered nurse, or in certain cases, a licensed practical nurse in accordance with the plan of care and applicable professional licensing statues and associated rules.

### Guidelines for Skilled Nursing Services

- ✚ Licensed private home care providers who are enrolled CCSP providers will receive referrals to render skilled nursing services to CCSP members from the CCSP care coordinator
- ✚ The care coordinator will determine the specific service and frequency for skilled nursing services ordered by the physician.
- ✚ The care coordinator sends the standard admission packet to the Applied Home Care upon acceptance of the CCSP member.
- ✚ Applied Home Care sends a Community Care Notification Form (CCNF) to notify the CCSP care coordinator of the date services began. The care coordinator then generates a Service Authorization Form (SAF) to authorize the services. Any changes made in member's care plan must be communicated by the CCNF instrument to the care coordinator along with approval.
- ✚ During the course of the member receiving Medicaid Skilled Nursing Services under the waiver program, Applied Home Care reports to the CCSP care coordinator, all significant changes in the member's condition. Interim physician orders that increase frequency of services must have prior approval of the CCSP care coordinator.
- ✚ Applied Home Care must update the member's plan of care for skilled nursing services at least every 62 days or every two months or more often if the member/client's condition changes.

## New Hire Orientation

### I. POLICY

It is mandatory that all new employees attend the new hire orientation program during time of interview and completion of application.

### II. PROCEDURE

- A. Upon coming in for an interview, the potential employee will be notified that application completion will include orientation and a review of all policies and procedures. At the time of hire, the new employee will be notified by the Administrator if there is additional orientation or training needed prior to being scheduled for an assignment.
- B. If applicant cannot attend new-hire orientation at time of interview, the Administrator will re-schedule a separate interview prior to any employment decisions.

### **Administrative Assistant –**

- 1. Must maintain high performance will be evaluated periodically/quarterly. \_\_\_\_\_**
- 2. Must maintain professionalism and efficiency. \_\_\_\_\_**
- 3. If late 3 times, will receive a written reprimand, after 3<sup>rd</sup> time, a warning will be issued. If tardiness persist, could lead to termination. \_\_\_\_\_**

## Supervision of Care and Services

The supervision of care and services are performed by Applied Home Care's RN Supervisor. RN supervision is the provision of medical oversight to ensure that the provider serves the member/client effectively and safely in the community.

Medical oversight includes assessing and monitoring the member/client condition and implementation/arranging interventions to prevent or delay unnecessary and more costly institutional placement. A RN must supervise all CCSP services and Medically Frail clients.

The RN may assign certain tasks to unlicensed assistive personnel by utilizing the "RN Assignment Decision Tree," generated by the Georgia Board of Nursing, to assist with making appropriate decisions regarding whether to assign a task to an unlicensed person. The RN Assignment Decision Tree assist the RN to evaluate client care tasks on an individual client basis assign only those tasks that can be safely performed by trained unlicensed assistive personnel. (Appendix C)

RN Supervisor functions include:

- a) Meeting with member/representative and/or caregiver in the member's home at **Initial Assessment** conducted by the RN to determine whether or not if the client is MF/MC. At least every 2 months the RN supervisor will assess and evaluate the member's needs, current status, environment, and conduct a face-to-face supervisory visit to cover every period of service provided. It will be conducted more often if indicated by member's condition with the member whose health status and situation involve complex observations
- b) **Conducting an in-home supervisory visit at least once per year to observe and monitor the in-home performance of the personal support aides who provide care to the members whose health status and situation involve complex observations( member must be present)**
- c) Completing timely, pertinent supervisory notes that include the documentation required.
- d) **REMEMBER TO REPLENISH THE FORM IN CLIENT'S HOME FOR THE CAREGIVERS. Sign-In Forms, Progress Notes, Incident Reports, Bowell and Bladder Forms, Shopping Receipts, and Weekly Reports.**

## Overall

The RN supervisor must document, sign and date supervisory visits/notes/contacts and label them as such. Names and titles must be legible. **Staff may use initials if their signatures are file at the provider agency.** The supervisory RN signature must be an original, not a rubber stamp.

EXCEPTION: An electronic signature and computer-generated signature, requiring the supervisory RN's access codes to generate, are permitted.



## **Supervisory Visit Instructions and Policy**

Supervisory visits are conducted to ensure the patients are satisfied with the services provided by the caregivers. Also to ensure the caregivers are providing services according to the Rules and Regulations of the State of Georgia.

**List of what is to be supervised:**

- The binder needs to be visible in the home
- Ensure the Client Emergency form is visible for caregiver in the binder
- Ensure the Client Care Plans, Home Care Service Plan, Care Plan and Medication.
- Make sure the Supervisory Visit form is under Supervisory tab or Care Plan tab
- The location of the Home Care Service Plan, the Care Plan, and Med sheet is under the Care Plan tab
- Ensure the caregivers are signing the Sign In/Out sheet
- Replenish progress notes w/ lined paper or loose-leaf paper
- Ensure caregiver is writing progress notes with signature and dates. Also, read during each supervisory visit as well
- Ensure Bowel and Bladder forms, Blood Pressure forms and Glucose forms (if applicable) are replenished.
- Ensure Sign In/Out Form, Incident Reports, Weight Record, and Home Shopping Receipt forms are replenished
- Cover of binder should be neat, clear, legible and intact.

A visit to the AHC office may be necessary to obtain all of the forms needed to replenish the home binders.

We also require a verbal or written report to be given to our office personnel containing the findings of each Supervisory Visit i.e. caregiver not signing in, no binder visible in home, if no forms are in the binder, if caregiver is not signing in or writing progress notes, and/or if client is not satisfied with our services, or if the environment is unclean or unsafe.

Cheryl Rogers-Smith, CEO

READ, SIGN AND  
RETURN \_\_\_\_\_ DATE \_\_\_\_\_

## **Type of Clients Served**

Elderly clients form the core of home care.

Disabled patients including children will be served.

However, services are not limited to anyone in need of basic nurse aide assistance and companionship. Essentially, Applied Home Care will provide personal care and companionship to all clients wanting and needing care in the privacy of their residents.

Services would be provided to elderly and disabled clients who need more extensive care than they themselves, family members or friends can provide. Care can be provided in the client's permanent or temporary residence and is not limited to the private homes, hospitals, and assisted living facilities. The provider will assist clients who require one-hour home visits, and up to twenty-four hours of care and live-ins.

## Service Agreement

Applied Home Care and the Staff of Georgia require every client to complete a service agreement prior to service being rendered. The Staff allows services to be rendered 1 (one) time without having completed an Admission agreement. On the second service visit, an agreement must be completed.

### Procedure

Upon receiving a referral for a request of services from potential client or responsible party, the Administrator will set up an appointment to meet. If the potential client's need correspond with the services Applied Home Care offers, we will come up with a service agreement. The service agreement will establish a relationship or contract between the client and provider. The service agreement will contain the following:

- Date of referral - **The date that info was sent to agency.**
- Date of initial contact – **Date you contacted client**
- Descriptions of services as stated by client – **Verbatim**
- Descriptions of service to be provides, frequency, and duration – **Ask Client and explain that it is not guaranteed and Administrator would confirm time.**
- Charges for services
  - **Medicaid- PSSX (more than 3 hours) PSS (less than 3 hours)  
VA- Fee Schedule**
  - **Private pay will be determined prior to visit**
  - **Assessment- TBD \_However it's not applicable to VA and Medicaid- But a rate always has to be written.**
- Provider's telephone number
- ORS telephone number
- Acknowledgement of rights – Are the right inclusive for Private Home Care
- Authorization for access to funds – **Please have client initial**
- Authorization to use client's car - **Please have client initial**
- Date and Signature of Provider's Representative and Client/Client's Representative

The service agreement is comprised of a service package which encloses the necessary information to establish the Service Agreement amongst the client and provider. If the client agrees upon the term included in the agreement, the service agreement form will be completed and filed and services will begin.

All document received from client will be secured in files and confidential.

## **Maintenance and Security of Client/ Patient Records**

### **I. Policy**

- A. All employees of Applied Home Care shall not disclose or knowingly permit the disclosure of any information in a client record except to appropriate provider staff, the client, responsible party (if applicable), the client's physician or other health care providers, the department, other individual authorized by the client in writing or by subpoena.
- B. All clients are to be treated with consideration, respect, and dignity, including the provision of privacy during care. Applied Home Care will maintain confidentiality of your clinical records in accordance with legal requirements and to anticipate the organization will release information only with your authorization or as required by law.

### **II. Procedure**

To assure the maintenance and security of all client/patient records, the following will take place:

- The Administrator will supervise the maintenance of all records  
Records will be maintained in a locked file cabinet located at the office of Applied Home Care to assure protection.
- The Administrator has total custody of all records.
- The records may be released to the client/responsible party by request (if applicable), the client's physician, and other members of the health care field authorized by the client or by subpoena.
- Confidentiality will be enforced during all staff meetings.
- Records will be retained with full protection for a minimum of 5 years after services are discontinued (the last date of service).

## **Rights and Responsibilities**

### **I. Policy**

As a home care patient, each client has the right to be informed of their rights and responsibilities before the initiation of care/service. If /when a patient has been judged incompetent, the patient's responsible appointee or guardian may exercise rights.

### **II. Procedure**

Every client will be provided with a copy of their rights and responsibilities. The Administrator will review the document with client/responsible party and be open for any questions or concerns. After client understands the rights and responsibilities, the administrator will ask them to sign a receipt of acceptance of the statement of client rights and responsibilities.

In addition, every employee will be asked to review the Rights and Responsibilities Statement and sign a receipt of acceptance and understanding.

You may obtain a copy from our office...

## **Reporting Complaints (Client)**

### **Policy**

All complaints are reported to the Administrator/Supervisor in complete confidentiality. Complaints can be submitted without fear of discrimination or reprisal as Applied Home Care will take any effort to improve customer service. Complaints can be submitted 24 hours a day, 7 days a week @ 770-270-2221, Fax 770-270-2201 or via email [info@appliedhomecare.com](mailto:info@appliedhomecare.com) or [cheryl@appliedhomecare.com](mailto:cheryl@appliedhomecare.com) by the client or client representative.

### **Procedure**

The simple steps to take to submit a complaint is as follows:

1. Client contacts Administrator with complaint @ 770-270-2221
2. **Administrator will follow up within 2-4 hours if unavailable.**
3. Immediately after complaint is taken, necessary actions will begin to take place in efforts to resolve problem(s).  
For example: If client and caregiver's relationship become ill-assorted, the caregiver will be remove from assignment immediately (if necessary, or at the end of shift).
4. If problem is resolved, Administrator will do a Resolution follow-up visit to the client's residence for quality assurance

## **Reporting Complaints (Employee)**

### **I. Policy**

If you believe you have been subjected to any form of discrimination and/or harassment by any client, client's family member, or any other person in connection with Applied Home Care, you are encouraged to object to the inappropriate behavior. Report the problem immediately to your Supervisor. You should follow the complaint procedures.

