HOMELAND HOME HEALTHCARE.

MINNESOTA PCA POLICY MANUAL

HOMELAND HOME HEALTHCARE.

Publisher
Mefford, Knutson and Associates, Inc.

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Mefford, Knutson & Associates, Inc.

Minnesota PCA Policy Manual was developed as a guide for agencies as they develop their own policy manual. The author has put forth every effort to ensure that this manual reflects current regulations and home care standards at the time of publication. However, it cannot be considered absolute and universal. The information in this manual must be considered in light of your organization.

The author and publisher disclaim responsibility for any adverse effects resulting directly or indirectly from the use of this policy manual, from any undetected errors, and from the user's misunderstanding of the text.

As changes or undetected errors occur, they will be incorporated in the next printing.

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MINNESOTA PCA POLICY MANUAL
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2015

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EFFECTIVE DATE

This manual was developed to define the overall care and employment policies of HOMELAND HOME HEALTHCARE. It shall be reviewed and revised as necessary, at least once a year.

This manual for PCA Services shall be available at all times for review by staff, clients and their designated representatives, and potential applicants for home care services.

The effective date of this manual shall be _____

All policies and procedures in this manual were reviewed and approved by:

Administrator (print name): _____

_____ _____

Administrator Signature Date:

ANNUAL REVIEW

Date:_____ Signature/Title:_____

MISSION STATEMENT

HOMELAND HOME HEALTH CARE believes that health care is a basic human right. It must be available, coordinated, and provided in a comprehensive way, combined with other human services when appropriate. We believe home health care is an important part of the continuous health care system, and it shall be provided in the most cost-effective way possible. **We believe the services should be tailored to meet the needs and wishes of the clients we serve.**

This Agency and our staff shall operate and provide services in compliance with all applicable federal, state, and local laws and regulations and disclosure and ownership information. To the best of our knowledge, based on our Quality Improvement Program and professional personnel practices, our services comply with professional standards and principles.

AGENCY OBJECTIVES

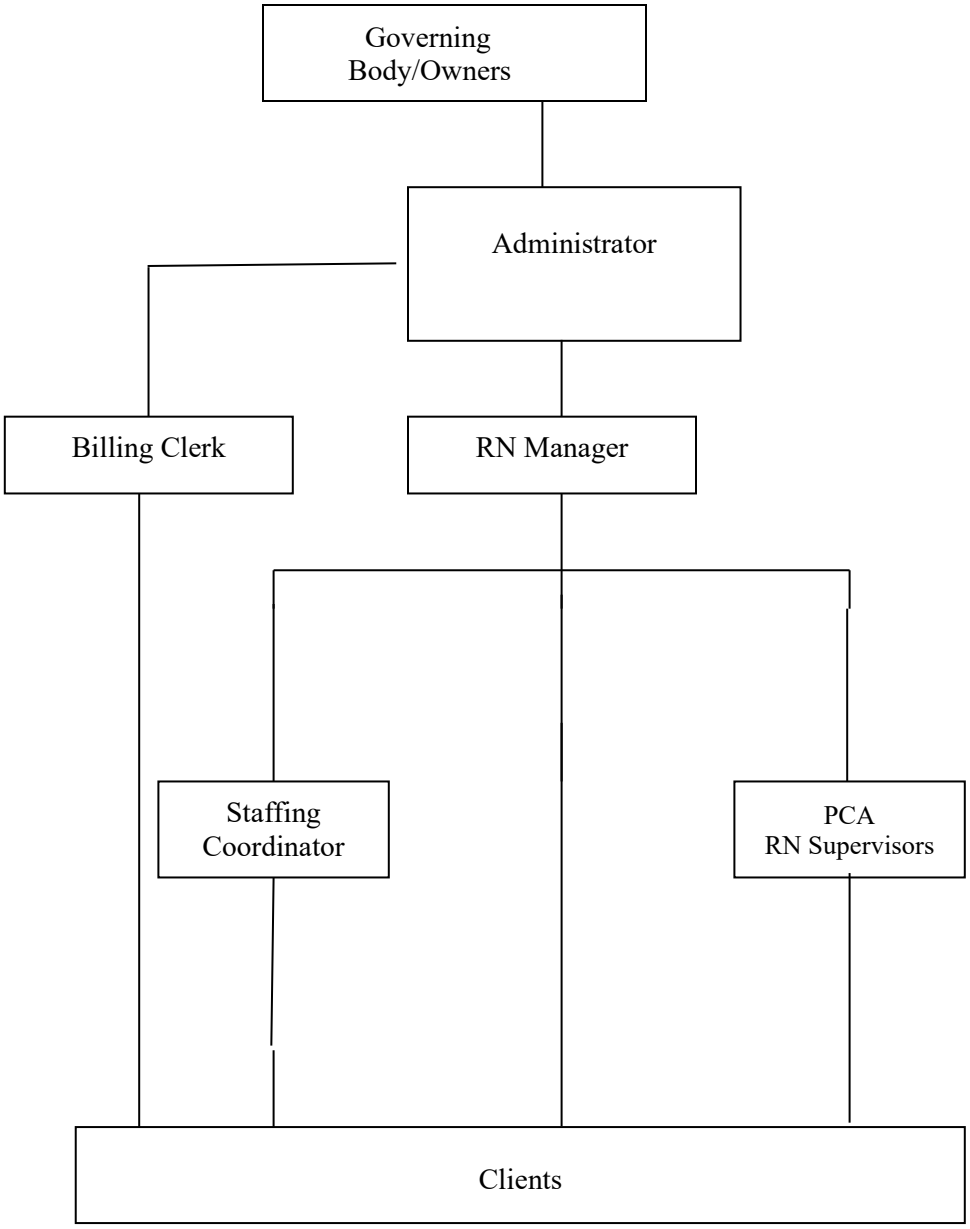
1. To provide:
   - A coordinated team approach to PCA Services using:
     1. Registered Nurses
     2. PCAs
     3. Qualified Professionals

   - PCA services and training that allow clients and their caregivers to assume personal responsibility for the client's health and personal needs.
   - A review vehicle for continuous examination of the care a client is receiving from the Agency
   - Educational opportunities within the agency for employees through an in-service program, skills development, individualized training, and participation in professional organizations.
   - Coordinated liaison with health and social services or human services agencies to meet the needs of the community through joint efforts, meetings, and community-awareness programs.
   - A physical work environment favorable to maximum employee performance.

2. To recruit and retain highly-qualified personnel through
   - screening
   - evaluation
   - Performance reviews and staff development
   - competitive compensation policies structured to recognize responsibility

HOMELAND HOME HEALTHCARE.

ORGANIZATION CHART



QUALITY IMPROVEMENT

POLICY

Agency shall maintain a planned systematic organization-wide approach to designing, measuring, assessing, and improving its performance. Outcome measurement of these performance improvement activities will be monitored on a continuous basis and all results will be reported at least annually to the Management team/Administrator.

PURPOSE

To provide a system in which the agency's performance is systematically measured, assessed, and improved. This is in an effort to improve the quality of care provided and client health outcomes, and to ensure proper utilization of services.

OBJECTIVES OF THE PROGRAM

- To assess and evaluate the quality of client care services and appropriateness of care using structural, process, and outcome measures.
- To identify deviations from agency expectations and professional standards.
- To address and resolve problems identified.
- To recommend methods to improve care.

SPECIAL INSTRUCTIONS

a. The program will reflect participation by all services and levels of staff and will subscribe to compliance with internal and external standards.

b. Agency staff will determine annual objectives for the improvement program. These objectives will address improving the quality of life or the clients, improving the quality of services in a measureable way, and/or delivering services more efficiently.

c. The Quality Improvement Program will address client service areas that are high volume, high risk, or problem prone.

d. Methods of organizational review and data collection will include, but are not limited to:

    1. Clinical Record Review
    2. Client Satisfaction Surveys
    3. Incident Reports
    4. Client Complaints
    5. Monitoring and Review of Client Outcomes

AGENCY MARKETING

POLICY

The agency has an ethical responsibility to the clients and community it serves. The agency supports honest and appropriate interactions with clients and whenever possible, includes them in decisions about their care, treatment and issues including ethical issues. The agency will not provide financial incentives to staff, or Governing Body members for any client care related activities.

SPECIAL INSTRUCTIONS

1. **Agency responsibilities:**
    a. Once a client is admitted for care, the agency has a responsibility to provide services that are within the agency capabilities, mission and applicable laws and regulation. If a conflict arises that might result in denial of care, service or payment, the client's specific needs will dictate the decision regarding discharge/transfer.
2. **Inter-Agency Relationships:**
    a. All referral sources shall honestly and conscientiously cooperate in providing appropriate and timely information about referrals and cooperate to assure comprehensive services.
3. **Fiscal Responsibilities:**
    a. The amount of service billed is consistent with the amount and type of service provided. Invoices reflect current published rates.
    b. Accepted accounting practices are used in determining charges for service, supplies, and equipment.
    c. The agency will not engage in activities or be in situation or relationships which might indicate "kickback"/"pay-offs" or other inappropriate practice.
    d. Agency does not compromise client care or allow clinical decisions to influence compensation practices or risk sharing agreements.
4. **Marketing and Public Relations**
5. Oral and written statements will fairly represent available services, benefits, costs, and agency capabilities.
6. Services promoted to the public media include information descriptive of PCA home care in general, as well as specific agency information.

CODE OF ETHICS

POLICY

The agency has an ethical responsibility to the clients and community it serves. To fulfill this responsibility the Agency has an established code of ethics that addresses agency practice guidelines for dealing with internal and external customers.

The agency supports honest and appropriate interactions with clients and whenever possible, includes them in decisions about their care, treatment and issues including ethical issues

The Agency will not provide financial incentives to staff, or Governing Body members for any client care related activities

The agency will not compensate staff, or Governing Body members for client referrals

PURPOSE

To articulate the guidelines for ethical conduct of the PCA agency and its employees in a written code. These guidelines shall include, but are not limited to:

- Client rights
- Client/family responsibilities
- Agency rights
- Agency responsibilities
- Interagency relationships
- Fiscal responsibilities
- Agency marketing and public relations
- Personnel
- Ethical issue review process
- Staff rights

SPECIAL INSTRUCTIONS

Client Rights, as outlined in the Home Care Bill of Rights, are protected and promoted by the agency. A copy of these rights is provided to individuals at time of admission. Clients are informed of how/who to contact at agency if concerns arise, and are also given the phone number of the Office of Health Facility Complaints and the contacts for the Ombudsman offices, and a brief explanation of how to file a complaint.

1. **Client/Family Responsibilities:**
    a. At the time of admission, clients are informed of their responsibilities related to the care or service to be provided.

2. **Agency Rights:**
    a. The right to receive payment for services provided.
    b. The right to refuse admission based on admission criteria, available resources and the ability to meet needs of the client.
    c. The right to be assured of a safe work environment for its employees.
    d. The right to expect the client/family to participate in the development of plans for care and subsequent changes.
    e. The right to discontinue services based on agency policies.
3. **Agency Responsibilities:**
    a. Once a client is admitted for care, the agency has a responsibility to provide services that are within the agency capabilities, mission, and applicable laws and regulation. If a conflict arises that might result in denial of care, service or payment, the client's specific needs will dictate the decision regarding discharge/transfer.
4. **Inter-Agency Relationships:**
    a. All referral sources shall honestly and conscientiously cooperate in providing appropriate and timely information about referrals and cooperate to assure comprehensive services.
5. **Fiscal Responsibilities:**
    a. The amount of service billed is consistent with the amount and type of service provided. Invoices reflect current published rates.
    b. Accepted accounting practices are used in determining charges for service, supplies, and equipment.
    c. The agency does not submit claims for services until all necessary documentation to support claim is present. This includes clinical documentation and physician orders.
    d. The agency will not engage in activities or be in situations or relationships which might indicate "kickback"/"payoffs" or other inappropriate practice.
    e. Agency does not compromise client care or allow clinical decisions to influence compensation practices or risk sharing agreements.
6. **Marketing and Public Relations:**
    a. Oral and written statements will fairly represent available services, benefits, costs, and agency capabilities.
    b. Services promoted to the public media include information descriptive of home care in general, as well as specific agency information.
    c. Agency will not directly contact prospective clients or family members to solicit their business
7. **Personnel:**
    a. Agency is an equal opportunity employer and complies with all applicable laws, rules, and regulations.

b. Written personnel policies are available and uniformly applied to all employees.

c. An adequate number of qualified employees are available and utilized at the level of their competency.

d. All employees are supervised.

e. All employees receive an ongoing performance review.

f. Orientation and in-service training are provided for all employees.

g. Continuing education is promoted and encouraged.

h. Agency has a responsibility to ensure that employees promote ethical and professional values in the delivery of home care.

i. Reasonable compensation is awarded to the employee for services rendered.

8. **Ethical Concerns Review Process:**

   a. It is the responsibility of the physician, agency management staff, direct care staff, including those providing services through contract, and the client to report unethical concerns to the agency management staff or designated Source/Group.

9. **Staff Rights:**

   a. An employee has the right to refuse to participate in aspects of care or treatment that are in conflict with his/her cultural or religious beliefs.

   b. Care is not interrupted when an individual employee refuses to participate. Rather, care is reassigned to qualified personnel. In the event employee refuses to participate in care or treatment because of religious or cultural beliefs limits client access to qualified care delivery, the client will be informed and assisted to obtain alternate services.

   c. Individual performance evaluations will reflect motivation of refusal to provide care.

