

# **POLICIES AND PROCEDURES MANUAL FOR HOME HEALTH CARE**

## **TABLE OF CONTENTS**

*All Form Titles Are Listed Alphabetically at the End*

### **I. Environment of Care (EC)**

	<b>Page No.</b>
Safety Management Program.....	1.1.1
Staff Personal Safety Education.....	1.2.1
Personal Safety in the Community Guidelines .....	1.3.1
Employee Security and Safety-Managing Undesirable Behavior .....	1.4.1
Hazardous Materials/Waste .....	1.5.1
Hazardous Waste Disposal .....	1.6.1
Hazard Communication Program .....	1.7.1
Variance/Incident Reporting.....	1.8.1
OSHA 300 Log .....	1.9.1
Security Plan .....	1.10.1
Utility Systems .....	1.11.1

### **II. Emergency Management (EM)**

Emergency Operations Plan and Policies .....	2.1.1
Agency Facility-Based and Community-Based Risk Assessment Policy .....	2.2.1
Communication Plan and Policy for Emergency Operations Plan (EOP).....	2.3.1
Emergency Operations Plan (EOP) Training Program.....	2.4.1
Testing Program for Emergency Operations Plan (EOP).....	2.5.1

### **III. Equipment Management (EQ)**

Equipment Maintenance .....	3.1.1
Medical Device Problem Reporting.....	3.2.1

### **IV. Human Resources (HR)**

Classification of Employees .....	4.1.1
Attendance and Reporting.....	4.2.1
Sexual and Other Harassment.....	4.3.1
Termination.....	4.4.1
Employee Recruitment Process .....	4.5.1
Employment.....	4.6.1
License, Registration or Certification Requirements.....	4.7.1
Personnel Records.....	4.8.1
Contractual Staff.....	4.9.1
Supervision of Physical Therapy Assistants and Occupational Therapy Assistants ....	4.10.1
Home Health Aide Supervision .....	4.11.1

**IV. Human Resources (HR) (continued)**

	<b>Page No.</b>
Home Health Aide Services and Training Program .....	4.12.1
Employee Orientation .....	4.13.1
Inservice Education.....	4.14.1
Staff Competency Program.....	4.15.1
Job Description .....	4.16.1
Performance Appraisals/Evaluations .....	4.17.1
Policy Regarding Students.....	4.18.1
Roles and Responsibilities Related to Safety.....	4.19.1
Driver’s License.....	4.20.1
Vehicle Insurance.....	4.21.1
Wages and Benefits.....	4.22.1
Retention of Personnel.....	4.23.1
Disciplinary Action.....	4.24.1
Medicaid Personal Care Aide – Only Services Policy.....	4.25.1

**V. Infection Prevention and Control (IC)**

Infection Control Surveillance System: Prioritized Risks Defined .....	5.1.1
Infection Control Plan .....	5.2.1
Guidelines for H1N1 Virus.....	5.3.1
Exposure Control Plan: OSHA Regulations .....	5.4.1
Specific Procedures for Employee and Patient Infection Control Training .....	5.5.1
Standard Precautions.....	5.6.1
Hand Hygiene Policy and Compliance Program .....	5.7.1
Housekeeping Requirements for Bloodborne Pathogens .....	5.8.1
Employee Infectious Diseases .....	5.9.1
Employee Epidemiological Illnesses .....	5.10.1
Reporting of Epidemiological Illnesses in Patients .....	5.11.1
Bloodborne Pathogen Standards .....	5.12.1
Infection Control Committee .....	5.13.1
Supply Maintenance .....	5.14.1
Occupational Exposure to Tuberculosis/Prevention of Transmission of TB Plan .....	5.15.1
Patient Education of Infection Precautions and Infection Control Practices .....	5.16.1
Appropriate Safeguards to Prevent Drug Contamination .....	5.17.1
Fingernails/Artificial Nails .....	5.18.1
Influenza Vaccination Program .....	5.19.1