### **II. Procedure**

If you wish to file a complaint, you should:

1. Report the problem immediately, in confidence to your Supervisor or Director @ 770270-2221
2. Your complaint should be specific and include details of the incident(s), name of individual involved, and name of any witnesses.
3. Employees are to report any incidents of any sort: discrimination, harassment, etc., so that complaints can be quickly and fairly resolved.

## Quality of Assurance

### I. Policy

- A. An employees will receive an emergency performance evaluation if a complaint has been filed against them. Frequent home visits by supervisor will be implemented as well.
- B. To assure that client's needs are met on a regular basis by checking that supplies and equipment are assessable for providing services. Also assure that caregivers and schedules are conducive to the client's needs.
- C. Assuring that client and caregiver matched are compatible to the best of our ability.
- D. In effort to assure that quality assurance is addressed, Applied Home Care has implemented a Quality Assurance Survey that randomly goes out to all clients.

### II. Procedure

- A. If an employee has a complaint against them; the complaint will be investigated and observed for a probationary period.
- B. Applied Home Care will assure that employees are placed in a safe environment and supplied with all the necessary equipment to provide the best possible care for the client.
- C. During assessments, Applied Home Care's Administrator will figure out the particular caregiver that may be a good match at that time.
- D. **There are frequent calls and visits conducted to clients from Administration.**

## **Personnel (Time Slips, Progress Notes & Payroll)**

### **I. Policy**

- A. All employees must sign in on the Client's Time Log Sheet located in client's information binder. Also, all employees must complete individual time slips issued to them by supervisor.
- B. All employees must complete a Home Care Aide Member Service Record and any additional information concerning client activity or condition on Progress Notes Form, located in client's folder.
- C. Payroll is every Monday. All employees have a 1-week hold on payroll checks.
- D. Weekly Progress Notes or Member Service Records must be handed in with Time Slips.
- E. If forms or time slips are incomplete, payroll will not be processed.
- F. Administrator Assistant must maintain excellent attendance.
- G. Admin Assistant must clock in daily, if failed to, will result in up to 1 hour docked in pay.
- H. Tsheets is the new clock in System. Consult our office for policy and procedures.

### **II. Procedure**

- A. Employees will sign in upon arrival and sign out at end of shift. Client or responsible party at client's residence should sign all time slips and time logs. Time logs will remain at client's residence and collected by supervisor. Admin Assistant must clock in and out in office using timeclock. **PLEASE ACKOWLEDE YOUR SHIFT AND CLOCK IN ON TIME AND CLOCK AND END OF YOUR SHIFT. YOU WILL ONLY BE PAID FOR YOUR SHIFT UNLESS ADDITIONAL TIME IN APPROVED.**
- B. All employees will document daily duties performed on Home Care Provider Report Form and mail a weekly copy to AHC @ 4500 Hugh Howell Rd, Suite 230 , Tucker, GA 30084. Progress notes will remain at client's residence to assure that all staff has a complete report on client's activities, progress, or problems.
- C. Payroll starts on Friday and ends on Thursday, Weekly Report Sheet should be in following the end of that pay period.
- D. Admin Assistant must maintain report throughout the day and use Daily Task check off sheet and have reviewed my Administrator.
- E. You must clock for every shift with Tsheets. If your schedule changes, you must consult office.

### **SUBMIT TIMESLIPS EVERY FRIDAY**

#### **Employee (No Show) Back-up**

##### **I. Policy**

- A. All employees must allow a 15 -minute grace period to be relieved from an assignment.
- B. Employees must not leave a patient in the event that relief does not show-up.
- C. Employees must not get the patient involved in this matter.
- D. After a 15-minute grace period, Employees must contact Supervisor.
- E. Any call in within 24 hour notice is considered a no-call -no show.



## **II. Procedure**

- A. Employees must allow a 15-minute grace period to take action on a No-Show.
- B. Employees must call Supervisor and follow instructions prior to leaving an assignment or leaving a patient alone. **DO NOT LEAVE CLIENT ALONE WITHOUT AUTHORIZATION BY SUPERVISOR.**
- c. The Supervisor obtains an on-call caregiver roster to call in the case of an emergency.

### **Reporting Client Progress and Problems to Supervisor**

To employees,

Progress notes are accessible in every client's home. All activities are to be documented in progress notes as frequent as every hour. This duty will give the Supervisor a clear picture of how client is working toward the goal of reaching his/her maximum potential ability. In addition, progression and deterioration of a client's condition is to be **VERBALLY** reported to Supervisor **WEEKLY**, upon requested and during Supervisory Visits.

In addition, problems that occur with client should be reported immediately. If you are working on a shift when problem occurs, assure that client is safe and report problems to Supervisor ASAP @ 770-270-2221

### **Handling Emergencies**

If an emergency occurs such as:

1. Patient condition drastically changes
2. Environment becomes unsafe
3. Client request a service outside of job description

Please call Supervisor immediately @ 770-270-2221

If an emergency occurs such as:

1. Client becoming unconscious: **CALL 911, THEN IMMEDIATELY CALL SUPERVISOR @ 770-270-2221** until reached.
2. If client is a **HOSPICE PATIENT**, call that specific Hospice organization first, then call supervisor (phone number is always located in patient's chart).

Overall, if there are any questions, concern, uncertainties, or incidents that affect the delivery of service in accordance with the client's service plan. Please do not hesitate to contact Cheryl Rogers, Administrator @ 770-270-2221 or Eleanor Wright-Demaeye

## **Job Description**

**Position:** Personal Care Provider

**Reports to:** Supervisor

**Activity:** Private Home Care.

**Job Description:** Applied Home Care is a private home care agency providing Personal Care and Companionship/Sitter services to clients wanting and needing care in their private residence. Providers work primarily with elderly or disabled clients who need more extensive care than family or friends can provide. The caregiver could assist clients with activities of daily living or personal care tasks. Services are rendered from 1 hour to 24 hours per day, depending on the client's request and need.

**Duties Performed:** A caregiver duties include but not limited to assisting client with personal care tasks, observation of client's physical, mental, emotional conditions and assisting in administering medication. The caregiver may be responsible for meal preparation/feeding, light house-keeping, shopping/errands, transportation, and vitals. Experienced caregivers may assist in walking assisted devices and other equipment to assist in care.

**Qualification:** Certified Nurse Assistants, or Patient Care Associate and State approved Home Health Aides. A provider must be dependable, honest, tactful, patient, intelligent, responsible, compassionate, emotional stable, cheerful, and understanding. In addition, the provider must be able to work as a team, have good communication skills, willing to perform repetitive routine tasks, supportive to those facing difficult situations and maintain patient confidentiality.

# Job Description

Receptionist

Hours:

Lunch: .50 hour if Full-Time

Non-Exempt

## General duties

### Daily duties

- Answer incoming calls, assist other staff and greet all visitors
- Sort and distribute mail to assigned mail tray
- Perform filing of all documents for patient and office related
  - Patience records must be placed in binder by month
  - Office mail must be filed in assigned file cabinet

### Accounting

- Accounts Receivable
  - Post payments in Accounting system and print report for Director
  - Follow-up with outstanding Receivables
  - Prepare deposit slip for Director. Ensure all checks are copied
  - Scan invoices with payment in assigned network folder
- Accounts Payable
  - Enter all bills in Sage 50
  - Print A/P Aging report for Director
  - Prepare for weekly check run (Friday)
- Download expenses from Bank (debit) and credit card company to Excel file for accountant
- Scan any credit card receipts to assigned network folder

### Weekly Duties

- Order and maintain office supplies for all departments and postage meter
- Schedule and document weekly meetings
- Update Directors calendar with scheduled meetings and Employee schedule

### Monthly duties

- Reconcile American Express account in Sage 50
- Reconcile Accounts Receivable in Sage 50

### Other duties upon request

- Organize office events to include all major events to include Christmas party, quarterly luncheons and company picnic.
- Organize employee training

## Preferred qualifications

Associates Degree in business or related experience in home healthcare industry

## Other preferred skills

Proficient in MS office

Sage 50

CRM (Outlook Group Calendar)

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Administrative Assistant**

### **Job Description Summary**

Based in Tucker, GA, Applied Home Care, Inc. is a home health care agency focused on providing personal and clinical care to patients. We have been servicing patients and families in the Atlanta area since 1999 with continuous high growth in patients and employees.

Applied Home Care, Inc. is a fast-paced environment and is seeking an Administrative Assistant to join our professional and friendly team. The candidate must be a self-starter with the ability to handle multiple projects with a high degree of accuracy.

### **Requirements**

- Answering phones and address employee and patient inquiries
- Perform general office duties to include sorting mail and daily filing
- Update, organize and manage patient files
- Perform monthly case scheduling and daily scheduling change orders
- Update and maintain all supplemental worksheets for Accountant
- Assist Director of Patient Services with other projects as needed

### **Qualifications**

- Associates degree Preferred
- 1-2 years administrative work experience
- Strong organizational and time management skills a must
- Must exercise flexibility as our processes are subject to change to meet our business needs
- Excellent written and verbal communication skills
- Proficient in MS Office and Sage 50 or equivalent

### **Compensation**

- Based on experience

The job description above is intended to describe the general duties of the role and subject to change as we are implementing new processes to introduce automation and technology as our business grows.

Applied Home Care, Inc. is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, sexual orientation, gender identity or any other characteristic protected by law.

## TIMESHEET POLICY

All employees are required to clock in and out of our time sheet tracking system TSHEETS.

Follow these steps:

**Step 1:** Click on link sent from Tsheets to download the APP.

**Step 2:** Log in using preassigned username and password.

Username: FirstL

Password: FirstL0202

Example: John Smith

Username: JohnS

Password: JohnS0202(case sensitive)

**Step 3:** Clock in when shift starts and clock out after. Answer the required questions.

Billable: Yes

Did you follow the care plan?:

YOU WILL NOT BE ABLE TO CLOCK OUT IF YOU DON'T ANSWER THE QUESTIONS.

- If you are emailing your timeslips-please do not include any objects.
- There should not be any background.
- Timeslips should be legible and in-tact.

***THIS IS A LEGAL DOCUMENT AND IT IS SURVEYED BY  
THE STATE OF GEORGIA.***

## **Medicaid Program (CCSP)**

### **Admission Criteria**

Applied Home Care/provider who admits a client into services must maintain written policies, procedures and criteria for accepting members referred by the CCSP's care coordinator/ Veterans Administration care coordinator or Private Pay Client's Rep.

The client must meet eligibility criteria for CCSP, which is based on the level of care (LOC). Eligibility includes elderly and/or functional impairment caused by physical limitations, unmet need for care, and approval of care by applicant/client's physician. Eligible persons are those who: have been determined Medicaid eligible or potentially Medicaid eligible, have been assessed appropriate for the CCS Program by the care coordinator, are certified for the level of care appropriate for placement in an intermediate care facility, and are in need of services which can be provided by the CCSP at less cost than the Medicaid cost of nursing facility care.