SERVICES PROVIDED

This Agency will provide PCA services clients in their places of residence. Services will be provided using direct employees and contract services as appropriate to meet the needs of the clients.

This Agency shall provide all services required by the client's Care Plan. If the Agency is unable to keep a scheduled appointment for a service that is scheduled, the agency will:

- Contact the client and/or the client's representative, and discuss with them.
- If services are needed and cannot be rescheduled, the agency will implement the back-up plan developed with the client at Start of Care.
- The back-up plan will be initiated
- The agency will have the names and contact information for family/caregivers that will provide back-up.
- If the client is unable to stay at home safely and no other caregivers are available, the client will be transferred to an inpatient setting
- The agency staff will review the emergency back-up with each reassessment or if conditions change

The client and family will be involved in establishing this contingency plan.

Services shall be available seven days a week, 24 hours per day. Telephone answering service will be supplied on a seven day a week, twenty-four hour per day basis, and nurses/management staff will be available by phone in the event of an emergency.

Services will be coordinated by the Qualified Professional in charge of the case, to include implementing, revising and updating care plans as needed and supervision of health team members.

HOMELAND HOME HEALTH CARE services will be provided to clients in the following service areas:

_____

_____

ADMISSION POLICY

POLICY

Clients are accepted for treatment in the home on the basis of reasonable criteria and an expectation that the client's PCA needs can be met adequately by the agency in the client's place of residence.

PURPOSE

To provide guidelines for accepting clients for care to be provided in the client's place of residence that are clear to the home care staff, the medical and lay community and abide by state guidelines, where applicable.

SPECIAL INSTRUCTIONS

CRITERIA FOR CLIENT ADMISSION:

1. A direct request for service shall be made to the Agency intake department. It may be generated by a client, caregiver, family member or a representative of a health facility. To be eligible for PCA services, the client must be eligible for Medical Assistance.
2. The client must reside in the geographic area served by the Agency
3. There must be a reasonable expectation that the client's medical needs can be adequately met in the client's place of residence.
4. **Reasonable expectation shall consider:**
    a. Client has been screened for PCA services and services are authorized
    b. Adequate numbers of trained staff to meet the needs of clients.
    c. Attitudes of client and his/her caregiver toward his/her care at home.
    d. Ability to safely meet the physical and safety needs of the client in the home.
    e. Adequacy of physical facilities in the client's residence for client's proper care.
5. When deemed necessary by the client's condition, it is appropriate for a competent caregiver or significant other to be available at all times who will maintain responsibility for interim care provided to the client. Clients who cannot be left alone will have designated back-up plan for care when agency staff are not present

RELEASE AND DISCLOSURE OF INFORMATION

POLICY

Agency shall inform the client and or responsible party about the need to request release of information for both client medical record information and financial information that is required to be used in providing services to the client.

PURPOSE

To ensure that client identifying information and medical record information are properly obtained prior to providing service to the client.

To ensure that client financial information is properly obtained by the Agency in preparation of proper client services billing.

SPECIAL INSTRUCTIONS

Release of information is used to:

a. Legally request release of medical record information to authorized representatives of the agency

b. Legally request release of medical record information to authorized representatives of medical insurance carriers for use in determining home health care benefits payable to the agency

c. Legally request the client to accept responsibility for payment of any or all claims, co-payments or deductibles not paid by insurance carrier.

f. Provide the Agency access to necessary client information such as:

History & Physical Exam
Progress Notes
Clinical summary
Outpatient Information

These records are required for the purpose(s) of care coordination_____

g. Provides the agency staff access to the documents that may identify the client's vulnerability status.

h. Standardized form from the MN Department of Health is available at:

www.health.state.mn.us/divs/hpsc/dap/consent.pdf (included in Forms)

HOME CARE BILL OF RIGHTS

POLICY

To provide a mechanism whereby a client complaint or grievance can be processed and resolved promptly and efficiently.

PURPOSE

To consistently inform the client, verbally and in writing, or by other means understood by the client, of the following:

- Their right to complain to the licensee about the services received
- The name or title of the person or persons to contact with complaints.
- The method of submitting a complaint to the agency.
- The right to complain to the Minnesota Department of Health, Office of Health Facility complaints; and Ombudsman for Mental Health and Developmental Disabilities
- A statement that the provider will not retaliate against the client if a complaint is made.

To protect and promote the exercise of the client's rights.

To respond to, and if at all possible, resolve complaints presented by the client or representative as quickly as possible.

To designate a person in agency who is responsible for responding to complaints.

To assure the client/representative the opportunity to voice complaints free of restraint of discrimination or reprisal.

SPECIAL INSTRUCTIONS

1. The designated care provider shall provide the client with a written notice of the Home Care Bill of Rights, including their right to complain and the person to contact with complaints at the time of admission. In the event that the client is incompetent, the Home Care Bill of Rights shall be devolved with the client's legal guardian. The reason the client is unable to acknowledge receipt of the Home Care Bill of Rights shall be documented.
2. The client/caregiver shall be advised orally and in writing of the Agency's Grievance Procedure, including information regarding the Home Health Agency Hotline (established by the state) the hours of its operation and that the purpose of the hotline is to receive questions or complaints about local home health agencies.
3. If a complaint regarding services provided is received by the Agency staff professional providing care, the Agency contact person (Supervisor) will contact the client caregiver and/or interested parties, discuss the situation, gather information and attempt to reconcile the situation. The complaint shall be documented on the Agency Complaint Form.
    - A written response will be sent to the client as soon as possible, but no later than 15 days after receipt of the complaint. If the Supervisor cannot reconcile the situation, the Administrator will review all information, contact the client, caregiver or interested parties and attempt to reconcile the situation.

- If the complaint is not resolved, it may be appealed to the Governing Body within 30 days of receipt, with a written response of the appeal decision provided. The Governing Body will review the information and all pertinent Agency policies and make a final determination. A written report of findings and recommendations will be made to the complainant and appropriate Agency staff, and a copy will be maintained in the Agency complaint file.
- If the grievance has not been resolved at the above levels, the complainant may contact:

Office of Health Facility Complaints
Phone: (651) 201-4201 or 1-800- 369-7994
Fax: (651) 281-9796
Website: http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm
Email: health.ohfc-complaints@state.mn.us
Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
85 East Seventh Place, Suite 300
P.O. Box 64970
St. Paul, Minnesota 55164-0970

Ombudsman for Long-Term Care
Phone: (651) 431-2555 or 1-800-657-3591
Fax: (651) 431-7452
Website: http://tinyurl.com/Ombudsman-LTC
Email: mba.ooltc@state.mn.us
Mailing Address:
Home Care Ombudsman
Ombudsman for Long-Term Care
PO Box 64971
St. Paul, MN 55164-0971

Ombudsman for Mental Health and Developmental Disabilities

Phone: 651-757-1800 or 1-800-657-3506
Fax: 651-797-1950 or 651-296-1021
Website: http://mn.gov/omhdd/
Email: ombudsman.mhdd@state.mn.us
Mailing Address:
121 7th Place East Suite 420 Metro Square Building
St. Paul, Minnesota 55101-2117

- AGENCY may not request nor obtain from the client any waiver of any of their rights.
- The Home Care Bill of Rights shall be redistributed to clients following any revisions or modifications.
- A signed copy of the Home Care Bill of Rights will be maintained in the clinical record.

MINNESOTA HOME CARE BILL OF RIGHTS

STATEMENT OF RIGHTS

A person who receives home care services has these rights:

1. The right to receive written information about rights before receiving services, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying and evaluating the plan and services.
3. The right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. The right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. The right to refuse services or treatment.
6. The right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. The right to know before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying.
8. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to go for information about these services.
9. The right to choose freely among available providers and to change providers after services has begun, within the limits of health insurance, long-term care insurance, Medical Assistance, or other health programs.
10. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. The right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298.
12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
14. The right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act..
15. The right to a reasonable, advance notice of changes in services or charges.
16. The right to know the provider's reason for termination of services.
17. The right to at least ten days' advance notice of the termination of a service by a provider, except in cases where: (i) the client engages in conduct that significantly alters the terms of the service plan with the home care provider; (ii) The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or(iii) an emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider
18. The right to a coordinated transfer when there will be a change in the provider of services.
19. The right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property
20. The right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint.
21. The right to know the name and address of the state or county agency to contact for additional information or assistance.
22. The right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

HOMELAND HOME HEALTHCARE.

IF YOU HAVE A COMPLAINT ABOUT THE PROVIDER OR PERSON PROVIDING YOU HOME CARE SERVICES, YOU MAY CALL, WRITE OR VISIT THE OFFICE OF HEALTH FACILITY COMPLAINTS, MINNESOTA DEPARTMENT OF HEALTH. YOU MAY ALSO CONTACT THE OMBUDSMAN FOR LONG-TERM CARE OR THE OFFICE FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES.

AS YOUR HOME CARE PROVIDER, WE STRIVE TO PROVIDE QUALITY SERVICES. IF YOU NEED ASSISTANCE, HAVE QUESTIONS, OR A COMPLAINT, PLEASE CONTACT US AT:

Agency Name: _____

Address: _____

Phone: _____

Office of Health Facility Complaints

Phone: (651)201-4201 or 1-800-369-7994 (Fax) (651)281-9796
Website: http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm.
E-mail: health.ohfc-complaints@state.mn.us

MAILING ADDRESS:
Minnesota Department of Health, Office of Health Facility Complaints
85 East Seventh Place, Suite 300, PO Box 64970
St. Paul, MN55164-0970

OMBUDSMAN FOR LONG-TERM CARE

Phone: (651) 431-2555 or 1-800-657-3591 Fax: (651)431-7452
Website: http://tinyurl.com/Ombudsman-LTC.
Email: mba.ooltc@state.mn.us

MAILING ADDRESS:
Home Care Ombudsman, Ombudsman for Long-Term Care
PO Box 6497, St. Paul, MN 55164-0971

OMBUDSMAN FOR MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
Phone: 651-757-1800 or 1-800-657-3506, Fax: 651-797-1950 or 651-296-1021
Website: http://mn.gov/omhdd/.
Email: ombudsman.mhdd@state.mn.us.

MAILING ADDRESS:
121 7th Place East, Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117

I have been provided with a copy of the Home Care Bill of Rights. I have read the Bill of Rights or had it explained to me. I understand the Bill of Rights and have had a chance to have all of my questions answered.
Date: _____ **Signature:** _____

Relationship if not signed by client: _____
Witness: _____
If the client is unable to acknowledge receipt of the Home Care Bill of Rights, document or state reason: _____

CLIENT ADMISSION PROCESS

POLICY

Clients will be accepted for treatment regardless of race, color, creed, sex, national origin, age, handicap, sexual orientation, or marital status.

PURPOSE

To ensure that client-identifying data are obtained and documented and that clients are admitted for care according to the admission criteria.

To determine the appropriateness of the client's health care needs for agency services by evaluating the client's physical, psychological, social, spiritual, and cultural status.

SPECIAL INSTRUCTIONS

1. Admission criteria are standards by which a client can be judged for admission. These standards include:
    - The home environment is suitable or adaptable for proper homecare.
    - Agency can safely and adequately meet the client's needs at home, which include the ongoing availability of personnel and equipment.
    - The client is on Medical Assistance (Medicaid) and has been assessed for PCA Services
    - The client has a need for assistance with at least 2 Activities of Daily living

2. When a new referral is received by the Agency, the Intake Form shall be initiated to obtain information about the client. The Intake form shall minimally include:
    a. Client identifying demographic data
    b. PCA Assessment has been completed
    c. Need for assistance with ADL and/or behavior management
    d. Medications and treatment required
    e. Other pertinent information

3. The admission professional will:
    a. Verify all information on the Intake Form with the client/caregiver.
    b. Complete all documents as required. The data gathered shall form the basis for the client's Care Plan.
    c. Provide the client/caregiver with a copy and an explanation of the Home Care Bill of Rights and the procedures for filing a complaint.
    d. Assess and document the client's vulnerability status and identify specific safety measures relating to the vulnerability area; the Care Plan must identify the areas of vulnerability the home care agency will address with specific interventions.

e. Review the plan for services, treatment and care with the client/caregiver and obtain input when possible.
f. Advise the client/caregiver of the charges and billing procedures and, to the extent possible, the anticipated insurance coverage, the client/caregiver financial liability, and other methods of payment.
g. Obtain the client's signature on the Home Care Bill of Rights, as applicable.
h. Develop an Emergency back-up Plan with the client/caregiver.

4. As applicable, past medical information shall be obtained from the transferring organization.

PCA SUPERVISION

POLICY

The Agency shall provide PCA services under the direction and supervision of a Qualified Professional who is a RN or other licensed professional.

PURPOSE

To provide supervision of the PCA as required by state guidelines and assure the quality of services provided.