**VI. Information Management (IM)**

Information Management Plan .....	6.1.1
Reporting of OASIS Information.....	6.2.1
Release of Patient Identifiable OASIS Information.....	6.3.1
Patient Confidentiality .....	6.4.1
HIPAA Breach Notification.....	6.5.1

## **VI. Information Management (IM) (continued)**

	<b>Page No.</b>
Release of Information.....	6.6.1
Information Confidentiality, Security and Data Integrity.....	6.7.1
Accessing Needed Resources .....	6.8.1
Business Continuity/Disaster Recovery Plan .....	6.9.1
Prohibited Abbreviations .....	6.10.1

## **VII. Leadership (LD)**

Governing Body.....	7.1.1
Leaders and Governing Body Orientation .....	7.2.1
Mission, Vision, Goal and Strategic Plan .....	7.3.1
Disruptive and Inappropriate Behavior.....	7.4.1
Budget and Capital Expenditure Plan .....	7.5.1
Policy Decisions.....	7.6.1
Compliance with Laws and Regulations and Disclosure of Information .....	7.7.1
Services Furnished and Written Agreements/Contracts Among Providers.....	7.8.1
Administrator: Defined .....	7.9.1
Supervision of Staff .....	7.10.1
Organization and Services Administration .....	7.11.1
Policies and Procedures .....	7.12.1
Leadership Assessment of Contributions to Quality Assessment and Performance Improvement (QAPI) and Safety Improvement Activities .....	7.13.1
Home Health Change of Care Notice (HHCCN) and Advance Beneficiary Notice (ABN).....	7.14.1
Patient Safety Program .....	7.15.1
Annual Public Disclosure .....	7.16.1
Conflict of Interest: Staff and Governing Body Members.....	7.17.1
Code of Ethics.....	7.18.1
Ethical Issue Consideration .....	7.19.1
Billing .....	7.20.1
Financial Incentives .....	7.21.1
Staff Participation in Care.....	7.22.1
Internal and External Reviews of Care .....	7.23.1
Sentinel Event .....	7.24.1
Compliance Program .....	7.25.1
Contingency Planning.....	7.26.1
Marketing Plan.....	7.27.1
Financial Management Tools.....	7.28.1
Financial Management Information System.....	7.29.1
Financial Management.....	7.30.1
Maintenance of Financial Records.....	7.31.1
Established Rates/Charges .....	7.32.1
Collection Policy.....	7.33.1
Collection of Accounts/Account Reconciliation .....	7.34.1

## **VII. Leadership (LD) (continued)**

	<b>Page No.</b>
Journal Entries .....	7.35.1
Assignment of Revenue .....	7.36.1
Fixed Assets Record: Equipment Inventory .....	7.37.1
Fixed Assets: Equipment Depreciation.....	7.38.1
Financial Information and Fiscal Monitoring Reviews .....	7.39.1
Financial Statement.....	7.40.1

## **VIII. Medication Management (MM)**

Patient Information .....	8.1.1
Medication Storage .....	8.2.1
Emergency Medications and Supplies .....	8.3.1
Medication Orders .....	8.4.1
Medication Preparation .....	8.5.1
Medication Labels.....	8.6.1
Medication Administration .....	8.7.1
First Dose .....	8.8.1
Treatment Modalities .....	8.9.1
Medication Monitoring .....	8.10.1
Response to Adverse Drug Reaction and Medication Errors .....	8.11.1
High-Alert and Hazardous Medications .....	8.12.1
Investigational/Experimental Drugs .....	8.13.1
Evaluation of Medication Management System .....	8.14.1
Medication Reconciliation .....	8.15.1
Look-Alike/Sound-Alike Drugs.....	8.16.1
Medication Disposal .....	8.17.1