- ✓ When the patient has limitations, which make it difficult to perform normal daily living activities and live independently
- ✓ Qualify for the level of care provided by a nursing home
- ✓ Have health needs that can be met in the community with services offered by the program and w/I established individual cost guidelines. The individual cost is estimated based on projected care plan

Note: A member may not participate in more than one Medicaid waiver program at the same time.

ORS does not require a health or financial level to receive services outside of CCSP.

Admission can be granted as long as health and safety needs can be met by CCSP. The criteria for clients admitted to service may not discriminate or permit discrimination against any person or group of persons on the grounds of age, race, sex, color, religion, national origin, or handicap, in accordance with Title VI of the Civil Rights Act of 1973. CCSP must inform members of their right to execute advance directives for health care. Under the patient self-determination act, a provider may not discriminate against a member who has or who has not executed or advance directive.

## Discharged Criteria

Applied Home Care may discharge a client if the care coordinator or UR analyst recommends a reduction or termination of service(s). If the member chooses to appeal the adverse action decision, and request a continuation of service(s), he/she has 10 days after notice of termination to appeal. If the member does not appeal, discharge from services occurs in 10 days from the member's receipt of the adverse action notice.

Discharge occurs for the member when one of the following occurs:

- The care coordinator determines that the member is no longer appropriate or eligible for CCSP services
- DMA's Utilization Review (UR) staff recommends in writing that a member be discharged from services. (Appendix N) A letter is sent to the recipient with a copy to the Division of Aging Services, DHR Legal services Office and county Department of Family and Children Services. The letters notifies the recipient of DMA's intent to discontinue services. It specifies instructions on how the recipient can appeal. DFCS will assist the recipient if a hearing is requested.
- The enrolled member has not received CCSP services for 60 consecutive calendar day
- 
- A MAO member fails to pay cost share in accordance with the provider-member agreement.
- Member/Member's representative repeatedly refuses services.
- Physician orders member a discharge from CCSP
- Member enters a nursing facility. Applied Home Care must send discharge notice immediately upon the member's facility placement. ERS services may continue for up to 2 months or 62 days if member is expected to return home
- Member allows or exhibits illegal behavior in the home or there has been bodily harm threats inflicted by member or others living in the home to another person within the past 30 calendar days.
- Member/representative or care coordinator requests immediate termination of services.
- Member relocates outside of the planning service area to an area not served by the provider.
- Member expires
- Provider can no longer provide services ordered on the comprehensive care plan.

Applied Home Care must give client 30 days written notice of discharge (unless discharge is medical necessity and/or emergency). When a member is discharged from the program, Applied Home Care must deliver service through the effective date of discharge EXCEPT when any one of the following occurs:

In all discharges, Applied Home Care/ Provider Agency must: Send a written notice to the member/representative, legal guardian and the care coordinator 30 calendar days prior to actual discharge date. EXCEPTION: When UR or the care coordinator recommends discharge or the member expires.

- Include **the effective date of** discharge **and the reason for discharge.** □ Send the discharge CCNF to the care coordinator.
- Notify the member's physician

- Documentation of the reason for the discharge in the member's record.

Applied Home Care provider requires discharge notice from client (except if medical necessity and/or emergency) regarding discharge from services. The provider must than document in the member's record, the member's request for a change in provider or service.

## **Discharge Planning**

Applied Home Care and CCSP care coordinators must maintain a coordinated discharge plan to ensure that each member has a planned program of continuing care, which meets the member's post-discharge needs.

(The member's care plan must clearly reflect discharge-planning efforts).

The CCSP care coordinator develops the discharge plan during the initial assessment.

Thereafter, Applied Home Care's RN is responsible for coordinating the plan in consultation with the client/member, member's coordinator, the member's physician, other provider staff, other involved service agencies, and implementation other local resources available in conjunction to assist in the development and implementation of the individual member's discharge plan.

## **Accepting Clients Referred by Care Coordination**

Upon Admissions policies, procedures and criteria, Applied Home Care may not discriminate or permit discrimination against any person or group of persons on the grounds of age, race sex, color, religion, national origin, or handicap, in accordance with Title VI of the Civil Rights Act of 1964, as amended, and Section 504 of the Rehabilitation Act of 1973. ○ A physician on the Level of Care and placement Instrument will order initial medical services rendered to a member/client. (Appendix F)

The care coordinator RN determines the Level of Care for CCSP members during the assessment process, using the Level of Care and Placement Instrument.

Applied Home Care may render CCSP services only to members with a current level of care and a member must meet all CCSP eligibility criteria to participate in the program.

\*Individuals who participate in the CCSP are at risk for nursing facility placement and thus require timely evaluation and service delivery.

### **A. Contacting Applied Home Care upon referral from Medicaid's CCSP Care Coordination.**



Prior to sending referral packet, care coordinators will telephone Applied Home Care. After receipt of packet, Applied Home Care must contact the care coordinator within 24 hours if the provider can conduct a (re) face-to-face evaluation in the member's primary place of residence within two business days. If unavailable, care coordinator must be notified. If the member's need necessitate, evaluation may be requested w/I a shorter time frame.

#### **B. Face-to-Face Evaluation**

- Applied Home Care will conduct face-to-face evaluation within two business days of referral. In the event that the member is hospitalized, institutionalized, or the home environment is not conducive for evaluation purposes, Applied Home Care must evaluate the member in a mutually agreed upon time/setting. When evaluation is completed, services are to begin within two business, if probable.
- If services are provided in member's private residence, Applied Home Care must assess the home to conclude if it is an appropriate and safe environment for service delivery.
- Upon accepting member for service, Applied Home Care will gather any additional information necessary to complete the member's data file in accordance with Applied Home Care's requirements.

#### **C. Care Plan Changes**

If pertinent, Applied Home Care must contact the care coordinator to obtain prior approval of the desired changes in amount, duration, and scope of services in the comprehensive care plan.

#### **D. Notification of Establishing Services**

Within three (3) business days from evaluation date, Applied Home Care must send a Community Care Notification Form (CCNF) to care coordinator to advise the beginning date of services.

#### **E. Accepting the Referral and Initiating Services**

Services are required to begin w/I 48 hours of the face-to-face evaluation of the member or the next appropriate day as dictated by the frequency order unless explanatory circumstances delay start of services. Care coordinator must receive a CCNF documentation of reason(s) of any delay in starting services.

\*Care coordinators are required to follow up with providers who do not begin services w/I 48 hours of the face-to-face evaluation unless the stated reason for not starting services is justified as indicated above.

## **Cost Share (PMAO) Potential Medical Assistance Only**

1. The care coordinator must inform the member of the possible requirement to pay a portion of the cost of services (cost share). The care coordinator must also discuss the Medicaid eligibility process with the member/member's representative all during the assessment. 2. Member is responsible for the total cost of all services rendered by Applied Home Care/Provider if DFCS later determines that the member is ineligible for Medicaid, or if the member fails to proceed with Medicaid application. AHC is not required to wait until the end of the month before collecting cost share, but may collect cost share as service is provided until the provider has collected the entire cost.

**Provider will collect the entire cost of service from the member until DFCS establishes Medicaid eligibility.**

3. The client is provided with written policies describing cost share billing, collection, and refund policies and procedures.

### **Collection**

4. Once eligibility is established and actual cost is determined, Cost share will be billed to member at least monthly and payment is due within 30 days after date of statement. Cost Share may be collected prior to services rendered.

### **Refunds**

5. If client overpays cost share, a refund will be processed within 30 calendar days of receipt of SAF(s) showing the actual cost share or the client will be given the choice to apply the overpayment to the next bill.

### **Payment for underestimated cost share**

6. Payment for underestimated cost share will be added to your monthly statement and member has 60 days from the date of 1<sup>st</sup> statement to pay the balance of the underestimated cost share.

### **Consequences for non-payment**

7. Both care coordinator and provider must inform the member of cost share responsibility. If cost share is not paid, he/she is at risk of losing CCSP services. In addition, if member does not pay cost share, discharge from services will apply on the 31<sup>st</sup> day as indicated on the monthly statement. At that time, the Medicaid care coordinator will be notified and member services will be discontinued on the 46<sup>th</sup> day from the date of the statement. Within 3 business days Applied Home Care will submit a CCNF and a copy of the cost share bill to care coordination notice of non-payment.

There will be no additional charges or rates such as late fees or interest rates applied to outstanding bill (if applicable). There is a \$35.00 return check fee for all returned checks.

## Client Protection Assurances

**Applied Home Care only hire caregivers that are certified through the State of Georgia nurse aide program.** All certificates registries are verified through the state registry hotline. Annual observation of staff performance is performed, at least annually as a part of supervisory visits to screen competency as well.

>A state criminal background is checked on all potential employees.

>A criminal background and nurse aide registry hotline will identify if a person has any prior convictions of abuse, neglect, mistreatment, and/or exploitation exists.

>In addition, during the application process, all employees have to sign a Statement of Negligence waiver form as required by the Georgia DHR that states that there have not been any prior convictions.

**Employment is prohibited if applicant has been convicted on charges of abuse, neglect, mistreatment, or financial exploitation from direct care duties to members/persons. This policy is in place as a protection assurance to all clients.**

Applied Home Care/agency shall be familiar with all situations and shall be able to recognize situations and must report all allegations of mistreatment, neglect, abuse or financial exploitation, as well as injuries of unknown origin, immediately/within five days of incident to DHR, DCH, AAA, CCSP Administrator, Care Coordinator and local law enforcement. Appropriate corrective action is taken if the alleged violation is verified to the administrator or other officials in accordance with the state law.

If investigation is undergoing, evidence is provided that all alleged violations are thoroughly investigated and procedures are in place to prevent further abuse. Investigations are done through the care coordinator and providers by documenting and following-up on discoveries, etc. If allegations are substantiated/confirmed, it will be reported to DHR, DCH, AAA, CCSP, DAS, CC, and local law.

**○ Caregiver may be re-assigned or suspended depending on allegations while undergoing investigation, and further action may be pursued, termination, if allegations are substantiated or if found guilty.**

○ If allegations are not substantiated, caregiver will still be re-assigned to another client/facility.