SPECIAL INSTRUCTIONS

- The RN Supervisor will give the PCA direction for client care by way of the Care Plan (see PCA Care Plan Policy).
- A copy of this written plan is to be left in the client's home or designated area in the home care office and revised periodically, as necessary. The original copy of this plan will be kept in the client's chart.
- A Registered Nurse must review the Care Plan with the PCA prior to the first PCA visit.
- On-site supervisory visits of aides shall be according to the following frequency:
    a. **Within fourteen (14) days of start of care**
    b. **Every 90 days thereafter for the first year**
    c. **Every 120 days after first year of service**
    d. **Supervision if individual PCAs ages 16 or 17 is required by the agency's qualified professional (QP) every 60 days.**
- Supervisory visits are to be documented in the client's chart. Client/caregiver will be notified of all changes.
- A Qualified Professional must review the Care Plan with the PCA prior to the first PCA visit.
- The qualified professional performs the duties of training, supervision and evaluation of the PCA staff and evaluation of the effectiveness of the services
- A limit of 96 fifteen minute units per year of QP services may b e authorized for each recipient receiving PCA services.
- After 180 days of service, the Qualified Professional may alternate face-to face visits with telephone visits with the recipient and responsible party to oversee the delivery of PCA Services
- Managed care organizations have the authority to require all QP visits to be conducted face to face. Agency will check with the health plans to see if it allows QP visits to be made

telephonically.

- PCA Choice clients must be visited by the QP at the location of service delivery at least every 180 days. The client and the responsible party must be present
- Supervisory visits are to be documented in the client's chart. Client/caregiver will be notified of all changes.

PCAs ages 16 or 17 must be employed by only one PCA provider agency. For both traditional and PCA Choice, employee under 16 and 17 years of age, performance MUST be evaluated every 60 days at the location where PCA services are being delivered.

SERVICE VERIFICATION

Effective August 1, 2015, PCA Provider agencies must develop and implement policies and procedures that direct how they will conduct the service verification.

POLICY

This Agency will conduct service verification call by phone or in person at least every 90 days for each PCA Client. Agency staff will be oriented to the policy change and new clients will be informed at the time of the initial visit.

PURPOSE

To verify that an individual PCA worker is present and providing scheduled services to the client.

To comply with the State Program requirements for PCA

To clarify for agency staff the requirements and the responsibilities of the provider in assuring care is provided according to Service Agreement and Care Plan.

SPECIAL INSTRUCTIONS

1. Service Verification Calls are unscheduled telephone calls with client and the PCA worker
2. The caller must speak to both the PCA and the client or their authorized representative. The caller must, to the best of their ability, be able to verify that you are talking to these individuals.
3. At least one service verification call must be made every 90 days to each client receiving PCA services.
4. For clients who have more than one PCA, the service verification call should be made to a different PCA every 90 days until every PCA has received a verification call.
5. The agency must continue to make verification calls every 90 days as long as they are providing services to that client.
6. For each service verification call, the Agency must document the following information and maintain the documentation for at least five (5) years:
    a. The name of the client or the client's authorized representative
    b. The name of the PCA worker for whom you made the call
    c. The name of the agency staff person who makes the call
    d. The start and end time of the verification call
    e. The day, month and year of the verification call
    f. A copy of the PCA worker's time sheet for the period during which you made the call

CLIENT/FAMILY COMPLAINT AND GRIEVANCE PROCEDURE

PURPOSE

The purpose of this policy is to provide a mechanism for handling Client/family complaints and/or grievances in an expedient and efficient manner. Additionally, this policy allows Clients to express complaints or grievances to someone other than their direct care giver. This policy establishes a procedure for channeling complaints or grievances of both in Clients and families to the appropriate person for resolution. Every effort will be made to handle the complaint and/or grievance at the point of origin.

DEFINITION:

Client Complaint

A complaint is defined as "any expression of dissatisfaction by a Client or Client's representative regarding care or services that can be addressed at the time of the complaint by staff present" (staff present includes any agency staff present at the time of the complaint or who can quickly be at the Clients' location to resolve the complaint).

Client Grievance

A grievance is any formal or informal written or verbal expression of dissatisfaction with care or service that is expressed by the Client or the Clients' representative that is not solved at that time by the staff present. A written complaint is always considered a grievance; as are complaints alleging abuse, neglect, patient harm, charges/billing or non-compliance with state regulations. If a Client requests that a complaint be handled as a formal complaint or requests a written response, it must be considered a grievance. Any complaint which fits the grievance definition will require written response to the complainant.

PROCEDURE

Clients of this Agency are provided with written information about how to address their concerns and questions related to their care. While every effort is made to provide quality services that meet the expectation of Clients and their families, occasions may rise in which the Client/family may be dissatisfied with an aspect of service.

1. A Client complaint as defined above will be documented in the Client Complaint Log, the issue that the Client or their family had concerns with and the action taken to address the concerns.
2. Client/family grievances as defined above including treatment, services or charges/billing will be documented on the Client complaint/grievance form by the person receiving the complaint/grievance and forwarded as soon as possible to the appropriate department director and to the Management team for investigation, action and trending.
3. For complaints/grievances or concerns that are received on a Patient Satisfaction Survey, from an identified Client, the department manager will initiate the Client

complaint/grievance form and send it to the responsible department director along with a print out of the Patient Satisfaction Survey comments. Investigation of the complaint/grievance is to be objective and comprehensive and every effort shall be made to resolve the issue to the complainant's satisfaction.

4. Grievances will be addressed by the department director or his/her designee and response made to the complainant within **seven (7) calendar days** of receipt of the grievance. If the grievance is one that will take longer than seven calendar (7) days to investigate and resolve, the director will contact the complainant within that time frame and let him/her know the grievance has been received and is being investigated and that the director will report back to the complainant within **thirty (30) calendar days** with a resolution of the grievance. In the event that the department director is not available, his/her designee is responsible for following up on the grievance within the established time frame. Every effort will be made to review and respond to the complainant within **seven (7) calendar days**, but no longer than **thirty (30) calendar days.** All persons with a grievance will receive a written notice of the investigators review, which will include the name of a contact person, steps taken to investigate the grievance, the result of the grievance process and the date of completion.

5. The Client/family complaint/grievance should be filled out completely including the following:
   - Who initiated the form
   - To who was the problem referred
   - Identification of the Client and complainant including address and phone number
   - Objective statement of the complainants concerns
   - Description of the investigation and the findings
   - Description of the action taken to resolve the problem
   - Client/complaints response to the resolution and satisfaction with the resolution
   - Any information given to complainant about further options available if he/she is not satisfied with the resolution.

6. Clients/families not satisfied with the resolution, or with concerns regarding the quality of their care, may contact an appropriate quality review source at the MN Department of Human Services or the specific Health Plan. They may also contact The Office of the Ombudsman for Minnesotans, and this number is provided on the Home Care Bill of Rights Form given to all Clients.

7. Before the formal reply is sent to the aggrieved party, the Administrator will review and approve/disapprove of the proposed resolution.

8. Grievances are considered completed when an approved response has been mailed to the Client/complainant. Upon completion of the Client complaint/grievance form, the original (along with any letters sent to the complainant or any other documentation) is sent or returned to the Administrator or Quality designee for tabulation and trending of data. This report will also be used to determine actions to be taken regarding improvements in organizational process, services or individual employee performance.

9. A grievance is considered resolved when the Client is satisfied with the actions taken on their behalf. There may be situations where the agency has taken appropriate and reasonable actions on the Client's behalf in order to resolve the Client's grievance and the Client or the Client's representative remains unsatisfied with the facility's actions. In these situations the facility may consider the grievance closed for the purposes of these requirements. The facility must maintain documentation of its efforts and demonstrate compliance with state requirements. In its written response, the agency is not required to include statements that could be used in a legal action against the agency, but the agency must provide adequate information to address each item stated in this requirement. The agency is not required to provide an exhaustive explanation of every action the facility has taken to investigate the grievance, resolve the grievance or other actions taken by the agency.

CLIENT PRIVACY RIGHTS

POLICY

Client privacy rights will be presented to all clients at the time of admission with the Home Care Bill of Rights. All current clients will be given the information on privacy rights prior to the effective date of the regulation

PURPOSE

- To inform agency clients of the of their rights of privacy
- To accommodate client privacy rights as specified in the privacy rule of the Health Information Portability and Accountability Act (HIPAA) regulation

SPECIAL INSTRUCTIONS

Clients receiving services from this Agency have the following privacy rights

1. To receive a copy of the Agency's notice Privacy Practices
2. To request restrictions on the uses and disclosures of health information
3. To request to receive confidential communication
4. To access their protected health information for inspection or copying
5. To amend their health care information
6. To request an accounting of disclosures of health information.
7. The privacy policies of the Agency will provide the detail for these rights and requirements for implementation.
8. Employees of the Agency will receive initial and ongoing training on client rights with respect to their health information.

NOTICE OF PRIVACY PRACTICES

POLICY

All clients of the Agency will receive notice of the privacy practices. These practices are designed to protect the privacy, use and disclosure of protected health information in accordance with the federal requirements of the Health Information Portability and Accountability Act HIPAA regulations.

PURPOSE

To assure compliance with the regulations and to consistently inform clients of the Agency's policy and procedure in protecting their health information

SPECIAL INSTRUCTIONS

1. The Agency's privacy practices are described in the notice.
2. The notice of privacy practices is given to all clients at the time of admission
3. The notice of privacy practices is reviewed with all new employees during the Agency orientation, and with all current employees annually
4. The Agency makes the notice available to all who request it.
5. The Notice of Privacy Practices will be revised as needed to reflect changes in the Agency's practice, state or federal regulations. When revisions are necessary all staff, clients, and business associates will be informed of the changes and given a revised copy of the notice.
6. The Privacy Officer will retain copies of the original Notice of Privacy Practices and any revisions for a period of six (6) years from the date of its creation or when it was last in effect.
7. All employees and business associates of the Agency are required to adhere to the privacy practices as detailed in the Notice.
8. The privacy practices and requirements of the Agency are detailed further in the privacy policies in this manual
9. Violations of the Agency's privacy practices will result in disciplinary action up to and including termination of employment or contracts.
10. The Notice is posted in a clear and prominent location within the Agency.

CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

POLICY

Agency will obtain a written consent from all clients at the time of admission. The consent allows for the use and disclosure of protected health information for the purposes of treatment, payment and health care operations

Protected Health Information is defined as "individually identifiable health information" that is transmitted by electronic media, maintained in any medium that is defined as electronic media, or transmitted or maintained in any other form or medium. This includes all health information whether electronic, paper or oral.

PURPOSE

To allow the Agency access to necessary information to provide treatment in a coordinated and confidential manner.

To access information needed to effectively provide services and provide documentation needed for reimbursement.

SPECIAL INSTRUCTIONS

1. A written consent is obtained from all clients that Agency admits for services. The consent will be obtained prior to using or disclosing protected health information to carry out treatment, payment or health care operations.

2. The client will be provided the opportunity to review the Agency's Notice of Privacy Practices prior to signing the consent.

3. If the consent cannot be obtained prior to treatment due to communication barriers or emergency situations, it will be obtained as soon as possible. Reasons why it is not signed must be documented.

4. The signed consent gives permission to the Agency and its business associates to use and disclose client's protected health information only for the purposes of treatment, payment and health care operations.

5. If a client refuses to sign the consent or revokes it later, the Agency will not be able to provide services to that client.

6. The signed consent is effective indefinitely or until/unless it is revoked in writing by the client.

7. Signed consent forms will be documented and retained for six (6) years after its effective date.

8. Agency is allowed and required to disclose protected health information without a signed

consent for purposes of law enforcement, judicial proceedings, and public health activities, as detailed in the Notice of Privacy Practices.

9. Privacy regulations with respect to protected health information continue after the client is deceased.

10. The Agency will treat a client's personal representative as the individual for the purposes of the privacy regulation.

CONSENT IS NOT REQUIRED IN THE SPECIFIC SITUATIONS DESCRIBED BELOW:

1. Consent is not required if the Agency received the health information in the course of providing health care to an individual who is an inmate of a correctional institution.

2. Consent is not required in an emergency treatment situation if the provider attempts to obtain consent as soon as it is reasonably possible after the delivery of emergency treatment.

3. Consent is not required if the provider is required by law to treat the individual and the provider attempts to obtain consent but is unable to do so.

CLIENT REQUESTS FOR RESTRICTIONS ON USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

POLICY

Clients or their representatives have the right to request restriction on how their protected health information (PHI) is used and/or disclosed.

PURPOSE

Agency will identify steps to assure compliance with client request for restrictions without compromising the Agency's ability to provide appropriate care and treatment.

SPECIAL INSTRUCTIONS

1 Clients and their representatives are informed of their right to request restrictions on the use and disclosure of their protected health information in the Agency's Notice of Privacy Practices, and the Consent to Use and Disclose Health information forms.

2 All requests by clients for restriction on the use and disclosure of this information will be forwarded to the privacy official or designee for approval.

3 Employees may not grant or deny the request for restrictions without prior approval.

4 Agency will agree to the client request for restrictions on the use and disclosure of their health information if it is reasonable and deemed to be in the client's best interest.

When a request for restrictions is accepted:

a. The client is informed of any potential consequences of the restriction.

b. The restriction is noted in the clinical record.

c. Agency staff and business associates will be instructed to comply with the agreed upon restriction.

d. Client is informed that the Agency is not required to comply with restrictions in an emergency situation.

e. If the agreed upon restriction interferes with the Agency's ability to provide treatment, the client will be asked to modify or revoke the restriction and get agreement to the modification.

f. Written documentation of the agreed to restriction will be maintained for six years from the date of its creation and the date when it was last in effect whichever is later.

A request for restriction may be denied in the following situations:

a. If the restriction would negatively affect the client's care.

b. If the restriction is not in the client's best medical interest.

c. The request is unreasonable and would make the provision of care impossible.