## **IX. Provision of Care, Treatment and Services (PC)**

Medicare Reimbursement Criteria .....	9.1.1
Human Rights Assurance.....	9.2.1
Patient Admission Criteria.....	9.3.1
Admission Information .....	9.4.1
Assessment and Reassessment Guidelines .....	9.5.1
Initial Assessments/Comprehensive Assessments .....	9.6.1
Reassessments/Update of the Comprehensive Assessment.....	9.7.1
Identifying and Reporting Possible Victims of Alleged/Suspected Abuse, Neglect or Exploitation .....	9.8.1
Care Planning Process.....	9.9.1
Plan of Care-CMS #485 and Physician Orders .....	9.10.1
Verification of Physician Licensure .....	9.11.1
Professional Standards of Practice .....	9.12.1
Coordination of Patient Care .....	9.13.1
Duplication of Services.....	9.14.1

**IX. Provision of Care, Treatment and Services (PC)(continued)**

	<b>Page No.</b>
Skilled Professional Services.....	9.15.1
Nursing Services .....	9.16.1
Rehabilitation Services .....	9.17.1
Social Work Services .....	9.18.1
Respiratory Therapy Services .....	9.19.1
After Hours Accessibility .....	9.20.1
Plan for Patient/Family Education .....	9.21.1
Patient Education .....	9.22.1
Restraints.....	9.23.1
Nutritional Care .....	9.24.1
Pain Assessment and Reassessment.....	9.25.1
End-of-Life Care.....	9.26.1
Blood and Blood Components .....	9.27.1
Community Resources .....	9.28.1
Transfer/Referral Criteria.....	9.29.1
Discharge Criteria .....	9.30.1
Discharge Summary.....	9.31.1
Fall Reduction Program .....	9.32.1
Expedited Determination Policy .....	9.33.1
Face-to-Face Encounter .....	9.34.1

**X. Quality Assessment and Performance Improvement (QAPI)**

Quality Assessment and Performance Improvement (QAPI) Plan and Program .....	10.1.1
Analysis: Significant Medication Incidents .....	10.2.1
Patient/Family Perception of Care (Non-Medicare Certified Agency) .....	10.3.1
Home Health Care CAHPS® Survey Policy.....	10.4.1
Adverse Event Policy.....	10.5.1
Performance Improvement Projects.....	10.6.1

**XI. Record of Care, Treatment and Services (RC)**

Medical Record Content .....	11.1.1
Home Health Aide Documentation .....	11.2.1
Medical Record Entries and Authentication .....	11.3.1
Computer Key/Password .....	11.4.1
Timely Submission of Patient Documentation .....	11.5.1
Medical Record Retention .....	11.6.1
Consent for Treatment and Services .....	11.7.1
Medication Profile .....	11.8.1
Physician Orders – Verbal Orders .....	11.9.1
Physician Orders and Tracking System .....	11.10.1

## **XII. Rights and Responsibilities of the Individual (RI)**

	<b>Page No.</b>
Patient Bill of Rights and Responsibilities .....	12.1.1
OASIS Statement of Patient Privacy Rights .....	12.2.1
Complaint Resolution .....	12.3.1
Patient Self-Determination Act: Advance Directives .....	12.4.1
Limited English Proficiency or Impairments in Communications and Accessibility....	12.5.1
Guidelines for Effective Communication with Sensory Impaired Patients .....	12.6.1
Patient Security, Privacy, Property and Person .....	12.7.1
Do Not Resuscitate (DNR) .....	12.8.1
Forego and/or Withdraw Life-Sustaining Care.....	12.9.1
Consent for Filming or Recording .....	12.10.1
Patient/Family Responsibilities .....	12.11.1
Consent .....	12.12.1
Outcomes of Care .....	12.13.1

## **XIII. Waived Testing (WT)**

Waived Testing: Blood Glucose Monitors and/or Coagulation Testing.....	13.1.1
--	--------