○ In effort to prevent future abuse, neglect, mistreatment, and/or exploitation, **Applied Home Care will consistently undergo staff training, client education, and current world reports on the subject while reviewing policy and procedures that addresses the issue. In addition, all providers, our employees, subcontractors, and volunteers shall be familiar with all shall be able to recognized situations of possible abuse, neglect, exploitation and/or likelihood of serious physical harm to individuals who receive services whom are all responsible to report such actions.**

## Care Plan Development and Implementation

Applied Home Care's RN initiates the client care plan for CCSP members within 48 hours of initial evaluation of the member/client. Applied Home Care's RN must review the care plan and revise, sign, date it as a part of each supervisory visit, or as often as the member's condition requires. In addition, Applied Home Care's RN must maintain current member care plans, including any changes in the effective date(s) of coverage. Supervisory visits are performed based on the type of care rendered, (i.e., every 62 days). The RN reviews the member care plan at least every 2 months or more often if required by the DHR rules and regulations based on specific type of service rendered. VA Clients are supervised every 3 months. The care plan is re-written at least once per year by Applied Home Care's RN and it must be reviewed and approved by care coordinator.

The written member/client care plan identifies the following:

1. Specific physical, mental, and social health problems of the member/client.
2. Specific approaches that will be taken to address the member's health needs/problems as well as when it changes.
3. Persons or agencies responsible for providing services to the member/client.
4. Instructions for timely discharge or referral, if appropriate.
5. All other items or duties that is conducive to render care to client.

#### Development of Care Plan

Applied Home Care's RN will develop the member care plan and coordinate care with input from the provider staff involved in the member's care.

#### Changes in Care Plan

Applied Home Care's staff must immediately report any concerns about significant changes in the member's status to their RN.

Prior to any changes being made rather it be in frequency, or type of service, the Applied Home Care must discuss these care revisions with CCSP's care coordinator. The Care Coordinator must review and approve changes in services.

\*The Care Plan must indicate approaches necessary to achieve identified goals (e.g., nutrition education, methods of care coordination, independence, etc.).

## Supervision of Services

The Registered Nurse Supervisor is responsible for supervising all CCSP services including the medical oversight to assure that the provider serves the member effectively and assure safety in the community.

Medical oversight includes assessing and monitoring the member's condition and implementation/arranging interventions to prevent or delay unnecessary and more costly institutional placement such as hospital, nursing home, etc. Again the RN is the only supervisor that can supervise all CCSP services.

The RN may also assign certain duties to unlicensed personnel of Applied Home Care. A RN Assignment Decision Tree is a guide generated by the Georgia Board of Nursing to be utilized by the registered nurse to assist the RN in making appropriate decisions regarding whether to assign a task to a unlicensed personnel or not. The RN Assignment Decision Tree is also used to assist the RN in evaluation of the client's care tasks on an individual client basis in order safely assign only the tasks performed by trained unlicensed assertive personnel.

The RN will document, sign and date supervisory visits/notes/ contacts and label them as required. *Staff may use initials if their signatures are on file at Applied Home Care's office. Rubber stamp signatures are unacceptable but computer generated signatures that require the supervisory RN's access code is acceptable.* Every two months (within 62 days), the RN or LPN supervisors conducts face-to-face visits with member at member's home, and if appropriate, the member representative, or caregiver. (Client must be present). VA client receive Supervisory visits every 3 months. VA Visits include a Supervisory Visit Form and a Home Care Certification Form.

*RN has to conduct Supervisor visit every other visit after the LPN conducts visits.*

At least once a year, Applied Home Care's RN or LPN (supervised by RN) completes an inhome supervisory visit to observe and monitor the in-home performance of the (PSA) Personal Support Aide.

*\*The LPN may not conduct the initial member evaluation; develop the member care plan, or re-evaluate members. LPN cannot conduct supervisory visit 2 consecutive times.*

Documentation of RN's supervisory visits will include the following:

- Evaluation of the member's health status and needs, noting any changes in medical condition, medications, etc.
- Evaluation of the quality of care being rendered, including member's statement of the level of satisfaction with services received.
- Outcome of care being rendered.

- Planned interventions and follow-up for any problems identified.
- Any needed revisions to the member's care plan.

### **Emergency Information**

Emergency information on each member/client must be easily accessible in the member's record and will include at a minimum:

1. Name and telephone number of the member's attending physician
2. Member/client's hospital preference
3. Names and phone numbers of member/client's or representative and other emergency contacts.
4. Known medication/pertinent medical information

All of Applied Home Care's staff that delivers services must receive initial and ongoing training in dealing with medical emergencies. Applied Home Care's staff must maintain current certification and or training in basic first aid and cardiopulmonary resuscitation (CPR) through an approved, certified instructor.

### **How Applied Home Care obtains written authorization for staff to seek emergency treatment**

The clinical record will contain the member's written authorization for staff to seek emergency treatment, including transportation for treatment. Emergency information will be reviewed, updated, and current and accessible to staff at all times.

Applied Home Care must keep emergency information current by reviewing and updating it at least yearly and as needed.

- Personal Care Services are reviewed every 92 days
- Companionship Services are reviewed every 122 days
- Nursing Services are reviewed every 62 days

## Code of Ethics

- *All providers must have an ethics policy, which is signed and dated while providing care for Applied Home Care's clients.*
- *Code of Ethics is review during initial orientation and application process and all staff meetings.*
- *Code of Ethics must be signed and dated during orientation or prior to assignment schedule.*
- *Signed and Dated Code of Ethics will be maintained in staff's file.*

*The Code of Ethics is designed to inform employees, volunteers, or independent contractors to prohibit from:*

- 1. using the client's car for personal reasons*
- 2. consuming the client's food or beverage*
- 3. using the client's telephone for personal calls*
- 4. Discussing political or religious beliefs, or personal problems with the client*
- 5. Accepting gifts or financial gratuities (Tips) from the member or client representative*
- 6. Lending money or other items to the client; borrowing money or other items from the client or client representative*
- 7. Selling gifts, food, or other items to or for the client*
- 8. Purchasing any items for the client unless directed in client's care plan*
- 9. Bringing other visitors (e.g., children, friends, relatives, pets, etc.) to the client's home*
- 10. Smoking or drinking alcoholic beverages in the client's home, with or without permission from the client or client representative*
- 11. Reporting for duty under the influence of alcoholic beverages or illegal substances*
- 12. Sleeping in the client's home*
- 13. Remaining in the member's home after services have been rendered*

*\*Please make a mental note of all of the codes and keep a copy assessable to retain information.*

## **Clinical Records Management**

### **Maintenance of Clinical Records**

Applied Home Care must maintain records pertaining to the provisions of CCSP services in accordance with the standards in the CCSP general manual and with accepted professional standards and practices. Records will keep available to DHR, DMA, and their agents as requested. Applied Home Care must maintain all CCSP records within the state of Georgia. Records are maintain in a manner that is:

- Secure - Accurate - Confidential
- Accessible, in the office of Applied Home Care which is locked at all times outside of office hours.

### **Record Retention**

Current Clinical records must be maintained for active members and organized for easy reference and review within normal business hours. Records will be maintained for a minimum of six years from the last date of service. The rule applies even if Applied Home Care business ceases.

In accordance with 45 CFR Part 17, the state and federal governments shall have access to any pertinent books, documents, paper, and records for the purpose of making audit examinations, excerpts, and transcripts. Applied Home Care will retain records for six years after submission of the final claim for payment. If any litigation, claim, or audit is initiated prior to six-year period, records will be maintained until all issues are resolved.

### **Destruction of Records**

Applied Home Care may destroy records not required to be maintained. Records must be destroyed properly to secure confidentiality.

***When records are accidentally destroyed, the responsible party must reconstruct records in a timely manner to the extent possible. Each reconstructed record must be labeled “Reconstructed”***



## **Forms Kept in Client's File**

- **Referral packet forwarded by the care coordinator and documentation of subsequent communications from the care coordinator relating to the member/client's care|**
- **Legible and complete copy of the initial CCSP Level of Care and Placement Instrument, which includes the Level of Care determination, comprehensive care plan, and subsequent changers or revisions, signed and dated by the physician.**
- **Results of Applied Home Care's initial evaluation of the member and the provider's acceptance or reason for non- acceptance of the patient's into service.**
- **Notes from case conference indicating results of all provider reevaluations of the member.**
- **Current and previously signed and dated member care plans by Applied Home Care's RN during each supervisory visit**
- **Copy of the DHR Authorization for Release of Information**
- **Copy of any of the care coordinator addendum attached to the Level of Care and Placement instrument**
- **Documentation of supervisory visits and clinical notes signed and dated by the person(s) rendering services, and incorporated in the medical record**
- **Medication, dietary, treatment, and activity orders when ordered on a specific member**
- **Documentation (written/verbal) of all communication between the provider RN and the member's physician**
- **Documentation (written/verbal) between provider staff, care coordinator, and other service providers or persons involved in the member's care.**
- **Instructions for dealing with medical emergencies of the individual member (in accordance with advance directives, if appropriate) and documented on the emergency procedure plan.**
- **Documentation of member's service on a member service record form**
- **Clear and specific directions to the member's home from the provider agency**
- **Advance Directives, if applicable (See Appendix E)**
- **Discharge plan and, if appropriate, discharge notice**
- **Copies of the comprehensive care plan every 120 days**
- **Signed Copy of member's rights and responsibility (sec. 604.1)**
- **Admission or service agreement (typed in large clear and in a language appropriate for educational levels and cultural backgrounds of the members)**

## **Progress Notes**

Members/Clients clinical records must contain written progress notes, or clinical notes, which reflect the member's progress toward the goal and objectives, identified in the member care plan.

**The RN supervisor will prepare the progress notes**, and entries in the supervisory visit documentation; however, any staff rendering care to the member may make notations in the clinical record. Notations may be recorded on the service form that reflects the date of service and must describe significant event/reactions/situations and follow-up, which affect the member's care.

Applied Home Care's RN must review, sign, and date all entries made by non-licensed staff. Progress notes must be kept readily available for review by supervising personnel or monitors.

Applied Home Care RN will train non-licensed staff on how, when, and where to keep progress notes.

The content of documentation enclosed in the care plan that client makes towards goals and objectives identified in the care plan:

- Problem,
- Approach,
- Goals and Objectives,
- Target Date

## **Retention of Records**

Active Records pertaining to the provision of CCSP services are maintained and available for easy access and review at all times.

Discharged client/members, Applied Home Care must maintain records for a minimum of six years from the last date of service. This policy applies:

Even if provider ceases operation. (Ref. Part1 P&P's).

- If any litigation, claim, or audit is initiated before the expiration of six-year period, the provider must retain records accordingly until all litigations, claims, or audit findings involving the records are resolved.

Closed clinical records must be:

- Destroyed (in a manner that protects the member/client's confidentiality)

## **Personnel Records**

- **Applied Home Care must have written personnel and procedures.**
- **Each personnel (independent contractors and volunteers) record must include the following, at a minimum:**
  1. Criteria-based job description, signed and dated by the employee
  2. Criteria-based performance evaluation
  3. Job application and/or resume
  4. Proof of current Georgia licensure
  5. CPR and First Aid
  6. Documentation of knowledge of agency's policies related to client Protection Assurance
  7. Documentation of all training completed
  8. Proof of satisfactory physical examinations, as required
  9. Signed and dated copy of the code of ethics

Personnel Records are maintained in Applied Home Care's primary office, secured to assure confidentiality.