When a request for restriction is denied by the Agency:

a. The client will be provided with an explanation of the reasons for the denial

b. The client will be given the opportunity to discuss his/her privacy concerns

Efforts will be made to assist the client in modifying the request for restrictions to accommodate their concerns and obtain agreement by the Agency

HOMELAND HOME HEALTHCARE.

ABUSE PREVENTION PLAN

POLICY

All clients admitted to the Agency will be assessed for their susceptibility to abuse by other individuals, including other vulnerable adults and their risk of abusing other vulnerable adults. The Agency will develop a statement of the specific measures that will be taken to minimize the risk of abuse to that person and other vulnerable adults. This includes self abuse. The plan will be incorporated into the client care plan and will reflect the client's ability to participate in and direct their own care or the presence of an identified caregiver.

PURPOSE

To minimize the potential for abuse of any client, particularly those who are unable or unlikely to report abuse or neglect without assistance because of impaired mental, physical, or emotional status.

To identify with client/family an individualized plan that will address specific client needs and include safety goals to address the client's ability to remain in the home setting

SPECIAL INSTRUCTIONS

Effective July, 2005, in addition to the Minnesota requirement that the Agency's individual abuse prevention plan include an assessment of the vulnerable adult's susceptibility to abuse, the plan shall include an assessment of the individual's risk of abusing other vulnerable adults. The plan should then include measures to minimize the risk of abuse to the client and to other vulnerable adults. The vulnerable adult amendments apply to all residents or clients of the organization

1. **Environmental Assessments**
2. **Client Care Policies**:
3. The admission policy shall state there must be a reasonable expectation that the client's needs can be met in the client's place of residence.
4. The client's care plan will identify risks and client/caregivers interventions to minimize risk and assure safety in home environment
5. **Personnel Policies**:
    a. Personnel selected to provide care to clients should meet Agency and state requirements to assure proper qualifications including background checks, reliable references, and adequate training.
    b. Employee orientation and ongoing education will be designed to enhance skills and knowledge necessary to provide safe, quality care to clients and to promulgate the policies dealing with vulnerable adults/children. Employees will be advised of need to observe and report any concerns related to client safety.
    c. All Personnel delivering care shall be directed and supervised by staff that is skilled in client assessment and knowledgeable about community resources.

d. All employees will receive performance evaluations at least annually.

1. **Client Assessment:**
   a. The following situations need to be addressed:
      - Physically frail or severe functional limitations
      - Decreased mental functioning
      - Susceptibility to abuse from self or others
      - Environmental hazards/safety concerns
      - Lack of family/caregiver support
      - Clients lacking basic food, clothing, shelter, health care, or supervision
   b. The comprehensive assessments and modifications to the plan of care will be documented in the clinical record.
   c. Effectiveness of the plan will also be documented and if client safety is not being achieved, appropriate disciplines will be notified and care conference set up to address possible alternatives including discharge to another setting.

2. **Abuse Prevention Plan:**
   a. The Abuse Prevention Plan will be completed by the admission professional. The plan will be based on the physical, emotional and environmental assessment of the client.
   b. The assessor will determine the risk of the client being abused and/or client abusing others. The plan will identify the risk and the actions to be taken by the agency staff to decrease or minimize risk and promote client safety. These actions may be incorporated into the PCA Care Plan.
   c. Abuse prevention plans will be reviewed on supervisory visits and updated or changed when conditions change and/or if risk is increased or decreased. Visits should document the effectiveness of the plan.
   d. Instruct the client on the use of the 9-1-1 emergency telephone system or other emergency response system.
   e. Review vulnerable adult reporting with caregivers/agency staff.

HOMELAND HOME HEALTHCARE.

ABUSE PREVENTION PLAN: VULNERABILITY AND SAFETY ASSESSMENT

Client_____

Date_____

☐ Initial Assessment
☐ On-going Assessment

MENTAL	YES	NO	Abuse Prevention Plan
1. Client confused/disoriented			
2. Client has difficulty making decisions			
3. Client at risk for mental or financial exploitation			
4. Client is unable/unwilling to follow plan of care			
5. Patient misuse/abuse of substances			
PHYSICAL	**YES**	**NO**	**Abuse Prevention Plan**
1. Client has sensory deficit that affects safety			
2. Client has functional limitation that affects safety			
3. Client demonstrates self-abusive behavior			
4. Client is at risk of abuse from others			
5. Client is at risk of abusing others			
ENVIRONMENTAL	**YES**	**NO**	**Abuse Prevention Plan**
1. Home environment is not safe and secure			
2. Unsanitary home environment			
3. Inadequate access to food and medical care			
6. Patient is dependent on caregiver			

☐ Client is considered vulnerable but there are no signs of abuse or neglect

☐ Client is at risk for abuse but acceptable plan in place

☐ There are signs of abuse.

Reported To _____

Signature_____Date_____

HOMELAND HOME HEALTHCARE.

INSTRUCTIONS FOR ABUSE PREVENTION PLAN

1. The Minnesota Vulnerable Adult Act requires that every client admitted to home care be assessed for risk of abuse/neglect and the provider to develop an individual abuse prevention plan.
2. The plan contains an individualized assessment of: (1) the persons susceptibility to abuse by other individuals, including other vulnerable adults, (2) The person's risk of abusing other vulnerable adults; and (3) statements of the specific measure agency will take to minimize the risk of abuse to that person and other vulnerable adults. (Abuse includes "self abuse")
3. The plan will identify measures that will be taken – incorporated into the plan of care- to minimize the risk of abuse within the scope of the agency services, and referrals made when the risk is outside the scope or control of the agency services.
4. Potentially **self abuse** if client dresses inappropriately, refuses to eat, unable to care for self help needs, ignores personal safety, engages in self injurious behaviors or neglects or refuses to take medications. Identify measures to minimize the risk.
5. Risk of physical abuse may be increased if the client is unable to identify potentially dangerous situations, if they have inappropriate interactions with others, are unable to deal with verbally or physically aggressive persons or if they have been abusive to others. All functional limitations pose a risk unless there is a caregiver or acceptable plan in place.
6. Assessments must be completed at the start of care and reviewed as needed but at least annually. Plans must be updated accordingly. Agency actions to minimize risk must be communicated to staff and incorporated into care plans as appropriate.
7. Agency policy will include expectations for frequency of assessment and review of plan.

HOMELAND HOME HEALTHCARE.

MN Statutes: 626.556

TOLL FREE STATE CEP NUMBER: 844-880-1574

VULNERABLE ADULT

POLICY

AGENCY personnel are required to individually assess clients to determine vulnerability to abuse or neglect, and develop a specific plan to minimize the risk of abuse/neglect to that client. In addition, **all Agency personnel providing service in a client's home are mandated to report** maltreatment or injuries which are not reasonably explained to Agency supervisor or to the **Minnesota Adult Abuse Reporting Center (MAARC).**

The state-wide common entry point number will begin July 1, 2015. This number will be available twenty four hours a day/7 days a week. The Toll Free number is 1-844- 880-1574. Website access for mandated reporters is: https://www.mn.gov/dhs/reportadultabuse.

The agency will not retaliate against any person who reports suspected maltreatment in good faith, and will not retaliate against the vulnerable adult about whom a maltreatment report is completed.

PURPOSE

To ensure that all, suspected or actual, cases of adult maltreatment are reported under the appropriate statutes.

To protect those persons who are, either by physical or mental disability or dependence on institutional services, particularly vulnerable to abuse or neglect.

SPECIAL INSTRUCTIONS

Definitions

a. **Vulnerable Adult** - Anyone 18 years of age or older, who regardless of where the person is living, if they have a malady or disability that impairs their ability to protect themselves from maltreatment, without regard to their ability to report.

b. **Vulnerable minor** – Anyone younger than 18 years of age that because of age or disability cannot protect themselves from maltreatment.

c. **Maltreatment** - Neglect, abuse, financial exploitation or a physical injury that is not reasonably explained.

d. **ABUSE** - Non-Therapeutic conduct that is not accidental and could reasonably be expected to produce physical or emotional distress or injury including but not limited to:

Hitting, slapping, kicking, pinching, biting or corporal punishment of the vulnerable adult.

Use of repeated or malicious oral, written or gestured language toward a vulnerable adult to the treatment of vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing or threatening.

Use of any aversive or deprivation procedure, unreasonable confinement or involuntary seclusion, including forced separation from other persons against the will of the vulnerable adult or their legal representative.

Use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under Section 24S.825.

Any sexual contact or penetration between a staff person or a person providing services through the agency and a client of the agency. (Exception: If the person is not impaired in judgment and capacity and engages in consensual sexual contact).

e. **NEGLECT** - Occurs when a vulnerable adult is not supplied with reasonable and necessary care or services.

   1) The failure or omission by a caregiver to supply the vulnerable adult with necessary food, clothing, shelter, health care or supervision which is reasonable and necessary to obtain or maintain the physical and mental health or safety; or

   2) The absence, likelihood of absence, or failure to provide necessary financial management to protect a vulnerable adult against abuse. Nothing in this section shall be construed to require a health care facility to provide financial management or supervise financial management for a vulnerable adult except as otherwise required by law.

f. **Caregiver** - An individual or facility who has responsibility for the care of a vulnerable adult as a result of a caregiver relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable adult voluntarily, by contract, or by agreement.

- **Report** - A statement concerning all the circumstances surrounding the alleged or suspected maltreatment of a vulnerable adult that is known to the reporter at the time statement is made.
- **Mandated Reporter** - All professional and non-professional delegated while engaged in social services, law enforcement, education, care of vulnerable adult or person providing services in a facility.

Unexplained Physical Injury – Agency staff is required to report when a client has sustained a physical injury that is not reasonably explained. Such injuries may include, but are not limited to, unexplained bruises, skin tears, lacerations or fractures. Staff that makes such observations must immediately report to the RN or home care director. **If it appears that a crime has been committed, contact the police immediately.**

1. The home care employee has responsibility for the following:
   - Assessment of vulnerability status of each client upon admission.
   - Susceptibility to abuse including self abuse and neglect include:
     - Physical components - i.e.: impairments and ability of the client and/or caregiver to provide adequate care.
     - Mental impairments - i.e.: mental retardation. Alzheimer's disease, disorientation, confusion, etc.
     - Emotional status - i.e.; passive personality, depression, etc.
     - Physical environment - i.e.; safety in the home or outside the home.

2. The vulnerable adult status assessment shall be documented in the clinical record. When vulnerability is suspected or determined, it shall be addressed and highlighted on the care plan and abuse prevention plan. The plan will be implemented immediately and evaluated a minimum of every **90** days or more frequently, if necessary. The documentation will include results of the implementation.
4. When maltreatment directed toward a vulnerable adult is discovered or suspected, the employee is to report the incident in the following manner:

- **Internal reporting** - In the event that any Agency personnel become aware that a vulnerable adult has been maltreated or sustained an injury which is not reasonably explained:
    1) The employee shall make an oral report immediately by phone or otherwise to their immediate supervisor.
    2) All internal reports shall be accompanied by a completed unusual occurrence (Incident Report) form.
    3) The Supervisor will review the situation and investigate to determine if this is a reportable incident, and if so, the information will then be reported by phone to the State-wide common entry point (CEP) **within 24 hours** of receiving initial report.
    4) The Agency will provide written notice to the internal reporter indicating actions taken. (See attached sample) The written notice will:
        a) be provided within two (2) working days
        b) Be provided in a manner which protects the reporter's confidentiality.
- **External reporting** - All internal reports shall be promptly reviewed by the Nurse Manager. If the Agency finds there is reason to believe maltreatment has occurred or adult **has sustained injury which is not reasonably explained, it will promptly report to the MAARC (Minnesota Adult abuse Reporting Center) at 1-844-880-1574.** Agency personnel are free to report directly to the CEP without fear of retaliation.
- Mandated reporters will use the online reporting tool to submit a report the suspected abuse/neglect. All required fields will be completed, and the report must be submitted to fulfill the duty as a mandated reported. A separate report must be completed for each vulnerable adult victim for perpetrators with multiple victims. Each report can accommodate up to four perpetrators.
- **Submitted reports will generate a reference number which appears on the completed report form and can be printed or saved as a PDF. The reference number is evidence that the mandated reporter met the duty to report**
- **Reporting information** - The report must include and identify the following information, and the online user will be guided through the process.
    1) The vulnerable adult (name, address, telephone number)
    2) The caregiver (name, address)
    3) The perpetrator(s)
    4) The nature and extent of the suspected maltreatment

5) Any evidence of previous maltreatment

6) Person making the report (name, address, telephone number)

7) Any additional information which might be helpful in investigation

5. If an Agency employee has reasonable cause to believe that a vulnerable adult has died as a direct or indirect result of maltreatment, he/she shall report that information to the appropriate law enforcement agency in addition to other reporting responsibilities outlined in this policy. (Agency employees should report to their supervisor; the supervisor will complete the reporting process.)

a) Agency personnel should use reasonable judgment in reporting, making sure that the maltreatment is apparent, and not merely hearsay.

b) All vulnerable adult reports made according to the internal policy, or external reporting to the CEP shall be documented in a confidential vulnerable adult log. The log will indicate action taken, reason report to CEP not required, or if reported to CEP, document response.

c) Any person making a report in good faith will have immunity from any civil or criminal liability that otherwise might result from this reporting or participating in the investigation.

d) A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.

e) Failure to report is a misdemeanor and exposes the non-reporter to potential civil damages.

f) Any person who intentionally makes a false report is guilty of a misdemeanor and shall be liable for any actual civil damages suffered by the reported facility, and for any punitive damages up to $10,000.00 and attorney fees.