## **Forms/Attachments**

<i>Advance Beneficiary Notice of Noncoverage (ABN) .....</i>	<i>7.14A.11</i>
<i>Alcohol Product Usage Compliance.....</i>	<i>5.7A.6</i>
<i>Analysis: Medication Incidents.....</i>	<i>10.2A.3</i>
<i>Annual Agency Site Environment Assessment .....</i>	<i>1.1A.3</i>
<i>Annual Analysis/Assessment of Leader's Effectiveness of Contributions to Quality Assessment and Performance Improvement (QAPI) and Safety Improvement Activities.....</i>	<i>7.13A.2</i>
<i>Annual Approval of Policies/Procedures.....</i>	<i>7.12A.2</i>
<i>Annual Contract Evaluation .....</i>	<i>7.8B.8</i>
<i>Annual Evaluation of Hazard Vulnerability Analysis (HVA): Agency (Facility-Based)....</i>	<i>2.2B.3</i>
<i>Annual Evaluation of Hazard Vulnerability Analysis (HVA): Community-Based .....</i>	<i>2.2D.5</i>
<i>Annual Infection Control Program Evaluation .....</i>	<i>5.2A.4</i>
<i>Annual Influenza Vaccination Program Evaluation.....</i>	<i>5.19A.3</i>
<i>Annual On-Site Competency Assessment Home Health Aide .....</i>	<i>4.15O.20</i>
<i>Annual Safety Program Evaluation: Governing Body Report.....</i>	<i>7.15A.3</i>
<i>Annual TB Risk Assessment .....</i>	<i>5.15A.9</i>
<i>Authorization of Agency Responsibility .....</i>	<i>7.9A.3</i>
<i>Capital Expenditure Plan .....</i>	<i>7.5A.3</i>
<i>Communicable Diseases: Definitions and Modes of Transmission.....</i>	<i>5.11A.2</i>
<i>Communicable/Infectious Disease Information Table.....</i>	<i>5.11B.4</i>
<i>Communication Plan: Contracted Services Contact Information .....</i>	<i>2.3B.4</i>

**Forms/Attachments (continued)**

	<b>Page No.</b>
<i>Communication Plan: Other Sources of Assistance Contact Information</i> .....	2.3D.6
<i>Communication Plan: Staff Contact Information</i> .....	2.3A.3
<i>Communication Plan: Volunteer Contact Information</i> .....	2.3C.5
<i>Community Education Regarding Advance Directives</i> .....	12.4B.5
<i>Computer Key/Password Statement</i> .....	11.4A.2
<i>Consent/Release of Information</i> .....	6.6A.2
<i>Data Collection Tool: QAPI Project</i> .....	10.1A.12
<i>Detailed Explanation of Non-Coverage</i> .....	9.33D.10
<i>Discharge Instructions</i> .....	9.30A.4
<i>Discharge Summary</i> .....	9.31A.2
<i>Drugs and Solutions Approved for Home Administration</i> .....	8.7A.3
<i>Drugs Approved for Home Administration</i> .....	8.7B.10
<i>Emergency Operations Plan Evaluation/Analysis</i> .....	2.5A.4
<i>Employee Infection Control Training</i> .....	5.4A.5
<i>Employee Information Sheet: Hepatitis B and Hepatitis B Vaccine</i> .....	5.12A.7
<i>Employee Training: Emergency Operations Plan (EOP)</i> .....	2.4A.2
<i>Equipment Maintenance Log: Blood Pressure Cuffs</i> .....	3.1A.3
<i>Equipment Maintenance Log: Scales</i> .....	3.1B.4
<i>Fall Risk Assessment/Reassessment</i> .....	9.32A.3
<i>Glucometer and/or Coagulation Testing Competency Assessment</i> .....	13.1A.3
<i>Hand Hygiene Monthly Monitoring</i> .....	5.7B.7
<i>Hazard Vulnerability Analysis (HVA): Agency (Facility-Based)</i> .....	2.2A.2
<i>Hazard Vulnerability Analysis (HVA): Community-Based</i> .....	2.2C.4
<i>Health Guidelines for Employees with Infectious Diseases</i> .....	5.9A.2
<i>Healthcare COOP &amp; Recovery Planning (ASPR)</i> .....	2.5B.6
<i>Hepatitis B Vaccination Waiver Form</i> .....	5.12B.8
<i>Home Health Change of Care Notice (HHCCN)</i> .....	7.14A.10
<i>Home Health Agency–Outcome and Assessment Information Set (OASIS) Notice</i>	
<i>About Privacy-For Patients Who Do Not Have Medicare or Medicaid Coverage</i> .....	12.2C.4
<i>Home Health Agency – Outcome and Assessment Information Set (OASIS)</i>	
<i>Statement of Patient Privacy Rights</i> .....	12.2A.2
<i>Home Health Care CAHPS® Survey</i> .....	10.4A.3
<i>Individual Patient Emergency Preparedness Plan</i> .....	2.1A.8
<i>Infection Control Log: Employee Infections</i> .....	5.1B.4
<i>Infection Control Log: Patient Infections</i> .....	5.1A.3
<i>Infection Control Quarterly Data Aggregation and Analysis: Patients and Employees</i> .....	5.1C.5
<i>Initial Competency Checklist Medical Social Worker</i> .....	4.15E.10
<i>Initial Competency Checklist Medical Social Work Assistant</i> .....	4.15F.11
<i>Initial Competency Checklist Occupational Therapist</i> .....	4.15G.12
<i>Initial Competency Checklist Occupational Therapy Assistant</i> .....	4.15H.13
<i>Initial Competency Checklist Physical Therapist</i> .....	4.15B.5
<i>Initial Competency Checklist Physical Therapy Assistant</i> .....	4.15C.7
<i>Initial Competency Checklist RN/LPN</i> .....	4.15A.3
<i>Initial Competency Checklist Speech Language Pathologist</i> .....	4.15D.9