## **Administrative Records**

Applied Home Care reviews and revises our policies and procedures quarterly as in becomes available from the DHR and the Department of Aging.

Changes are communicated with the staff during quarterly meetings or as needed/necessary to successfully provide proper care for the member/client.

- *All providers must have an ethics policy, which is signed and dated while providing care for Applied Home Care's clients.*
- *Code of Ethics is review during initial orientation and application process.*
- *Code of Ethics must be signed and dated during orientation or prior to assignment schedule.*

- *Signed and Dated Code of Ethics will be maintained in staff's file. (Refer to policy#11)*

### **Use and Maintenance of Supplies and Equipment**

- Supplier maintains equipment in a safe operating condition. For any procedures relating to purchase, maintenance, and delivery of equipment and appliances, refer to the DMA Policies and Procedures Manual for Durable Medical Equipment Call: 1800766-4456
- Staff is trained to use equipment during their training course or by RN supervisor when applicable. If the needed equipment is not directly related to the service being provided, the provider agency must alert the care coordinator who will assist the member in obtaining the item(s) through a Medicare or Medicaid approved vendor.
- Designated Supplier will perform routine maintenance of equipment □ The client or assistance of provider utilizes supplies in client's care, such as: wheelchairs fire extinguishers, scales, etc.

## **Medications Monitoring**

Applied Home Care's RN monitors all prescription and over-the-counter medications taken by CCSP members and when licensed nursing staff administer meds, Members records contain the following:

- List of all medication taken, (name, dosage, route, and frequency taken)
- All drug reactions observed or reported to the provider supervising RN by the member or other provider staff.
- Documentation reports to the physician in a timely manner any problems identified with medications. Provider must record the physician's order to change any meds.

\*Only the attending doctor may prescribe therapeutic or preventative medication. Only licensed nursing staff may administrator meds and only on direct orders from the doctor.

Note: Nursing staff is prohibited from administering medications to members or providing any other member care while conducting supervisory visits.

### **Authorization of Doctor's Orders**

Physician must authorize any administration of medications.

- The physician may renew this authorization on the Level of Care and Placement Instrument at the time of the member's level of care predetermination or through written physician orders at any other time.
- When obtaining a physician's verbal authorization, documentation of the consultation, and written follow-up within 30 days to confirm the authorization.
- The name dosage, route, and frequency of any medications administered by the licensed nursing staff. The person administering the medication must sign and date all notations.

### **Assistance with Self-Administered Medication**

An aide may assist the member prescribed medications that are to be self-administered. Aides may assist with the following:

1. Reminders
2. Reading the correct dosage and frequency indicated on the container label.
3. Assistance with pouring or taking the medication(s).

The aide will also report to the RN supervisor any changes in the member/client's condition, including those which may be related to medications.

The RN, Administrator, or member in turns report any changes/concerns to the member/client's physician. The RN must report any changes or concerns to the care coordinator within 24 hours and send a completed Community Care Notification Form to the care coordinator with 3 business days of verbal notification.

The RN supervisor is responsible for ordering new prescription or refills. Again, any changes that need to be made will be reported to care coordinator.

### **Coordination of Care**

Clients Needs are communicated to other health care providers and care coordinators on an ongoing basis along with the member/representative to assure that their efforts effectively complement one another and support the goals and objectives outlined in both the comprehensive care plan and the Member's Care Plan.

The member's clinical record and provider's notes from case conferences must reflect adequate communication, reporting and effective coordination of services.

Case conferences are conducted when appropriate with providers and member/representative.

Case conferences documentation must be adequately kept in client's member's clinical records on proper documentation.

## **Confidentiality of Record**

The confidentiality of records pertaining to the provision of CCSP services in accordance with the manuals must be available to DHR, DMA, and their agents as requested.

### **Maintenance**

Confidentiality of records including CCSP are maintained within the state of Georgia and in a manner that is:

- Secure
- Accurate
- Confidential
- Accessible

Active Members Records must be maintained and organized for easy reference and review. Discharge member's records must be maintained for a minimum of six years from the last date of service even if the provider ceases operation.

### **Authorization of release of information**

Applied Home Care is prohibited from disclosing information contained in member/client records to any person other than authorized representatives of DCH, DHR, or providers without written consent of you the client/member.

Applied Home Care must use only the official Department of Human Resources form to authorize release of member information. (Appendix M). The form that has been signed by the member during the initial assessment authorizes the sharing of member information among DCH, DHR, and providers.

To share information with persons other than those specified above, the provider must obtain additional written authorization from the member prior to releasing any such information.

## **Scheduling of Staff**

Applied Home Care must employ a sufficient number of qualified and experienced staff members appropriately skilled and available to render services in their approved service areas in accordance with currently accepted standards of medical practice. There will be a numerous amount of staff available that will exceed the member census to assure that all are covered and needs are met. There will be 5-1 ratios of caregivers to members/clients.

### **RN Supervision**

All CCSP services (except ERS & HDM) require that a licensed RN to supervise the services delivered to CCSP members and all medically frail clients.

### **Designated Professional Staff**

At all times while services are being rendered to members, there will be a licensed professional or Administrator designated to provide professional supervision and oversight.

### **Designated Management Staff**

During business hours, the provider must designate a responsible staff to act as manager in the manager's absence. There will be a direct connection to the designated manager on duty during all service hours.

### **Staff Availability & Staffed Business Hours**

Staff is available 24 hours a day, seven days a week. Applied Home Care is open for business at least 8 hours regular business hours, M-F, and staff is available at least 8 hours per day/shift Monday thru Friday. The provider must be able to deliver service(s) to members 24 hours a day and not limited to 12-hour shifts and live-ins including weekends and holidays in their authorized areas. If Applied Home Care is unable to provide services as indicated in the members' care plan or when requested by the member, the care coordinator will broker/rebroker services with another provider who can meet the member's needs.

If staff is unable to report to assignment, there will be an immediately replacement prior to scheduled time. All staff must inform supervisor immediately if there is a small possibility of not being able to report to assignment or if going to be late. Family will be notified if such matter occurs.

EXCEPTION: HDM and ADH providers are not required to deliver services 24 hours a day. **A local or toll free telephone access** to a responsible individual that is able to assist with information and support as needed. For members and care coordinators to access and report problems with service delivery. PSS, RC, ALS, HDS, SNS, and ERS providers must provide telephone access to enable members to call 24/7, including holidays.

Providers must provide an active on-call service that coordinates dependably with care coordinators, members, and member's families/representatives.

### **Thirty-Minute Response**

Applied Home Care must respond to calls from members/representative/families requesting assistance, within 30 minutes of contact.



## **Staff Orientation**

New staff receives orientation during the initial application process, before employee is assigned to a client, and as a part of Continuing education and ongoing staff development and training programs related to the responsibilities of each individual's position.

### **In-Service Training Plan & Orientation**

All providers must develop an on-going in-service training plan

Schedule for staff, sub-contractors and volunteers. The plan must include:

- Orientation to the agency ○ CCSP overview and AHC Policy and Procedures ○ Sensitivity to the needs and rights of older and ill clients ○ Emergency situations, as well as supervisory consultation situations ○ Re-Certification and/or training techniques of first aid and cardiopulmonary resuscitation (CPR)
- Member Rights/Elder Abuse, Neglect, Exploitation Reporting Act/ Advance Directives ○ Personnel Code of Ethics
- Appropriate Dress Code ○ Business Ethics
- Infection Control Procedures (Appendix R)  
Fire Safety and accident prevention and safety
- Confidentiality of member information
- Medication management
- Disaster planning/emergency procedures ○ Caring for members w/ Alzheimer's and related illnesses

Applied Home Care will establish and maintain records to document the implementation of the training plan/orientation, which includes:

- Name and credentials of trainer
- Training date
- Content (outline or description of the consent)
- Length of time
- Persons attending

Such documents are maintained in staff's employee file.

Applied Home Care RN is responsible for developing and implementing a continuing education program for all staff members.

### **CPR Requirements**

It is required that all staff receives CPR and Basic First Aide training on a yearly basis.

## **Monitoring and Self Evaluation**

- A. Applied Home Care implements a written continuous quality improvement plan that addresses how the agency determines the effectiveness of services identifies areas that need improvement, and implements programs to improve services and quality of care.
- B. Applied Home Care's Administrator must establish and adhere to policies for self evaluation and conduct comprehensive reviews of the program at least once a year.
- C. Applied Home Care reviews policies and procedures quarterly (4 times a year) and revise them as needed. The changes will be indicated and examined and analyzed to improve care and services at the quarterly and annual meetings.
- D. Clinical Record Review: Applied Home Care will monitor and review a 25% random sample or a minimum of 50 records (both active and closed clinical records), whichever is less, to:
- Assure that staff follow established policies and procedures in providing services
  - Determine the adequacy of member care member care plans
  - Determine the appropriateness of staff decisions regarding the particular care ordered for members

### **Who participates in the review?**

- Applied Home Care's Administrator
- Program staff
- Members
- Member's Representative

### **What actions are taken in effort to correct identified problems?**

Applied Home Care maintains a written reprint describing the findings of the evaluator and any corrective action taken. Applied Home Care must also document follow-up action to assure the issues have been resolved. On-going member satisfaction and specific activities are implemented to ensure identified problems do not recur.

## **Disaster Preparedness**

In the event of a disaster that Applied Home Care may face such as: ❖

Inclement weather (heavy rains, snow storm, etc.),

❖ Natural disaster (flood, tornado, hurricane, ice storms, etc.),

❖ Major industrial or community disaster (power outage, fire, explosion, roadblocks),

❖ Agency employee illness or severe staffing shortage affecting significant number of employees,

❖ Damage, destruction or fire at the agency's location,

❖ Remote areas where transportation would be limited,

❖ Suspect abuse, neglect, and/or exploitation,

Staff must follow policy and procedure to assure that care is provided during emergency situations. The policy conclude that there will be back-up care when usual care is unavailable and that consequences of care provided to the member, may pose a threat to their health, safety, and welfare of the member.

### **Specific Policy and Procedure to prevent uninterrupted service according to the priority levels identified by the CC for each member.**

- Delivery of member services ○ Staff assignment and responsibilities
- Name and Contact numbers of the Division of Aging Services, Office of Regulatory Services, Long Term Care Ombudsman, Area Aging on Aging, and care coordination staff.
- Notification to Care Coordination, attending physicians, and responsible parties
- Availability of member's records.

Applied Home Care will maintain emergency information on each member that include:

- Name & Telephone number of attending physician
- Member's hospital reference
- Names and phone numbers of member's representative, family, or other emergency contact in the event that a staff member cannot reach the member
- Known medication/pertinent medical information

**Patients are triage by the level of care needed assigned by Care Coordination. There are 4 levels that will determine the type of care member needs. (See Figure 4DL).**

**Staff receives ongoing training in disaster preparedness** that will include drills so that employees are able to promptly and correctly carry out their assigned roles.