1. Agency Responsibilities

- To admit clients for who care can be safely provided. Clients shall be discharged when they are in a safe environment or under the care of an appropriate caregiver or agency.
- To do background investigations of all individuals providing direct services to clients. If an agency is licensed by the Department of Human Services and/or Department of Health, the Department of Human Services is responsible for conducting these studies.
- To conduct an internal investigation that includes:
    i. Interview witnesses or persons who many have information concerning the incident and document the witnesses; statements concerning the incidents
    ii. Review the client care plan, relevant records including the individual abuse prevention plan, and policies to determine whether abuse, neglect, or exploitation has occurred, and whether agency policies and standards of care have been violated
    iii. Review, revise and implement service plan revisions and care plan interventions to reduce likelihood of any future maltreatment of vulnerable adult

iv. Review, revise and implement agency policies and procedure, as needed, to reduce the risk of future incidents.

- To provide staff education regarding Vulnerable Adult policy including the Abuse Prevention Plan:

  8) Education shall be included in orientation to all new employees.
  9) In-service training shall be provided to all employees as new information becomes available.
  10) Review of Vulnerable Adult information is provided as part of annual agency training.
  11) The role of the mandated reporter and the agency specific steps to be followed

- Agency personnel shall cooperate fully with those assigned to investigate suspected adult maltreatment. The agency manager/Director will work with county adult protection, the police or other appropriate entities to implement steps necessary to keep the victim and other home care clients safe from additional threats.

- Agency personnel shall maintain client confidentiality and rights during the reporting and investigation process, as appropriate.

5. Exceptions to the Reporting Requirement

- Where federal law prohibits disclosure without consent (42 C.F.R. Part 2 Confidentiality of Alcohol and Substance Abuse Treatment Programs).
- Abuse by other clients or self-abuse if there is no serious harm.
- Accident
- Single mistake
- Refusal of consent to treatment, including nutrition and hydration
- Decision to rely on prayer
- Pre-existing, consensual sexual relationship

MN Statutes: 626.556

VULNERABLE CHILD

POLICY

HOMELAND HOME HEALTHCARE personnel are required to individually assess clients to determine vulnerability to abuse or neglect, and develop a specific plan to minimize the risk of abuse to that client. In addition, **all Agency personnel rendering service in a client's home are mandated** to report maltreatment or injuries which are not reasonably explained to Agency supervisor or to the appropriate common entry point (CEP). The agency will not retaliate against any person who reports suspected maltreatment in good faith, and will not retaliate against the vulnerable child about whom a maltreatment report is completed.

PURPOSE

To ensure that all, suspected or actual, cases of adult or child maltreatment are reported under the appropriate statutes.

To protect those persons who are, either by physical or mental disability or dependence on institutional services, particularly vulnerable to abuse or neglect.

SPECIAL INSTRUCTIONS

1. **Definitions**
   - **Vulnerable minor** – Anyone younger than 18 years of age that because of age or disability cannot protect themselves from maltreatment.
   - **Maltreatment** - Neglect, abuse, financial exploitation or a physical injury that is not reasonably explained.
   - **Abuse** - Non-Therapeutic conduct that is not accidental and could reasonably be expected to produce physical or emotional distress or injury including but not limited to:
     a. Hitting, slapping, kicking, pinching, biting or corporal punishment of the vulnerable child.
     b. Use of repeated or malicious oral, written or gestured language toward a vulnerable child to the treatment of vulnerable child which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing or threatening.
     c. Use of any aversive or deprivation procedure, unreasonable confinement or involuntary seclusion, including forced separation from other persons against the will of the vulnerable child or their legal representative.
     d. Use of any aversive or deprivation procedures for persons with developmental disabilities or related conditions not authorized under Section 24S.825.
     e. Any sexual contact or penetration between a staff person or a person providing services through the agency and a client of the agency.

f. Sexual abuse means the subjection of a child to sexual contact by a person responsible for the child's care, a person with a significant relationship to the child or a person in position of authority

- **Neglect** - Occurs when a vulnerable child is not supplied with reasonable and necessary care or services.
  a. The failure or omission by a caregiver to supply the vulnerable child with necessary food, clothing, shelter, health care or supervision which is reasonable and necessary to obtain or maintain the physical and mental health or safety; or
  b. Neglect also includes failure to ensure that child is educated. Neglect includes failing to provide for appropriate supervision or child care arrangements after considering the child's age, mental ability, physical condition, length of absence and environment..
- **Caregiver** - An individual or facility who has responsibility for the care of a vulnerable child as a result of a caregiver relationship, or who has assumed responsibility for all or a portion of the care of a vulnerable child voluntarily, by contract, or by agreement.
- **Report** - A statement concerning all the circumstances surrounding the alleged or suspected maltreatment of a vulnerable child that is known to the reporter at the time statement is made.
- **Mandated Reporter** - All professional and non-professional delegates while engaged in social services, law enforcement, education, care of vulnerable child or person providing services in a facility.

2. **Unexplained Physical Injury** – Agency staff is required to report when a client has sustained a physical injury that is not reasonably explained. Such injuries may include, but are not limited to, unexplained bruises, skin tears, lacerations or fractures. Staff that makes such observations must immediately report to the RN or home care director. If it appears that a crime has been committed, contact the police immediately.
3. The home care employee has responsibility for the following:
   - Assessment of vulnerability status of each client upon admission.
   - Susceptibility to abuse including self abuse and neglect include:
     12) Physical components - i.e.: impairments and ability of the client and/or caregiver to provide adequate care.
     13) Mental impairments - i.e.: mental retardation. Alzheimer's disease, disorientation, confusion, etc.
     14) Emotional status - i.e.; passive personality, depression, etc.
     15) Physical environment - i.e.; safety in the home or outside the home.
4. The vulnerable child status assessment shall be documented in the clinical record. When vulnerability is suspected or determined, it shall be addressed and highlighted on the care plan. The plan will be implemented immediately and evaluated a minimum of every **90** days or more frequently, if necessary. The documentation will include results of the implementation.

5. When maltreatment directed toward a vulnerable child is discovered or suspected, the employee is to report the incident in the following manner:

- **Internal reporting** - In the event that any Agency personnel become aware that a vulnerable child has been maltreated or sustained an injury which is not reasonably explained:
    a. The employee shall make an oral report immediately by phone or otherwise to their immediate supervisor.
    b. All internal reports shall be accompanied by a completed unusual occurrence (Incident Report) form.
    c. The Supervisor will review the situation and investigate to determine if this is a reportable incident, and if so, the information will then be reported by phone to the appropriate authorities **within 24 hours** of receiving initial report.
    d. The Agency will provide written notice to the internal reporter indicating actions taken. (See attached sample) The written notice will:
        - be provided within two (2) working days
        - Be provided in a manner which protects the reporter's confidentiality.
- **External reporting** - All internal reports shall be promptly reviewed by the Nurse Manager If the Agency finds there is reason to believe maltreatment has occurred or child has sustained injury which is not reasonably explained, it will promptly report to the appropriate CEP. Agency personnel are free to report directly to the CEP without fear of retaliation.
- **If the child is in immediate danger or the child is abandoned, contact local law enforcement right away**. Law enforcement officers can remove a child from a threatening environment to protect them
- If a child is not in immediate danger**, contact the child protection unit of your county social service agency if the alleged perpetrator is a parent, guardian, family child care provider, family foster care provider, an unlicensed personal care provider organization, or juvenile correctional facility staff person.**
- If the alleged maltreatment was committed by a staff person at a child care center, group home for children, waivered services program for children, contact the Minnesota **Department of Human Services, Division of Licensing, 651-431-6600.**
- If the alleged maltreatment occurred in a home health care setting, contact the Minnesota **Department of Health, Office of health Facility Complaints, at 651-215-8702 or 800-369-7994 or by TTY/TDD 651-215-8980**
- **When you contact law enforcement, child protection or another responsible agency, the worker will need the following information**
- **Reporting information** - The report must include and identify the following information:
    a. Reporters name and phone number, and relationship to the family or child
    b. The vulnerable child, parents or caregivers (name, address, telephone number)
    c. Where the child is and whether he/she is in immediate danger

d. A description of any injuries and the present condition of the child

e. Any evidence of previous maltreatment

f. A report of any witnesses to the incident and their names

g. Any additional information which might be helpful in investigation

h. If an Agency employee has reasonable cause to believe that a vulnerable child has died as a direct or indirect result of maltreatment, he/she shall report that information to the appropriate law enforcement agency in addition to other reporting responsibilities outlined in this policy. (Agency employees should report to their supervisor; the supervisor will complete the reporting process.)

i. Agency personnel should use reasonable judgment in reporting, making sure that the maltreatment is apparent, and not merely hearsay.

j. All vulnerable child reports made according to the internal policy, or external reporting to the CEP shall be documented in a confidential vulnerable child log. The log will indicate action taken, reason report to CEP not required, or if reported to CEP, document response.

k. **Any person making a report in good faith will have immunity from any civil or criminal liability that otherwise might result from this reporting or participating in the investigation.**

l. **A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.**

m. **Failure to report is a misdemeanor and exposes the non-reporter to potential civil damages.**

n. **Any person who intentionally makes a false report is guilty of a misdemeanor and shall be liable for any actual civil damages suffered by the reported facility, and for any punitive damages up to $10,000.00 and attorney fees.**

6. **Agency Responsibilities**

- To admit clients for who care can be safely provided. Clients shall be discharged when they are in a safe environment or under the care of an appropriate caregiver or agency.
- To do background investigations of all individuals providing direct services to clients. If an agency is licensed by the Department of Human Services and/or Department of Health, the Department of Human Services is responsible for conducting these studies.
- To conduct an internal investigation that includes:

  a. Interview witnesses or persons who many have information concerning the incident and document the witnesses; statements concerning the incidents

  b. Review the client care plan, relevant records including the individual abuse prevention plan, and policies to determine whether abuse, neglect, or exploitation has occurred, and whether agency policies and standards of care have been violated

c. Review, revise and implement service plan revisions and care plan interventions to reduce likelihood of any future maltreatment of vulnerable child

d. Review, revise and implement agency policies and procedure, as needed, to reduce the risk of future incidents.

- To provide staff education regarding Vulnerable Child policy including the Abuse Prevention Plan:
  a. Education shall be included in orientation to all new employees.
  b. In-service training shall be provided to all employees as new information becomes available.
  c. Review of Vulnerable Adult/child information is provided as part of annual agency training.
- Vulnerable child assessments shall be reviewed during the Quality management process established by the agency.
- Agency personnel shall cooperate fully with those assigned to investigate suspected child maltreatment. The agency manager/Director will work with CEP, county adult protection, the police or other appropriate entities to implement steps necessary to keep the victim and other home care clients safe from additional threats.
- Agency personnel shall maintain client confidentiality and rights during the reporting and investigation process, as appropriate.

HOMELAND HOME HEALTHCARE.

CONFIDENTIAL NOTICE OF STATUS OF REPORT OF SUSPECTED MALTREATMENT

TO: _____(mandated reporter)

FROM: _____

On _____, at_____, a report of suspected maltreatment
(date) (time)

Was received from you.

This report was (was not) forwarded to _____
(common entry point)

on _____ for further evaluation and investigation of the suspected maltreatment
(date)

-

If you are not satisfied with the action taken by this AGENCY NAME, you may choose to

contact the _____ directly.
(common entry point)

AS REQUIRED BY MINNESOTA STATUTES, SECTION 626.557, YOU ARE HEREBY NOTIFIED THAT THIS FACILITY MAY NOT PROHIBIT A MANDATED REPORTER FROM CHOOSING TO REPORT AN INCIDENT TO AN EXTERNAL AGENCY NAME. THIS FACILITY MAY NOT TAKE RETALIATORY ACTION AGAINST ANY MANDATED REPORTER WHO REPORTS AN INCIDENT TO THE COMMON ENTRY POINT IN GOOD FAITH. (Minnesota Statutes, section 626.557, subdivision 4a, paragraphs (c) and (d).)

Adapted from DHS Sample Form 9/95

PCA CARE PLAN

POLICY

A complete and appropriate Care Plan, identifying duties to be performed by the PCA, shall be developed by an Agency Registered Nurse/Qualified Professional. The Care Plan services are based on the PCA Assessment and Service Plan (DHS-3244) that is completed by the Public Health Nurse, and sent to the agency within the first week following an assessment.

PURPOSE

To provide a means of assigning duties to the PCA that are clear to the RN/QP, PCA, and the client/caregiver being served.

To provide documentation that the assigned PCA is oriented to the client's care prior to initiating the cares.

To provide documentation that the client's care is individualized to his/her specific needs, and utilizes the data from the Assessment and Service Plan.