**Forms/Attachments (continued)**

	<b>Page No.</b>
<i>Initial On-Site Competency Checklist Home Health Aide</i> .....	4.15I.14
<i>Instructions for Completing CMS 10123 Form: Notice of Medicare Provider Non-Coverage Generic Notice</i> .....	9.33A.3
<i>Instructions for Completing CMS 10124 Form: Detailed Explanation of Non-Coverage</i> .....	9.33C.8
<i>Job Description Administrator</i> .....	4.17A.2
<i>Job Description Certified Occupational Therapy Assistant (COTA)</i> .....	4.17Y.55
<i>Job Description Director of Clinical Services</i> .....	4.17C.7
<i>Job Description Home Health Aide (HHA)</i> .....	4.17M.31
<i>Job Description Licensed Physical Therapy Assistant (LPTA)</i> .....	4.17Q.39
<i>Job Description Licensed Practical Nurse (LPN)</i> .....	4.17K.27
<i>Job Description Medical Social Worker (MSW)</i> .....	4.17S.43
<i>Job Description Clinical Manager</i> .....	4.17G.17
<i>Job Description Occupational Therapist (OT)</i> .....	4.17W.51
<i>Job Description Quality Assessment and Performance Improvement (QAPI) Coordinator</i> .....	4.17E.13
<i>Job Description Registered Nurse (RN)</i> .....	4.17I.23
<i>Job Description Registered Physical Therapist (PT)</i> .....	4.17O.35
<i>Job Description Speech Language Pathologist (SLP)</i> .....	4.17U.47
<i>Lines of Authority</i> .....	7.11A.3
<i>Management and Disposal of Controlled Drugs for Patients and Families</i> .....	8.17A.4
<i>Medical Device Reporting (MDR) Highlights</i> .....	3.2A.3
<i>Medication Profile</i> .....	11.8A.3
<i>Notice of Medicare Provider Non-Coverage</i> .....	9.33B.6
<i>Nursing Care Plan Update</i> .....	9.9A.4
<i>OASIS Assessment Reference Sheet</i> .....	9.7A.3
<i>Ongoing Competency Assessment Medical Social Worker/Medical Social Worker Assistant</i> .....	4.15M.18
<i>Ongoing Competency Assessment Occupational Therapist/Occupational Therapy Assistant</i> .....	4.15K.16
<i>Ongoing Competency Assessment Physical Therapist/Physical Therapy Assistant</i> .....	4.15N.19
<i>Ongoing Competency Assessment Skilled Nurses</i> .....	4.15J.15
<i>Ongoing Competency Assessment Speech Language Pathologist</i> .....	4.15L.17
<i>Orientation Checklist</i> .....	4.13A.3
<i>Patient Advance Directives Statement</i> .....	12.4A.4
<i>Patient Consent for Filming or Recording</i> .....	12.10A.2
<i>Patient Education on Restraints Tool</i> .....	9.23A.2
<i>Patient/Family Perception of Care Non-Medicare Certified Agency QAPI Data Collection and Analysis Summary</i> .....	10.3B.4
<i>Patient/Family Perception of Care Survey Tool Non-Medicare Certified Agency</i> .....	10.3A.3
<i>Patient's Bill of Rights/Responsibilities and Transfer/Discharge Criteria</i> .....	12.1A.7
<i>Performance Appraisal/Evaluation Administrator</i> .....	4.17B.5
<i>Performance Appraisal/Evaluation Certified Occupational Therapy Assistant (COTA)</i> .....	4.17Z.57
<i>Performance Appraisal/Evaluation Director of Clinical Services</i> .....	4.17D.10