**Disaster Drills must be conducted annually** and must be documented which will include: Date, time, staff/member participation, problems, and action taken to prevent problems from recurring. **There is No Smoking Policy involving all Applied Home Care's staff, volunteers, etc. during service hours Or CELL PHONE USAGE**

## **Staff Training/Development**

### **In-Service Training Plan & Orientation**

All providers must develop an on-going in-service training plan Schedule for staff, sub-contractors and volunteers. The plan must include: ○ Orientation to the agency ○ CCSP/ICWP overview and AHC Policy and Procedures ○ Sensitivity to the needs and rights of older and ill clients ○ Emergency situations, as well as supervisory consultation situations ○ Re-Certification and/or training techniques of first aid and cardiopulmonary resuscitation (CPR)

- Member Rights/Elder Abuse, Neglect, Exploitation Reporting Act/ Advance Directives ○ Personnel Code of Ethics ○ Appropriate Dress Code ○ Business Ethics
- Infection Control Procedures (Appendix R)
- Fire Safety and accident prevention and safety ○ Confidentiality of member information
- Medication management
- Disaster planning/emergency procedures
- Caring for members w/ Alzheimer's and related illnesses

The Administrator and RN supervisory is conducts staff training and development. In addition, Non-Direct member care staff will demonstrate awareness and working knowledge and receive training in:

- Business Ethics ○ Financial Planning ○ Medicaid Waivers
- Medicaid and Medicare Benefits

**Training is scheduled upon initial employment, quarterly and at minimum, annually.** Training and In-service receipt documentation will be maintain in staff's file and will include:

- Name and credentials of trainer
- Training date
- Content (outline or description of the consent)
- Length of time
- Persons attending
- Topic presented

**Training Records will be kept in employee's file and a separate file for verification purposes.**

## **Staff Performance**

- Staff is evaluated annually or one year of the effective date of employment. The written evaluation must reflect that a supervisor observed the employee's performance of required job tasks personally either by demonstration or observation and such performance was determined to be competent for all job tasks required to be performed. Also, evaluation is conducted initially, each quarter and during supervisory visits in client's home residence.
- The RN supervisor evaluates staff and the administrator supervisor evaluates RN annually which applies for each employee's effective date of employment, or as needed.

### **Tools used during evaluation**

- During evaluation, evaluator (RN or Health Care professional with commensurate education and experience/Administrator Supervisor) must review personnel records for all staff and volunteers to assure all credentials are current.
- All files must include the items on the employee criteria-based job description, criteria checklist and proof of Code of Ethics knowledge verification.
- Staff must be in accordance with current accepted standards of medical practice. □ Staff must maintain minimum qualifications, training, and experience.

During initial evaluation, staff must meet the following minimum qualifications:

1. Never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidence by an oral or written statement to this effect obtained at the time of application.
2. Participate in the orientation and training required by the rules.
3. Not have made any material false statements concerning qualifications requirements either to the department or the provider.

## **Infection Control**

Applied Home Care is responsible for developing and implementing a continuing education programs, which includes techniques of universal precautions/infection control procedures. The RN Supervisor is responsible for Infection control in-service and training. Applied Home Care's Administrative Supervisor is responsible for enforcing infection control practices. Applied Home Care's staff must observe procedures in the presence of servicing members to prevent exposure to infectious disease.

### **Applied Home Care protects clients from possible infection by providing and enforcing universal precautions. Meaning:**

All blood and body fluids visible with blood are to be treated as potentially infections Wash hands and other skin surfaces immediately and thoroughly if soiled with blood or body fluids, and change gloves after contact with each client. Wash hands before and after care is giving to clients.

#### **A. Wear latex gloves when: **CLIENTS ARE REQUIRED TO SUPPLY GLOVES****

1. Touching blood body fluids, mucous membranes, or non- intact skin
2. Handling items or surfaces soiled with blood body fluids visible with blood.
3. Performing veni-puncture and other vascular access procedures
4. Cleaning and decontaminating spills of blood/body fluids
5. Having contact with feces and any body fluids as a basic hygiene measure.

#### **B. Standard Housekeeping cleaning procedures to be used.**

1. For spills of blood and body fluids, wipe up spill with soap and water and then disinfect area with a commonly used germicide or freshly prepared 1:10 Bleach solution (1 part bleach to 10 parts water).
2. All soiled linen should be bagged at location where it was used: it should not be sorted or rinsed in client care areas. Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage.
3. Linens and personal clothing items laundered should be washed using routine laundering procedures.
4. Dish washing using routine procedures effectively destroys pathogenic (disease causing) organisms. Dishes of clients with Hepatitis B or AIDS do not need to be separated from the rest of the facility clients. Do not share unwashed utensils or use common drinking glasses with any client.

### **C. Environmental procedures to be used:**

1. Use a gown or apron during procedures that are likely to generate splashes of blood or other body fluid. Universal precautions also recommend the use of masks/eye wear during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of the mucous membrane of the mouth and nose/eyes.
2. Dispose of secretion directly into toilet. An individual toilet for a client is not required, but recommended if the person has diarrhea.
3. Care should be taken to prevent injuries caused by needles and other sharp instruments or devices.
4. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, and other sharp items should be placed in puncture-resistant containers for disposal. The puncture-resistant containers should be located as close as practical to the use area.
5. Direct mouth-to-mouth contact is not recommended. Mouthpieces, ventilation bags or other ventilation devices are kept in areas where the need is predictable. If such is not available, an employee should not hesitate to provide CPR (Cardiopulmonary Resuscitation) procedures.

## **HIPAA Regulations**

**PURPOSE:** It is Applied Home Care's policy to comply with the regulations regarding privacy of protected health information promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

This policy establishes procedures for complying with and implementing the requirement for workforce sanctions for HIPAA violations at our Agency.

**I. Policies:** All employees are required to gain knowledge on HIPAA's Rules and regulations along with an extensive training that is revisited quarterly.

### **II. Procedures:**

1. Privacy Officer. The Agency has designated a Privacy Officer (PO) who is responsible for the development and implementation of the Applied Home Care's policies and procedures. The PO may appoint a designee to act in his/her absence.
2. Contact Person. The Practice has a designated contact person to receive complaints related to its privacy practices. The Contact Person may appoint a designee to act in his/her absence.
3. Notice of Privacy Practices. The Agency has adopted a Notice of Privacy Practices (Notice) which is to be posted in patient's file and at the agency. The Notice may be amended from time to time.
4. Training of Employees. The Agency's staff shall be trained regarding the HIPAA Privacy Rule. All employees will be trained within a reasonable time (within 30 days) after hiring and after a material change in the Privacy Policy. Documentation of training shall be maintained in the personnel file for each employee.

### What is HIPAA?

**The Health Insurance Portability and Accountability Act of 1996 (HIPAA)** directs health care providers, payers, and other health care entities to develop policies and procedures to ensure the security, integrity, privacy and authenticity of health information, and to safeguard access to and disclosure of health information. The federal government has privacy rules which require that we provide you with information on how we might use or disclose your identifiable health information. Applied Home Care is required by the federal government to give you our **Notice of Privacy Practices**.

### **OUR COMMITMENT TO YOUR PRIVACY**



As a healthcare provider, Applied Home Care will assure your confidential health and Personal information will be secured at all times. We understand that this health information is personal, and we are dedicated to maintaining your privacy rights under Federal and State law. This Notice refers to employee's records, the clients records of care created or maintained by Applied Home Care.

We are required by law to: (1) make sure that your health information is kept private; (2) give you this Notice of our legal duties and privacy practices with respect to your health information; and (3) follow the terms of the Notice that are currently in effect.

Healthcare workers have both ethical and legal obligations to protect the privacy of patient information acquired during and after the course of treatment/services.

HIPAA's Privacy Rule, which is the focus of Learn, Train & Protect, addresses public concern for healthcare privacy and the increased risks associated with new technologies. The national standards, boundaries and safeguards required by the privacy rule support a good relationship between healthcare providers and their patients, and holds violators accountable for their actions.

HIPAA provides patients with the right to

- Release or limit release of their protected health information
- Request corrections and/or amendments
- Find out to whom and where their information has been released
- File complaints if there are disputes

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Written authorization from the patient must be documented before disclosure of medical information to third parties.

Other examples to be aware of:

1. Discussion of patient data in patient's home, in elevators, hallway, lunch or break areas.
2. Patient data access should be limited to those who are direct patient care providers only.
3. Chart data or patient information should not be access for personal reasons such as concern for a friend, family member, co-worker or curiosity.

## **Access to Personnel Files**

Applied Home Care maintain a personnel file on each employee. The personnel's file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases and other employment records.

Personnel files are the property of Applied Home Care and access to the information they contain is restricted. Generally, only supervisors' and management personnel of Applied Home Care who have a legitimate reason to review the information in a file are allowed to do so.

Employees who wish to review to own file should contact the Administrator at Applied Home Care, with reasonable advance notice, employees may review their own personnel file at Applied Home Care's office in the presence of an individual appointed by Applied Home Care to maintain such files.

## **Employment Reference Checks**

To ensure that individuals who join Applied Home Care are well qualified and have a strong potential to be productive and successful, it is the policy of Applied Home Care to check the employment reference of all applicants.

## **Personnel Data Changes**

It is the responsibility of each employee to promptly notify Applied Home Care days of any changes in personnel data. Personal mailing addresses, telephone numbers, numbers and names of dependents, individuals to be contacted in the event of an emergency, educational accomplishments and other such status reports should be accurate at all times. If any personnel data has changes, notify the Practice Administrator as soon as possible in writing with the new information.

## **GENERAL PRIVACY POLICY**

**PURPOSE:** The agency has a Privacy Policy as required under the HIPAA Privacy Rule, 45 C.F.R. Parts 160 and 164. It is our policy to comply with the regulations regarding privacy of protected health information promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

**DEFINITIONS:** As referred throughout the accompanying Privacy Policy, certain words or terms shall be defined as follows:

Agency The “Agency” shall refer to [*Agency Name, address, etc.*].

Protected Health Information or PHI: The terms “protected health information” or “PHI” is defined as any information, whether verbal or recorded in any form or medium, that is created or received by the Practice and that relates to: (1) the past, present or future physical or mental health or condition of an individual; (2) the provision of health care to an individual; and/or (3) the past, present or future payment for the provision of health care to an individual.

Authorized Individual – “Authorized Individual” includes the patient (if the patient is over the age of 18 years), and/or the patient’s legal representative for health care decision-making purposes pursuant to the Official Code of Georgia Annotated §31-9-2.

Individual – “Individual” means the person who is the subject of the Protected Health Information (e.g., the patient).