SPECIAL INSTRUCTIONS

1. Following the initial assessment and consultation with the client/caregiver, instructions for home care are prepared by a Registered Nurse, as appropriate.
2. The PCA Care Plan must be completed or updated:
    - Within the first seven days of starting services with an agency
    - When there is a change in condition, tasks, procedure, living arrangements, responsible party or month to month plan
    - Annually at the time of reassessment
3. The PCA Care Plan can only include services that are allowable as covered services and cannot include services identified as none covered.
4. A copy of the care plan must be in the client's home, in the client file in the agency, and individual PCAs must know the location of the care plan
5. The PCA care plan must contain the following required components:
    - Client name, address and phone number
    - Responsible party and delegated responsible party name, address and telephone numbers
    - Start and end date of the Care Plan
    - Dated signatures of client/responsible party and qualified professional (QP)
    - A month-to-month plan for the use of personal care assistance services
6. The Care Plan must include a description of the needs of the client, the services to be provided by the PCA and special instructions or procedures

- Assistance with activities of daily living (ADLs)
- Assistance with health related tasks, including assistance with self administered medications
- Observation and redirection of behaviors
- Instrumental activities of daily living (IADLs) (age 18 and older)
- IADLs needed for health and hygiene reasons integral to PCA services (age 0-17 years)

7. The Care Plan must include an Emergency Plan that has the following:
   - Emergency telephone numbers
   - Emergency procedures for serious, unexpected, dangerous situations that require immediate actions
   - Descriptions of measures to address identified safety and vulnerability issues
   - Back-up staffing plan
8. Lead agencies must send a completed PCA service plan to the recipient and to the provider selected by the recipient **within the first week** following an assessment for PCA services.
9. The care plan must be updated to reflect changes in needs of the client.
10. A new PCA care plan is required annually at the time of reassessment.

PCA WEEKLY CARE RECORD

POLICY

Agency shall ensure accurate documentation of PCA services. PCA will complete a time sheet for each client they provide services for in the week. Time and activity sheets will be used to submit billing for services.

PURPOSE

To provide documentation of the care performed by the PCA on each visit.

To provide documentation of the PCA's observations on each visit.

To provide data from which the Registered Nurse can plan the client's future care.

SPECIAL INSTRUCTIONS

1. The PCA shall document services rendered to the client on the appropriate PCA flow sheet.
2. The Time and Activity sheet will include the following:
    - The agency name, and phone number
    - The client's Medicaid number or date of birth, dates and location of client hospitalizations, name of facility or client incarceration
    - PCA UMPI number
    - Dates of service (day, month and year of each service in consecutive order
    - Arrival and departure times of each visit including AM and PM designations
    - All daily activities performed and instrumental activities of daily living for clients over age 18.
    - Daily time and total for week
    - Fraud statement that states "it is a federal crime to provide false information on PCA billing for Medical Assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA Care Plan."
    - Signature of the client/responsible party and PCA
    - Dates the form is signed by each party
    - Time and activity documentation must be submitted at least monthly, but billing cannot be completed until the form is in the office.

3. The PCA shall be responsible to the Registered Nurse in charge for reporting any changes in the client's condition or other pertinent observations.

4. The Nursing Supervisor or designated Qualified Professional is responsible for reviewing the PCA's charting periodically to assure the documentation reflects the care plan.

5. The original documentation shall be filed in the clinical record within two weeks

CLIENT DISCHARGE PROCESS

POLICY

Clients who receive PCA services will be regularly assessed to determine if their needs continue to be met in this setting. Agency will provide services based on client eligibility for the service and the agency ability to meet the needs

PURPOSE

To ensure continuity of a client's health care needs when discharged or transferred to another health care provider.

SPECIAL INSTRUCTIONS

DISCHARGE PROCEDURE:

1. The discharge plan must be discussed with the referral source/Case Manager or client/responsible party prior to discharge.
2. The Registered Nurse/Qualified Professional shall meet with the other personnel involved in the client's care to review the impending discharge, ensuring that the client meets the discharge criteria.
3. The Registered Nurse shall review the clinical record to assure accuracy and completion.
4. If required, written/verbal instruction regarding the client's ongoing care needs and available resources would be provided...

DISCHARGE CRITERIA:

1. Clients shall be discharged from PCA services on the basis of reasonable criteria that include:
    a. Client has reached defined goals and is no longer in need of home care.
    b. Client's care has become such that it is unsafe and medically inappropriate to maintain the client in his/her home.
    c. Contracting HMO's terminates authorization for service.
    d. Client terminates payment for service.
    e. Client chooses to use another home health care company.
    f. Client is hospitalized, and the time of return is unknown...
    g. Client moves out of the Agency's service area.
    h. Services needed by the client are not provided by the Agency or client requests for specific services are not provided by the agency. (This could include requests for frequent transportation, requests for frequent and immediate changes in service

times, client requests for PCA to provide services that are not part of the care plan and are determined by the Agency RN to be outside of PCA scope of practice)

i. No funding is available to provide the care.

j. Agency is unable to provide staff that client finds acceptable

k. If the agency initiates the discharge process and the client is eligible for services, agency will provide 30 day notice to the client/responsible party and will assist in finding another provider

CLINICAL RECORDS/MEDICAL RECORD RETENTION

POLICY

A clinical record will be maintained for every client receiving home health services.

All client information shall be regarded as confidential and available only to authorized users.

Clinical records are legal documents containing comprehensive, accurate and organized information concerning the client's health and emotional status, and treatments and services rendered by the Registered Professional Nurses and other health care team members.

Written procedures govern use and removal of records and the conditions for release of information.

PURPOSE

To accurately detail and document each client's status

To provide a mechanism by which client care information is documented, maintained, protected, utilized and transferred as appropriate.

SPECIAL INSTRUCTIONS

CLINICAL RECORD

1. A confidential clinical record containing pertinent past and current findings in accordance with accepted professional standards is maintained for every client receiving home health services.
2. The clinical record shall contain appropriate identifying information, including, but not limited to:
    a. Client identifying data including:
        - Name and Address.
        - Telephone number
        - Date of birth
        - Dates of the beginning and end of services
        - Names, addresses and telephone numbers of responsible persons, if any

    b. Home Care Bill of Rights
    c. PCA Notes
    d. Supervisory Notes
    e. Discharge Summary
    f. Names, addresses, and telephone numbers of the client's medical services providers and other home care providers
3. Documentation should reflect observations and should be objective and non-judgmental. Sensitive information should be verified prior to inclusion in the clinical record. Information other than basic demographic data regarding caregivers should not be documented unless it affects the client's care.

4. Documentation shall establish that effective, interchange, reporting and coordination of client care do occur.
5. All documentation must be legible and written in ink (preferably black) or typewritten.
6. Any person who renders client care and who is professionally involved in the management and/or coordination of client services may make an entry into the clinical record. The individual must date (month, day, year) and sign the entry, complete with his or her title to authenticate an entry in the clinical record. (This includes flow sheet entries.) If a clinical form requires the use of initials, the employee shall follow the initials with their full signature and title.
7. Since the clinical record is a legal document, no form may be removed or destroyed once it is filed within the chart. Records may be destroyed in a controlled manner in accordance with the approved medical retention policy. There should be no obliteration of entries by erasures, whiting-out, and pasting over, etc. Generally, the proper method of error correction in the clinical record shall be as follows:

- Draw one single line through the entry in such a way that the written information underneath may still be read; initial and date the entry.
- Write corrected information near the entry or where the correct information is to be found.

8. In the event that an employee wishes to correct data, it shall be done as an amendment, without change to the original entry, and shall be identified as an additional document appended to the original clinical record. This document shall then be regarded as an integral part of the clinical record. Clinical records shall be organized and filed in a uniform fashion.

RETENTION OF RECORDS:

Clinical records shall be retained for five (5) years following discharge. Clinical records for minors (under 18 years of age) are retained until the client reaches 18 or for a minimum of five (5) years. Additionally, the AGENCY NAME will keep all records of cases involved in litigation until the case is concluded, even if it goes beyond the required retention period.

Following the retention period, records shall be destroyed unless there is a specific need for preservation of the records. The method of destruction shall be specific and the actual destruction witnessed or attested to in writing by the individual(s) responsible for the destruction.

PROTECTION OF RECORDS:

Clinical record information shall be safeguarded against loss or unauthorized use.

The clinical records shall be stored in a secure area with ready access by authorized professional and clerical staff only.

All open clinical records, when not in use, will be kept in a locked file in the home care office.

Agency will lock office doors when no one is present in the office.

Agency shall not disclose to any other person any personal, financial, medical, or other information about the client except:

- As may be required by law

- To persons authorized, in writing, by the client or the client's responsible person to receive the information, including third-party payers
- The client shall be advised of the Agency's policies and procedures regarding disclosure of clinical records.
- All requests for client records shall be directed to the Administrator. A written authorization must be obtained to release clinical records. Once the written authorization has been verified with the individual requesting records to be sent, a photocopy of the requested material may be released pursuant to the authorization. Originals may be reviewed on the Agency's premises.
- At no time is it permissible for the entire open clinical record to be removed from the department.
- Documentation must be returned to the Agency and filed in the clinical record within two (2) weeks of the most recent home care visit pertinent to that discipline.

CLINICAL RECORD CONFIDENTIALITY

POLICY

All client information shall be treated as confidential and will be available only to authorized users.

PURPOSE

To assure that confidentiality of data and information is preserved.

To assure security measures are in place to safeguard the integrity of information in clinical and billing records.

SPECIAL INSTRUCTIONS

1. Authorized users will be identified as:
   - The client, his/her representative and the client's physician
   - Staff members and contract staff providing and supervising client care
   - Administrator
   - Authorized state or federal health authorities, or others authorized by state and federal statutes
2. All requests for clinical records will be submitted to the Administrator or Director of Nursing or designee. Written consent of the client or representative is required.
3. All individuals who collect, handle, or disseminate information will be informed of their responsibility to protect data.
4. Clinical records will be stored in a locked cabinet or room. When in use, the record will be kept in a secure area and not left unattended in areas accessible to unauthorized individuals.
5. Categories of personnel who may review clinical records include:
   a. Nursing staff/Qualified Professionals
   b. Paraprofessionals providing care
   c. Administrative and management personnel
   d. Physicians
   e. Quality Assurance Staff

HANDLING OF CLIENTS' FINANCES AND PROPERTY

POLICY

Agency shall establish guidelines to follow in handling clients' finances and property.

PURPOSE

To provide protection for the client in handling their finances and property.

SPECIAL INSTRUCTIONS

Powers of Attorney

Agency may not accept powers-of-attorney from clients for any purpose, and may not accept appointments of guardians or conservators of clients, unless the Agency maintains a clear organizational separation between the home care service and the program that accepts guardianship or conservatorship appointments.

Handling Clients' Finances

The Agency may assist clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a client's property. The Agency must provide a client with receipts for all transactions and purchases paid with the client's funds. When receipts are not available, the transaction or purchase must be documented. The Agency shall maintain records of all such transactions.

Security of Client's Property

The Agency staff may not borrow a client's property, nor in any way convert a client's property to the Agency's possession, except in payment of a fee at the fair market value of the property.

CLIENT INCIDENT REPORTING

POLICY

All incidents will be documented on the Incident Report form and reported to the RN Supervisor and/or Administrator as soon as possible after the incident.

PURPOSE

To provide the client with any appropriate follow-up medical care necessary.

To assist the Agency to identify problems or potential problems that may be corrected.

To facilitate client safety.

To reduce the risk of financial liability.

SPECIAL INSTRUCTIONS

1. An Incident Report form shall be completed in its entirety.
2. Client outcomes shall be documented in the progress report.
3. Incidents to be reported include, but are not limited, to:
   - Missing or damaged property
   - Treatment error
   - Equipment-related incidents
   - Client falling at home
   - Other medical mishaps

   The Nursing Supervisor will follow up on any reported client incidents or injuries, including appropriate physician notification.
4. The Supervisor shall perform employee counseling and training, as appropriate.
5. Incident Reports will be filled in an administrative file that contains original report, follow-up report, and specific interventions taken to prevent reoccurrence.
6. The Agency management staff will review Incident Report results and compile a report for Quality Improvement Committee.
7. All incidents are summarized and are a component of the continuing quality improvement

FRAUD AND ABUSE POLICY

POLICY

HOMELAND HOME HEALTHCARE is committed to providing care and service in compliance with all applicable rules and regulations. The agency will comply with the requirements and obligations related to Fraud and Abuse under state and federal laws. As part of the commitment, Agency has established and will maintain a Corporate Compliance Program that includes a Fraud and Abuse program.

Employees and contractors are expected to immediately report any potential false, inaccurate or questionable claims to their supervisors, the Fraud and Abuse Coordinator or the Compliance Officer according to this policy.

Agency is prohibited by law from retaliating in any way against any employee or contractor who reports a perceived problem, concern or fraud and abuse issue in good faith.

Examples of potential false claims **may** include the following; when they are done intentionally and knowingly:

1. Claiming reimbursement for services that have not been rendered
2. Characterizing the service differently than the service actually provided
3. Billing for services that are not medically necessary
4. Failing to provide medically necessary services/items
5. Forging or altering prescriptions and improperly obtaining prescriptions for controlled substances

PURPOSE

- To provide guidance regarding the agency's responsibilities under the DRA, the State False Claims acts, and any contracts with payers
- To inform employees about the protections under the laws and contracts, and the roles of these laws to prevent and detect fraud, waste, and abuse in Federal and State Programs.

PROCEDURE

Agency shall develop a comprehensive internal Fraud and Abuse Program, as part of its Compliance Program to prevent and detect program violations.