**Forms/Attachments (continued)**

	<b>Page No.</b>
<i>Performance Appraisal/Evaluation Home Health Aide (HHA)</i> .....	4.17N.33
<i>Performance Appraisal/Evaluation Licensed Physical Therapy Assistant (LPTA)</i> .....	4.17R.41
<i>Performance Appraisal/Evaluation Licensed Practical Nurse (LPN)</i> .....	4.17L.29
<i>Performance Appraisal/Evaluation Medical Social Worker (MSW)</i> .....	4.17T.45
<i>Performance Appraisal/Evaluation Clinical Manager</i> .....	4.17H.20
<i>Performance Appraisal/Evaluation Occupational Therapist (OT)</i> .....	4.17X.53
<i>Performance Appraisal/Evaluation Quality Assessment and Performance Improvement (QAPI) Coordinator</i> .....	4.17F.15
<i>Performance Appraisal/Evaluation Registered Nurse (RN)</i> .....	4.17J.25
<i>Performance Appraisal/Evaluation Registered Physical Therapist (PT)</i> .....	4.17P.37
<i>Performance Appraisal/Evaluation Speech Language Pathologist (SLP)</i> .....	4.17V.49
<i>Personal Protective Equipment</i> .....	5.12C.9
<i>Physician License Verification</i> .....	9.11A.2
<i>PPD Annual Employee Aggregate Database</i> .....	5.15B.10
<i>Privacy Act Statement - Health Care Records</i> .....	12.2B.3
<i>QAPI Project Data Collection and Analysis Summary</i> .....	10.1B.13
<i>Quarterly Review of Quality Indicators and Adverse Events Tool</i> .....	10.5A.2
<i>Recommendations for Follow-Up After Significant Exposure</i> .....	5.12D.10
<i>Sensory Impaired Patient Information Sheet</i> .....	12.6A.3
<i>Staff: Appropriate Use of 2 Patient Identifiers</i> .....	8.7C.15
<i>Strategies to Address Emergent Events: Policy Examples</i> .....	2.2E.6
<i>Transfer Summary</i> .....	9.29A.3
<i>Translator/Interpreter Availability</i> .....	12.5A.3
<i>Variance/Incident Report: Patient or Employee</i> .....	1.8A.3
<i>Variance/Incident Reports: Quarterly Data Aggregation</i> .....	1.8B.4
<i>Written Agreement/Contract</i> .....	7.8A.3

[This page intentionally left blank]