## **PROCEDURES:**

1. Privacy Officer. The Practice has designated a Privacy Officer (PO) who is responsible for the development and implementation of the Practice’s policies and procedures. The PO may appoint a designee to act in his/her absence.
2. Contact Person. The Practice has a designated contact person to receive complaints related to its privacy practices. The Contact Person may appoint a designee to act in his/her absence.
3. Notice of Privacy Practices.  
The Practice has adopted a Notice of Privacy Practices (Notice) which is to be posted in patient waiting areas and on the Practice’s web page. The Notice may be amended from time to time.

The Privacy Officer shall ensure that the Practice maintains records documenting the Notice used for the Practice according to effective date of the Notice.

**Payroll Example: Payroll is every 2 weeks**

April

Sun	Mon	Tues	Wed	Thur	Fri	Sat
				<b>1</b>	<b>2</b> <b>Payroll</b> <b>Start #1</b>	3
4	5	6	7	8	9 Hold	10 Hold
11 Hold	12 Hold	13 Hold	14 Hold	<b>15</b> <b>Payroll</b> <b>End #1</b>	<b>16</b>	17
<b>18</b>	19	20	21	22	23	24
25	26 <b>Paycheck</b> <b>will be</b> Mailed	27	28	29	30	

Remember, each new case and staff involves a 1 week payroll hold.

**IF YOUR TIMESLIPS ARE NOT IN OUR OFFICE COMPLETED, YOUR PAYROLL WILL NOT BE PROCESSED UNTIL THE NEXT PAYROLL UPON COMPLETION.**

6/29-7/12 Paydate - 7/24

7/13-7/26 Paydate- 8/7

7/27-8/9 Paydate-8/21

And so on----

Attn: Applied Home Care Contractors

Thank you for all the services that you have rendered to all of our clients. There are some policies that you need to be up-to-date on.

### **Policies & Procedures**

We are mandated by the State of Georgia to update our policies and procedures as they undergo change. You are required to review these policies and procedures that are readily available in our Tucker office. Due to many changes and events that occur in this industry, policies are added frequently. **YOU ARE RESPONSIBLE FOR REVIEWING NEW POLICIES AND PROCEDURES.** (Call supervisory if you would like to come in a review the manual at any time).

### **Assignments**

If you are scheduled for an assignment, you are required to be there. If you cancel within 24 hours, you are considered a no-call no-show. There will be a charge to re-schedule someone to that assignment and possible termination. As stated in your employee manual, “you must **VERBALLY** speak with a supervisory to cancel an assignment”, a voice message will not suffice.

**MANY FORMS NEEDED FOR DAILY USAGE CAN BE DOWNLOADED ON OUR WEBSITE @[www.appliedhomecare.com](http://www.appliedhomecare.com)**

### **New Payroll System and Progress Notes**

We have implemented a new payroll system. It will take a few weeks to get everyone acclimated and received the new forms. **YOU ARE RESPONSIBLE FOR GETTING TIME SLIPS FROM THE HUGH HOWELL OFFICE PRIOR TO GOING ON AN ASSIGNMENT.** Also, if forms are not completed in its entirety, your payroll will not be processed. You must proofread it prior to submitting. If you fax your time and you have numerous errors, you will no longer be able to fax.

### **Wages**

Applied Home Care is an independent agency that hire’s contractors on a contingent bases. Therefore, the pay-rate is based on the industry standards rates, not the length of employment.

Again, thank you for your interest in being a part of Applied Home Care’s home care agency. Please feel free to contact our office with any questions or concerns.

## **Instruction for Care Plan Completion Please review a sample**

- 1. Complete full name, address, client number (provided by administrator), SOC & phone number.**
- 2. Document Allergies, DOB, and age.**
- 3. Specify who's completing form. (Administrator/RN)**
- 4. Pertinent Diagnosis (reason for providing services)**
- 5. Time (example: 7a-7p)**
- 6. Frequency (example: 3 days/week)**
- 7. Duration (example: 12 hours)**
- 8. Types of Services required: (circle one) Personal care aide, PCA, etc.**
- 9. Precautionary and other pertinent information, (COMPLETE) 10. Vitals: complete accordingly and if unable to weight, specify why.**
- 11. Medications, if more space is required, may document: SEE MEDICATION SHEET**
- 12. Treatments example: ROM, breathing treatment, catheter drainage, nail filing, etc...**
- 13. Equipment needed example: (hospital bed, BSC, wheelchair, brace, measuring container, etc...)**
- 14. Functional Limitation: Pertains to what causes them to need services.**  
For example: (a paraplegic's functional limitation is: decreased mobility).
- 15. Diet: Please specify: (regular, normal, low sodium, cardiac, renal, etc..)**
- 16. Nutritional Needs: example: feeding, meal preparation, etc...)**
- 17. Goal and Objectives: Should coincide or relate to services that we are providing 18.**  
Discharge Plan: (When Services are no longer needed) Is sufficient enough
- 19. Please complete form in its entirety.**
- 20. This form is a 2-part form. When completing the front page, the documentation will duplicate on the second part. When completing the CNA/PCA, turn over and detach from the first page and then complete CNA/PCA once and then again.**

**Instruction for Supervisory Visit Please review a sample**

- 1 Complete: **full name, address, client number (provided by administrator), SOC & phone number.**
2. Complete as Directed.
3. Client's Progress should state the progress in relation to the goals and objectives stated in care plan.
4. ALL notes should relate to the care plan and diagnosis that relates to the services that we are offering.

# **RN Job Description**

## **Duties of the RN supervisor include:**

1. Monitoring and supervising the care of those members whose health status and situation involve complex Observations
2. Reviewing referrals from CCSP care coordinators, evaluating the member's needs during initial and subsequent visits, and identifying and assigning the appropriate staff to provide the member care needed
3. Developing and revising member care plans as appropriate and reviewing the content of member care plans during each supervisory visit and communicating all revisions to appropriate staff
4. Supervising personal support aides and licensed practical nurses
5. Completing clinical records, including documenting progress notes and supervisory visit entries
6. Reviewing, signing, and dating all clinical record entries (i.e., service record forms, progress notes) made by the personal support aides assigned to those members whose health status and situations involve complex observation.
7. Reviewing and signing all documentation of the LPN's visits within ten (10) days of each visit and following up immediately on all concerns raised by the LPN.
8. Communicating member care needs with other CCSP providers, member, member representatives, caregivers, and/or CCSP care coordinators
9. Making appropriate recommendations to CCSP care coordinators regarding member services
10. Conducting face-to-face visits in the member's home as required in Section 1403.1A to re-evaluate the needs of those members whose health status and situation involve complex observations arranging for orientation and in-service training of staff educating the member, member's representative, and/or caregiver(s) about the member's health status, level of functioning, and health care needs
11. Reporting changes in the member's status/condition to the member's physician

The registered nurse may assign (delegate) certain tasks to unlicensed assistive personnel. The registered nurse will utilize the "RN Assignment Decision Tree," generated by the Georgia Board of Nursing, to assist the registered nurse to make appropriate decisions regarding whether to assign a task to an unlicensed person. The RN Assignment Decision Tree assists the registered nurse to evaluate client care tasks on an individual client basis; it guides the nurse to assign only those tasks that can be safely performed by trained unlicensed assistive personnel (See Appendix C or Z)

Signature \_\_\_\_\_ Date \_\_\_\_\_



# LPN Job Description

## Licensed Practical Nurse

### A. Qualification of the LPN include:

1. a current Georgia license to practice nursing and render services as a LPN in accordance with the provisions of the Georgia Practical Nurses Practice Act, O.C.G.A. 43-26-30 et seq
2. a minimum of two years experience in home health services or a related field; prefer experience working with older populations
3. ability to supervise personal support aides
4. ability to communicate effectively
5. working knowledge of the Rules and Regulations for Private Home Care Providers Chapter 290-5-54
6. working knowledge of the policies and procedures of the CCSP.

2.

### B. Duties of the LPN include:

1. monitoring and recording member's vital signs as needed; reporting abnormal readings to the RN supervisor
2. observing member's functional level; reporting any changes in the member's physical condition and health care needs to the supervising RN
3. assisting members, as needed, with medications; observing for possible reactions; reporting any reactions to the supervising RN
4. preparing progress notes and supervisory visit entries, documenting member's current status
5. teaching self-care activities to members, member representatives, and caregivers
6. assisting with and/or providing member care as needed
7. reviewing, signing and dating all clinical record entries (i.e.; service record forms, progress notes) made by the personal support aides supervised by the LPN
8. collaborating with the supervising RN to update member care plans

### C. Supervisory functions of the LPN include: Rev. 04/08

1. completing a face-to-face supervisory visit with assigned members and, when appropriate, the member representative and/or caregiver, in the member's home as required in Section 1403.1A; notifying the supervising RN of any significant changes in member's status

### Personal Support Services XIV-14

2. completing an in-home supervisory visit with assigned members at least once per year to observe and monitor the in-home performance of the personal support aides
3. completing timely, pertinent supervisory notes that include the documentation required in Section 606.17C of the CCSP General Manual.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CNA / Caregiver**  
**Personal Support Aides**  
**Job Description**

**A. Qualifications of the Personal Support Aide include:**

1. Ability to read and write, follow verbal and written instructions, and complete legible written reports of care given.

2. Completion of one of the following training requirements:

◆ documentation of nurse aide certification from the Georgia Department of Community Health, Healthcare Facility Regulations Division ; or

◆ successful completion of a competency examination for nurse aides or of a health care or personal care credentialing program approved by the Healthcare Facility Regulations Division, Private Home Care Providers Section, or

◆ a total of 40 hours of training. The aide receives at least 20 hours of this training prior to caring for members. The aide completes an additional 20 hours of training within the first six months of employment.

◆ Required training includes, but is not limited to:

◆ safety and accident prevention; fire safety

◆ budgeting/home economics

◆ effective communication with older adults

◆ caring for members with Alzheimer's and other related disorders

◆ observations skills; reporting and documentation procedures

The provider RN supervises the 40 hours of training that is documented in the aide's personnel file. The agency's training file includes information about objectives, content, time spent per subject matter, instructor(s), instructor's credentials, and evaluation.

3. a caring and understanding attitude toward individuals who are elderly, disabled or frail

4. ability to be flexible and tolerant of varied lifestyles

5. ability to work under supervision and within the guidelines of a care plan

6. good health

## **B. Experience**

Providers may employ aides who do not have experience; however, providers should give preference to experienced aides.

## **C. Orientation**

A PSA attends an initial orientation program that includes the provider's policies and procedures for aides and an overview of the CCSP. The orientation will include, but is not limited to, the consequences of a failure to appear for a visit to the client's home, reporting to a client's home late, missed visits and the provider's immediate back-up plan in the event of a missed visit. (Rev 12/10) The CCSP overview includes policies, procedures, and documentation requirements related to:

1. emergency situations, as well as situations requiring supervisory consultation
2. member rights and choice
3. member protection from mistreatment, abuse, neglect, and exploitation
4. written code of ethics
5. appropriate dress code
6. need for confidentiality.