Employees and contractors must immediately report any false, inaccurate or questionable claims or actions as well as questions, concerns or potential Fraud or Abuse to:

- Immediate supervisor
- Agency Fraud and Abuse Coordinator and/or Agency Compliance Officer

All activity reported related to this policy will be investigated in accordance with the agency fraud and abuse program

Agency will not discriminate or retaliate against any employee or contractor for reporting a potential fraudulent activity or for cooperating in any government or law enforcement authority's investigation or prosecution

If it is determined that the Agency submitted claims in error, Agency will make every effort to recover improper payments or funds misspent due to fraudulent or abusive actions by the agency or its contractors.

RESPONSIBILITY AND ACCOUNTABILITY

Employees and Contractors: All agency employees and contractors are responsible for reporting any potential false, inaccurate or questionable claims or actions as well as questions, concerns of potential fraud or abuse

Internal Fraud and Abuse team: Group of individuals representing billing, clinical, quality improvement, medical records is responsible for ensuring that all reported suspected Fraud or Abuse are fully investigated and if appropriate, are reported to proper authorities

Compliance Officer: The Compliance Officer has oversight for the Fraud and Abuse Program, including but not limited to policies/procedures and communications. The Compliance Officer will communicate with the Management Team, Governing Body, and Professional Advisory Committee as needed but at least annually as part of the annual agency evaluation

References:
Deficit Reduction Act of 2005, (Pub.L. 109-171)
False Claims Act 31 USC sect. 3279-3733
Agency Non-Retaliation Policy

The following is a summary of the Federal False Claims laws and whistleblower protections.

The Federal False Claims Act

The Federal False Claims Act (FCA) helps the Federal government combat fraud and recovers losses resulting from fraud in Federal programs. A person or entity may violate the FCA by ***knowingly***

- Submitting a false claim for payment
- Making or using a false record or statement to obtain payment for a false claim
- Conspiring to make a false claim or get one paid
- Making or using a false record to avoid payments owed to the Government

Knowingly means that a person
- Has actual knowledge of the information

- Acts in deliberate ignorance of the truth or falsity of the information
- Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required

Medicaid and Medicare Violations

Violations of Medicare laws and the Medicare Fraud and Abuse Statute also constitute violations of the False Claims Act. Home Health Care agencies that seek and receive reimbursement for Medicare and Medicaid funds are Government contractors subject to the False Claims Act. **Billing for services not rendered or misrepresenting the type of services rendered, can trigger liability under the False Claims Act**.

False Statements of Contract Compliance

Violations of contract terms or of statutes and regulations that are often required by Government contracts and set forth in what might otherwise be termed "boilerplate" sections of contracts, may be sufficient to violate the False Claims Act. Knowing presentation of claim for payment can be deemed equivalent to a false certification of compliance with such laws, rules, and regulations. If federal funding is conditioned on compliance with these contract provisions, such misconduct gives rise to a viable False Claims Act case. **It should be remembered that claims may be false and the law violated, even though goods or services provided fulfill other contract specifications.**

The FCA imposes penalties of $5,500 to $11,000 per claim plus three times the amount of damages to the Government for FCA violations. Lawsuits must be filed by the later of either (1) three years after the violation was discovered by the federal official responsible for investigating violations (but no more than ten years after the violation was committed, or (2) six years after the violation was committed.

False Claims Act Whistleblower Employee Protections

In 1986, Congress added anti-retaliation protections to the False Claims Act. These provisions, which did not exist previously, are contained in 31 U.S.C. Sec. 3730(h):

Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of his employer or others in furtherance of an action under this section, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole.

The protection against retaliation extends to whistleblowers whose allegations could legitimately support a False Claims Act case even if the case is never filed. The statute of limitations for Sec. 3730(h) claims is 6 years in most jurisdictions.

The whistleblower plaintiff is entitled to reinstatement with seniority, double back pay, interest, special damages sustained as a result of discriminatory treatment, and attorney's fees and costs. There is federal jurisdiction for these whistleblower claims. To establish a Sec. 3730(h) retaliatory discharge claim, the whistleblower must engage in conduct protected by the False

Claims Act. Second, the courts require a showing that the defendant have some notice of the protected conduct that the whistleblower was either taking action in furtherance of a qui tam action or assisting in an investigation or actions brought by the Government. Finally, the whistleblower must show that the termination was in retaliation for the protected activities. A False Claims Act qui tam case can include whistleblower claims and other legal claims based upon other state and federal laws.

Federal Whistleblower Protection Laws

Unlike the False Claims Act, which allows a whistleblower to file a lawsuit in federal court, many of the federal whistleblower laws do not permit a whistleblower to go directly to court, but instead are to be pursued "administratively." Congress designed many of these laws so that an individual, with or without an attorney, may make a simple complaint or "charge" of retaliatory discrimination to a federal government agency. If not resolved administratively, an administrative law judge may preside over the only evidentiary hearing that will take place. Some retaliation and whistleblower statutes are relatively "hollow," that is, they prohibit illegal employer retaliation, but do not allow the individual to pursue an administrative charge or file a lawsuit. In legalese, such laws are described as providing no "private cause of action."

EMPLOYMENT

POLICY

HOMELAND HOME HEALTHCARE strives to employ the most qualified individuals for all positions within the Agency and to provide equal employment opportunities to all employees and applicants regardless of race, color, creed, sex, national origin, age, handicap, sexual orientation, marital status, status with regard to public assistance, or Veterans' employment.

For all professional positions, The Agency will only employ individuals who meet the licensure or certification requirements for the particular professional position and are in good standing there under.

All employees will have background checks completed and their names will be submitted to the OIG exclusions list to determine that they have not been excluded from participating in Medicare or Medicaid. Individuals who are excluded will not be employed in the agency that receives Medicare/Medicaid funds.

SPECIAL INSTRUCTIONS

STAFFING	Part-time and on call personnel may be utilized in instances when the type of work, the working schedule, and the duration of employment permit.
MINORS	State and Federal legislation imposes certain limitations on the employment of persons under the age of 18. Therefore, applicants shall be required to furnish proof of age after an offer of employment has been made. Offers of employment shall be automatically revoked when applicants under 18 are not able to provide a work permit.
INTERVIEWS	Pre-employment interviews are required for all positions. Interviews may be scheduled according to Agency needs. Applicants who qualify for employment will be referred to the responsible supervisor for a second interview. The final decision to hire shall be made by the supervisor and approved by the Administrator. The job offer will be made by the immediate supervisor.
TESTS	All PCAs must complete the PCA online training and have documentation in their employee files
HUMAN IMMUNO-DEFICIENCY VIRUS (HIV)	Equal employment opportunities shall be provided to persons who test positive for HIV or related conditions.
REFERENCE CHECK	Information supplied on the application form or during an interview will be subject to verification. Reference checks shall be made by the

	Agency and may be conducted via phone or mail.
LICENSE CERTIFICATION	For professional positions, all applicants must be able to furnish for inspection their current license or certificate. A copy of the applicant's original license or certificate shall be retained for the employment file. The Agency shall verify licensure status on an ongoing basis.
CRIMINAL DISCLOSURE BACKGROUND CHECKS	Criminal background checks will be completed on all employees providing direct care according to state statutes. Employment may be subject to past criminal history convictions. (Refer to Criminal Disclosure Policy.)
BACKGROUND CHECKS	All individuals providing services (including volunteers) who have direct contact with clients of a licensed home health Agency will have background studies completed and results will be reported to the Agency and documentation will be kept in the employee file. Clearance of the individual PCA's background study is required prior to enrollment of agency affiliation.
BACKGROUND CHECKS/OIG EXCLUSIONS	All prospective employees will have a background check completed by the MN BCA. Employees will not be allowed to work until the background check is cleared. All new employees will have their name checked against the OIG exclusion list that identifies individuals who have been excluded from the Medicare/Medicaid program.

EMPLOYEE MISCONDUCT

DISCIPLINARY POLICY

Employment with the Agency is at will and either the Agency or an employee may terminate the relationship at any time, with or without notice. Either party may end the relationship without prior notice, but neither party may breech contracts. The Agency cannot violate state or federal laws, and generally cannot rightfully terminate employees who refuse to do something that is contrary to public policy and sound morality, such as breaking the law.

The annual performance appraisal program assesses an employee's performance, and where needed, recommends necessary improvement. If improvement doesn't occur or there is a decline, other action is taken. Unacceptable behavior is dealt with through positive disciplinary action. The process includes verbal and/or written warnings that call attention to work performance needing improvement, misconduct or violation of an Agency policy. Nothing in this policy arrogates the employment at will doctrine or creates any contracted relationship, either implied or directed.

The critical points in this policy are: due notice, a chance to improve, and a review process.

GUIDELINES

- Verbal and/or written warnings. These guidelines apply to performance and attendance related issues, and other less serious issues that require disciplinary actions, but not immediate dismissal.
- Suspension. Employees may be suspended with or without pay until an investigation of employee misconduct is investigated. If cleared of any wrongdoing, the employee is reinstated into his/her position or comparable employment, with back pay, if applicable.
- Termination. Conduct leading to immediate discharge includes, but is not limited to:

  1. Falsifying records including time records, mileage, and/or visit documentation

  2. Interfering with efficient safe operations and client safety

  3. Stealing agency property, co-worker property, or client property

  4. Borrowing money from or offering to sell products/ services to clients and/or their families.

  5. Carrying firearms or other dangerous weapons while on agency premises or while providing services for the agency.

  6. Abuse, damage, or destruction of agency or client property

  7. Fighting or provoking a fight while on duty or while representing the agency

  8. Abusive or threatening language to agency staff, supervisors, or clients

  9. Any physical or emotional abuse of clients

  10. Possessing and/or communicating liquor or illegal drugs while at work or on agency premises.

11. Sexual harassment

12. “No Call-No Show” for scheduled hours with a home care client

13. Insubordination

14. Working more than 275 hours per month (for one OR multiple agencies) Individual PCAs will be paid for a maximum of 16 hours per day (up to 275 hours/month).

15. Turning in timecards for hours worked when the client is hospitalized or is on vacation or away from home, and the PCA has not traveled with them.

PERSONNEL RECORDS

POLICY

Personnel files will be established and maintained for all personnel. All information will be considered confidential and made available to authorized personnel only.

PURPOSE

To maintain employee files in the manner necessary to be consistent with the Agency's needs and to meet legal requirements.

SPECIAL INSTRUCTIONS

Personnel Records:

The personnel record for an employee shall include, but not be limited to, the following:

- Evidence of current professional licensure, registration, or certification
- Records of training/competency
- Evidence of Orientation to agency and to client care plans
- Signed job description
- Annual performance evaluation
- Documentation of OIG exclusion checklist (pre-employment), list checked monthly- only positive findings documented

Release of Employee Information:
Internal: Personnel records are confidential and will be released only to responsible management for review.

External: Release of personnel information on current and terminated employees without written authorization from the employee will be limited to verification of date of hire, date of termination, classification and salary.

When unemployment or other type of claim is filed, necessary information will be released as required by law.

Original personnel files shall be retained for a minimum of three (3) years after an employee or contractor ceases to be employed by the Agency.

HIRING OF EMPLOYEES

POLICY

HOMELAND HOME HEALTHCARE strives to employ the most qualified individuals for all positions within the company, and to provide equal employment opportunities to all employees and applicants regardless of race, color, creed, sex, national origin, age, handicap, sexual orientation, marital status, status with regard to public assistance, or Veterans' employment.

For all professional positions, The Agency will only employ individuals who meet the licensure or certification requirements for the particular professional position and are in good standing. Minnesota Health Care Programs (MHCP) now requires all individual personal care assistance providers (PCAs) to register for and pass a one-time individualized training and online test. This testing must be completed prior to assigning any new PCAs to clients.

PURPOSE

The following specifications will help the agency define what they are looking for in the position they are trying to fill.

STAFFING	Part-time and on call personnel may be utilized in instances when the type of work, the working schedule, and the duration of employment permit.
INTERVIEWS	Pre-employment interviews are required for all positions. Interviews may be scheduled according to Agency needs. Applicants who qualify for employment will be referred to the responsible supervisor for a second interview. The final decision to hire shall be made by the Administrator or designated supervisor. The job offer will be made by the immediate supervisor.
REFERENCE CHECK	Information supplied on the application form or during an interview will be subject to verification. Reference checks shall be made by the Agency and may be conducted via phone or mail.
BACKGROUND CHECKS	All individuals providing services (including volunteers) who have direct contact with clients of a licensed home health agency will have background studies completed and results will be reported to the AGENCY NAME. Clearance of the individual PCA's background study is required prior to enrollment of agency affiliation.
ONLINE TRAINING AND TESTING	All individuals providing services must register for and pass a one-time standardized training and online test provided by MN Department of Human Services. This is a requirement of all PCAs currently employed and affiliated with an MHCP- enrolled agency.

BACKGROUND CHECKS

POLICY

The Agency shall submit request for criminal background check on all employees at the time of employment. This includes verifying on the OIG exclusions list that the individual is not excluded from participating in Medicare, Medicaid or other federal health care programs.

PURPOSE

To provide a mechanism whereby criminal background checks are completed on those employees providing direct care. To identify individuals that are excluded from participating from the Medicare and Medicaid program and those who have convictions which prevent them from providing direct care.