## **D. Duties of the Personal Support Aide include:**

1. provide or assist with any of the appropriate duties listed in Section 1401.3.
2. encourage member to make decisions and to remain as independent as possible.
3. encourage member representative to be involved and responsible for care of the member.
4. observe and report changes in member's condition, meal consumption, food storage and cooking equipment failure to the supervisor.
5. maintain current progress notes indicating changes in the member's condition, problems that hinder service delivery, and additional needs of the member.
6. complete the Member Service Record (Appendix B) after each visit for each member and forward it to the PSS supervisor as required.
7. monitor members and their environments to address and report issues that impact members' health, safety, or welfare. Member observations include:

◆ meal consumption ◆ safety in the home ◆ changes in the member’s physical or emotional condition ◆ changes in the member’s support systems

8. apply information acquired through training

9. adhere to the Personal Support Services provider’s written code of ethics and dress code.

## **E. In-Service Training**

1. Each aide receives at least 8 hours in-service training per calendar year. The provider provides the PSA with the following in-services on a yearly basis:

◆ Basic First Aid ◆ Infection Control ◆ Body Mechanics

◆ Nutrition ◆ Cardiopulmonary resuscitation (CPR)

2. The agency provides appropriate training to any aide unfamiliar with a specific procedure or skill required by a member prior to providing care to that member.

3. The provider maintains documentation of in-service training topics including:

◆ objectives ◆ content ◆ time spent per subject matter ◆ instructor(s) ◆ instructor’s credentials ◆ proof of employee attendance ◆ evaluation

Signature\_\_\_\_\_Date\_\_\_\_\_





# Receipt of Manual

Applied Home Care, INC  
4500 Hugh Howell Rd  
Tucker, GA 30084

Re: Policies and Procedures

Attn: Independent Contractors

Dear Independent Contractors,

Applied Home Care INC is licensed through the Department of Human Resources in the State of Georgia. We have developed policies and procedures that have been approved by the Department and designed for our contractors only.

Our policies were developed and implemented by our Administrator and may not be used for any other reason other than the care directed to Applied Home Care clients.

\_\_\_\_\_I have received a copy of the policies and procedures from Applied Home Care. I understand that the policies may change and I may have access to the policies and procedures at any time at the Applied Home Care's main office.

\_\_\_\_\_I have received a company cell phone and will be held responsible for any damages or lost.

Contractor's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Policy # 020711

Effective: February 7, 2011

Dear Employees and Contractors,

Thank you for your commitment to Applied Home Care, Inc. We appreciate your hard work. There are some friendly reminders and updates that we would like to inform you of within this new policy to insure the efficiency and effectiveness of our business.

If you are servicing any of Applied Home Clients and you have received a call from our Nurse Supervisor or Administrator, you have 2-4 hours to respond unless you are in an emergency situation. Failure to do so will result in a charge. Due to the fact that we are licensed by the State of Georgia and providers of Medicaid, so if there is an issue concerning our clients in any capacity must be addressed immediately. **SUBMIT TIMESLIPS EVERY FRIDAY IN ADDITIONAL TO CLOCKING IN OF MOBILE SYSTEM.**

If you have applied for a position or showed interest in our company, someone from our company may contact you for an assignment or additional questions. We ask that you reply in a timely fashion.

Attendance is a huge asset to providing the best quality of care to our clients. There is no grace period for arrival time, we expect you to arrive and depart at the time assigned that was agreed upon in the service agreement. Failure to do so will result in a charge. If you feel that you will be as little as 1 minute late, you need to notify our office immediately. To boot, no one should leave a client's home early; we ask that you get a supervisor approval prior to leaving early or staying over. You must speak with a live person or leave a detailed message if no one is available so that we can note it in your file. Note if a client should not be left alone please be sure to reach someone from our office or client's family member. No-Call No-Show is when you do not call or show up to an agreed assignment. If you call-in 24 hours prior to an assignment, it is also considered a no-call-no-show which will result in a charge. You must give us a 24 hour notice if you need off from an assignment and it is advantageous to develop a good rapport with co-workers of your team so that you may have a replacement for a last minute call-in. Any changes must be approved by Administrator.

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Fees	Amount
Failure to respond to a call from AHC staff within 2-4 hours	\$25.00
Arriving late to a client's home	\$25.00
Leaving a client's home early	\$25.00
No-Call-No Show	\$75.00+

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Sincerely,

*Cheryl C. Rogers*

If you have read and understood these updates on company policies please sign and date your name on the designated area below.

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Sign Name \_\_\_\_\_





## **CONFIDENTIALITY AGREEMENT**

This Confidentiality Agreement (this "Agreement") is made effective as of September 06, 2016, between Applied Home Care, Inc, of 4500 Hugh Howell Road, Tucker, Georgia 30084, and All Applied Home Care's Staff and Affiliates.

Applied Home Care, Inc is engaged in Home Care Agency Services and All Applied Home Care's Staff and Affiliates is engaged in Services. The Owner has requested and the Recipient agrees that the Recipient will protect the confidential material and information which may be disclosed between the Owner of Applied Home Care and the Recipient. Therefore, the parties agree as follows:

**I. CONFIDENTIAL INFORMATION.** The term "Confidential Information" means any information or material which is proprietary to Applied Home Care, Inc and Applied Home Care's clients whether or not owned or developed by Applied Home Care, Inc, which is not generally known other than by Applied Home Care, Inc, and which may obtain through any direct or indirect contact with Applied Home Care, Inc.

A. Confidential Information includes without limitation:

- business records and plans
  - customer lists and records
  - Documents
  - Client Information
  - Employee Information
- and other proprietary information.

B. Confidential Information does not include:

- matters of public knowledge that result from disclosure by Applied Home Care, Inc
  - information rightfully received by a third party without a duty of confidentiality
  - information independently developed by the State of Georgia.
  - information disclosed by operation of law
  - information disclosed by persons with the prior written consent of Applied Home Care, Inc
- and any other information that both parties agree in writing is not confidential.

**II. PROTECTION OF CONFIDENTIAL INFORMATION.** All Applied Home Care's Staff and Affiliates understands and acknowledges that the Confidential Information has been developed or obtained by Applied Home Care, Inc by the investment of significant time, effort and expense, and that the Confidential Information is a valuable, special and unique asset of Applied Home Care, Inc which provides Applied Home Care, Inc with a significant competitive advantage, and needs to be protected from improper disclosure. In consideration for the disclosure of the Confidential Information, All Applied Home Care's Staff and Affiliates agrees to hold in confidence and to not disclose the Confidential Information to any person or entity without the prior written consent of Applied Home Care, Inc. In addition, All Applied Home Care's Staff and Affiliates agrees that:

*i. No Copying/Modifying.* All Applied Home Care's Staff and Affiliates.

will not copy or modify any Confidential Information without the prior written consent of Applied Home Care, Inc.

*ii. Application to Employees.* Further, All Applied Home Care's Staff and Affiliates.

shall not disclose any Confidential Information to any employees of Applied Home Care, INC, except those employees who are required to have the Confidential Information in order to perform their job duties in connection with the limited purposes of this Agreement. Each permitted employee to whom Confidential Information is disclosed shall sign a non-disclosure agreement substantially the same as this Agreement at the request of Applied Home Care, Inc.

*iii. Unauthorized Disclosure of Information.* If it appears that if an Employee or Staff Member has disclosed (or has threatened to disclose) Confidential Information in violation of this Agreement, Applied Home Care, Inc shall be entitled to an injunction to restrain Any Staff Member of Applied Home Care, Inc from disclosing, in whole or in part, the Confidential Information. Applied Home Care, Inc shall not be prohibited by this provision from pursuing other remedies, including a claim for losses and damages.

**III. RETURN OF CONFIDENTIAL INFORMATION.** Upon the written request of Applied Home Care, Inc, Any Employee, Staff Member or Affilates shall return to Applied Home Care, Inc all written materials containing the Confidential Information and Applied Home Care's Documents shall also deliver to Applied Home Care, Inc and written statements signed by Staff or any Group or Persons affiliated certifying that all materials have been returned within five (5) days of receipt of the request.

**IV. RELATIONSHIP OF PARTIES.** Neither party has an obligation under this Agreement to purchase any service or item from the other party, or commercially offer any products using or incorporating the Confidential Information. This Agreement does not create any agency, partnership, or joint venture.

**V. NO WARRANTY.** All Applied Home Care's Staff and Affiliates acknowledges and agrees that the Confidential Information is provided on an AS IS basis and the use of Applied Home Care's Operation. APPLIED HOME CARE, INC MAKES NO WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE CONFIDENTIAL INFORMATION AND HEREBY EXPRESSLY DISCLAIMS ANY AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE. IN NO EVENT SHALL APPLIED HOME CARE, INC BE LIABLE FOR ANY DIRECT, INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES IN CONNECTION WITH OR ARISING OUT OF THE PERFORMANCE OR USE OF ANY PORTION OF THE CONFIDENTIAL INFORMATION. Applied Home Care, Inc does not represent or warrant that any product or business plans disclosed to All Applied Home Care's Staff and Affiliates will be marketed or carried out as disclosed, or at all. Any actions taken by All Applied Home Care's Staff and Affiliates in response to the disclosure of the Confidential Information shall be solely at the risk of All Applied Home Care's Staff and Affiliates.

**VI. LIMITED LICENSE TO USE.** All Applied Home Care's Staff and Affiliates shall not acquire any intellectual property rights under this Agreement except the limited right to use set out above. All Applied Home Care's Staff and Affiliates acknowledges that, as between Applied Home Care, Inc and Staff, the Confidential Information and all related copyrights and other intellectual property rights, are (and at all times will be) the property of Applied Home Care, Inc, even if suggestions, comments, and/or ideas made by All Applied Home Care's Staff and Affiliates are incorporated into the Confidential Information or related materials during the period of this Agreement.

**VII. GENERAL PROVISIONS.** This Agreement sets forth the entire understanding of the parties regarding confidentiality. The obligations of confidentiality shall survive indefinitely from the date of disclosure of the Confidential Information. Any amendments must be in writing and signed by both parties. This Agreement

shall be construed under the laws of the State of Georgia. This Agreement shall not be assignable by either party, and neither party may delegate its duties under this Agreement, without the prior written consent of the other party. The confidentiality provisions of this Agreement shall remain in full force and effect after the effective date of this Agreement.

**IN WITNESS WHEREOF**, this Agreement has been executed and delivered in the manner prescribed by law as of the date first written above.

Information Owner:  
Applied Home Care, Inc

By:     CR      
Cheryl Rogers  
CEO

Recipient:

\_\_\_\_\_

\_\_\_\_\_ All Applied Home Care's Staff and Affiliates.

By: Receipt of Employment Manual and continued employment or affiliation with Applied Home Care, Inc.