SPECIAL INSTRUCTIONS

1. Each employee/volunteer who will provide direct care to clients must have a background study completed. The forms will be completed at the time of hire. If the person fails to provide the information necessary to complete the background study, their application for direct care employment will not be completed.
2. Clearance of the individual PCA's background study is required prior to enrollment or Agency affiliation. Agency will not submit the enrollment/affiliation request until the individual PCA's background study has cleared or received a disqualification set aside. Agency will not bill for dates of service prior to the date the individual PCA has cleared the background study.
3. If a prospective employee is denied employment or an existing employee is removed from a position, information may be submitted by the person to the Agency as verification of an inaccurate criminal record or that the person has completed the rehabilitation process. An existing employee shall be removed from direct client service pending a determination.
4. The following crimes disqualify persons for employment:
    - Crimes of homicide and aiding suicide
    - Crimes against the person
    - Crimes against unborn children
    - Crimes of compulsion
    - Sex crimes
    - Crimes against the family
    - Crimes affecting a public officer or employee
    - Crimes of theft and related crimes
    - Crimes of damage or trespass to property
    - Crimes of misconduct or nuisance
    - The crime of indecent exposure

- The crime of failure to report the maltreatment of minors
- The crime of failure to report the maltreatment of vulnerable adults
- The crime of abuse or neglect of a vulnerable adult
- Crimes related to prohibited drugs

5. If the Agency learns of any criminal conviction of an employee that was not revealed to the Agency as required and was not discovered by the criminal history search and is verified by a law enforcement, the Agency shall:
    a. Remove the employee from work involving direct client service, unless the failure to reveal the conviction was unintentional and is excusable.
    b. Report the information about the conviction to the Commissioner of Health.
6. The agency will verify at the time of hire that the individual has not been excluded from participating in the Medicare or Medicaid Program. Documentation that the name is not on the list will be placed in the personnel files. The agency will check monthly for all employees to identify anyone who may be excluded.

EMPLOYEE ORIENTATION

POLICY

Each employee of the **HOMELAND HOME HEALTHCARE** who provides direct care, supervision of direct care, or management of services for the Agency, shall complete an orientation to home care services to clients.

SPECIAL INSTRUCTIONS

Orientation for all employees, including those not involved in care delivery, shall include the following six topics:

1. Handling of emergencies and use of emergency services.
2. Reporting the maltreatment of vulnerable minors or adults.
3. Home Care Bill of Rights.
4. Handling of clients' complaints and reporting of complaints to the Office of Health Facility Complaints.
5. Services of the Ombudsman for Older Minnesotans, and the Ombudsman for Mental Health and Developmental Disabilities.

Completion of the orientation training shall be documented in the employee's personnel file.

Additional orientation shall be provided for employees who provide direct care services which includes, but is not limited to, the following areas:

1. Overview of Agency operation and services

- a. Goals, philosophy and objectives
- b. Organizational structure
- c. Various disciplines (personnel within each)

2. Agency personnel policies

- a. Review policy manual
- b. Review employee handbook
- c. Complete necessary forms
  1. I-9
  2. W-4
- d. Current TB testing (refer to Health Screening Policy)
- e. Photocopy of:
  1. Professional license/certification
  2. CPR/First Aid certificate (if applicable)
  3. Proper ID for I-9 verification
- f. EEO Compliance

3. **Orientation to clinical and written procedures**

   a. Position description—employee must sign

   b. General Administrative Policies

   c. Skills demonstration checklist (per Agency guidelines)

   d. Professional Orientation Materials
      1. Daily/Weekly routine
      2. Recording procedure
      3. Supervision requirements
      4. Change orders
      5. Care Plan
      6. Modification
      7. Discharge policy
      8. Role of PCA in conjunction with responsibilities of professional staff
      9. Chart format -- various forms used within chart -- forms used in other disciplines.

4. Infection Control/OSHA Blood Borne Pathogen Policies

HOMELAND HOME HEATLHCARE.

EMPLOYEE TIMESHEET SUBMISSION

POLICY

Each employee of Agency who provides direct care or supervision of direct care, is required to submit weekly timesheets that document the employee providing care, the specific services provided, the name of the client receiving the services, the date and start and end time of each shift and the signatures of both the client and employee verifying that the information is correct. Agency will review timesheets as they are received to ensure that they are complete and accurate.

PURPOSE

To ensure that employees submit in timesheets in a timely manner and that they are complete and accurate.

SPECIAL INSTRUCTIONS

1. Each employee receives training on completing and submitting timesheets in orientation.
2. Employees are expected to turn in their timesheets on a weekly basis.
3. Timesheets must be filled out completely and accurately and must contain the following information:
    a. Employee Name
    b. Employee PCA Provider ID number
    c. Client Name
    d. Client's MHCP number or Date of Birth
    e. Month, Day and Year of each day services are being provided
    f. Start and End time for each shift must be filled out and A.M. or P.M. circled appropriately
    g. Totals per day and per week calculated and filled in
    h. Cares provided will follow the client care plan and will be initialed for each shift
    i. Client Signature and Date
    j. Employee Signature and Date
4. As timesheets are received by the Agency they will be checked to ensure that they are filled out completely and accurately.
5. Verification of hours worked will be confirmed per the client schedule prior to billing.
6. Payment for individual PCAs is limited to a **maximum** of 275 hours per month for services provided by an individual PCA (up to a **maximum** of 16 hours per day).

BILLING POLICY/ CLAIMS SUBMISSION

POLICY

Agency will establish systems and procedures to assure compliance with Medicaid regulations, established protocols of other payers, and accepted standards of practice.

PURPOSE

To define the responsibilities of the agency in billing for services.

To identify the procedures and processes that will assure regulatory compliance, accurate claims submission and appropriate practices.

SPECIAL INSTRUCTIONS

1. Billing information is obtained during the intake process and prior to the initiation of service.
2. The client is notified during admission, and as changes occurs, of their financial responsibility for services provided. (co-pays or spend down)
3. All services are provided per the PCA service agreement.
4. The agency routinely submits claims to third party payers for services rendered to the client. Invoices will be produced in accordance with the procedures defined by the third party payers advising the payer of its responsibility.
5. Claims will not be submitted if there is not a signed timesheet for the dates of service.
6. A designated clinician reviews the clinical record for compliance with coverage requirements, and the appropriateness of billing prior to claims submission.
7. The agency collects funds and applies them against the appropriate account.
8. The agency recognizes payment from Medicaid and other designated third-party insurers for eligible PCA beneficiaries as payment in full unless there are co-pays or non-coverage that has been communicated to the client verbally and in writing.
9. **Medicaid/Other Insurance Claims:**
    a. Agency will obtain prior authorization for services based on assessment and specific requirements of the payer.
    b. Agency follows established procedures established by the payer for claims submission.
    c. Clients are notified in writing of services authorized and any limitations in payment. Clients are informed of any co-pay amounts required by the payer, and sign an acknowledgement that they were informed of the financial responsibility.
    d. Claims are submitted after the documentation of services provided is present in the client's record and appropriate authorizations obtained. This includes a time sheet that is completed with time in and time out and is signed by the employee and the client or responsible party. Timecards will include documentation that reflects any days the client was in the hospital or otherwise unavailable for service.

HOMELAND HOME HEALTHCARE.

ADMINISTRATOR JOB DESCRIPTION

Position Purpose

The Administrator is responsible to plan, develop and direct all aspects of the Agency's operation.

This position reports directly to the Governing Body.

Qualifications

Possess a degree in nursing, health service administration, business administration or related field.

Have a minimum of five (5) years experience in positions of increasing responsibility in business, preferably in Health Care.

Possess knowledge of business management.

Demonstrated integrity, good judgment and initiative.

Be assertive, outgoing and comfortable working in an ambiguous and undefined setting, which will aide successful interaction with health care professionals, medical staff, employees, business leaders, and third party payers.

Be able to analyze complex problem situations and make decisions that produce appropriate results.

Major Areas of Accountability

Planning Development and Maintenance:

Organize and direct the Agency's ongoing functions.

Direct and coordinate overall development and administration of the Agency consistent with the objectives and resources, and with the maximum use of Agency staff .

Develop strategic long-range plans.

Take major responsibility for program and policy formulation for the Agency. Develop an organizational structure.

Keep current with legislative, community and third party payer issues that impact Agency and the industry development plans.

Ensure compliance with state regulations governing home health care services through policy and procedure administration.

Maintain ongoing liaison between the Governing Body, selected committees and Agency staff.

Ensure the accuracy of public information materials and activities.

Develop and maintain recording and reporting systems to insure proper service and uniform accounting and data collection.

Investigate and make recommendations to Governing Body for future growth of all home health care services and products.

Marketing:

Develop market share growth plan annually.

Provide for community awareness and outreach programs for the Agency.

Ensure development of relationships and contractual agreement with third party payers, other vendors and the business community.

Human Resource Management:

Employ qualified personnel and ensure adequate staff education and evaluations.

Participate in the hiring and orientation of Agency personnel.

Recruit, employ and direct management personnel.

Foster climate that promotes growth opportunity for all staff

Ensure adequate direction and education for management staff.

Provide staff direction through general meetings, timely personnel evaluations and productivity expectations.

Financial Management:

Prepare annual budget and submit to the Governing Body for approval.

Implement an effective budgeting and accounting system.

Manage financial resources according to budget and revenue projections.

Other:

Establish and serve on, as needed, committees for policy development and quality improvement.

Review client care policies and personnel policies with management team and governing body as needed

Physical/Environmental Demands

See ADA Requirements

Signed _____ Date _____

HOMELAND HOME HEALTHCARE.

PCA PROGRAM DIRECTOR JOB DESCRIPTION

POSITION SUMMARY

Provides oversight and direction for staff providing and supervising PCA services and office support for the program. Services are provided per community standards, and in accordance with the state Nurse Practice Act.

Reports to Administrator and directs assigned team members of RNs, PCAs and assigned support staff

QUALIFICATIONS

1. Graduate of an accredited school of professional nursing or related field.
2. Current license as a Registered Nurse in the state(s) of practice. Baccalaureate degree preferred.
3. Minimum of two (2) years of nursing experience. Home care experience preferred.
4. Previous supervisory experience in a health care setting.
5. Effective written and oral communication skills and good interpersonal skills.
6. Organizational and time management skills.
7. Knowledge of state regulatory and reimbursement requirements.
8. Current driver's license, safe driving record, and reliable transportation.

ESSENTIAL FUNCTIONS/AREAS OF ACCOUNTABILITY

1. Reviews client referral information and responds to requests and inquiries as appropriate.
    a. Evaluates eligibility and appropriateness of client for PCA services.
    b. Determines appropriateness of referral for home care services and responds per agency policy and standard guidelines.
2. Assigns nurses to perform client assessments based on agency standards of practice to ensure effective and appropriate home care services.
    a. Collaborates with physicians, other health care professionals (therapists, social services, supportive services, home health providers), clients, and families in developing a comprehensive, quality plan.
3. Directs, plans, and initiates appropriate action independently and responsively in home care situations.

a. Makes decisions and/or recommendations that reflect consideration of immediate and long-range effects (frequency of visits, components of care plan, additional services).

c. Confers with the PCA supervisors on a regular basis.

d. Monitors documentation of clinical records to ensure compliance with regulatory standards of timeliness, accuracy, and completeness.

e. Provides on-call support for clients per schedule.

f. Communicates with other disciplines/departments when required.

4. Manages/supervises a team of RNs and Personal Care Aides to provide effective and quality home care services.

a. Identifies the educational needs of team members and provides or recommends educational resources.

b. Performs or delegates in-home supervision of team members.

c. Leads regular team meetings.

d. Monitors the productivity of team members on a regular basis.

e. Identifies staffing needs and communicates this information.

5. Participates in human resource management to achieve quality service delivery and positive employee relations.

a. Assures that human resource policies and procedures are communicated to staff and are implemented in a fair and consistent manner.

b. Conducts timely performance evaluations consistent with agency policy.

c. Applies disciplinary procedures in a fair and consistent manner when indicated. Documentation is completed per policy and legal guidelines.

d. Monitors employee turnover, overtime, and absenteeism. Takes action to address issues.

e. Collaborates with supervisors to identify staffing needs and evaluate qualifications and competencies of current and new employees.

6. Promotes personal safety and a safe environment for clients and coworkers.

a. Demonstrates knowledge of safety infection control practices by compliance with policies and procedures.

b. Recognizes and responds appropriately to potentially unsafe situations.

c. Demonstrates safe and competent practice in the use of equipment.

d. Assesses safety of environment and takes initiative to prevent accidents and promote safety.

7. Understands all aspects of the PCA and PCA Choice program regulatory requirements and is responsible for the growth and development of the PCA programs.

   a. Responsible for the expansion the PCA and PCA Choice business by meeting with referral sources, providing excellent customer services, teaching and training Agency personnel and community resources.

   b. Demonstrate ability to increase business by having current knowledge of PCA regulations.

   c. Applies this knowledge to the business development plan.

   d. Demonstrates the ability to adapt in a rapidly changing environment, adjust priorities and manage a wide variety of administrative functions.

   e. Possess a full understanding of home care and PCA sections of the Minnesota Health Care Programs Provider Manual, specifically the PCA and PCA Choice program regulations.

8. Performs job duties in accordance with agency policies, procedures, and professional and community standards.

9. Maintains confidentiality in all aspects of the job. Does not reveal information from client records to others, except as identified in agency policy.

10. Secures written confidential documents in a manner that prevents unauthorized release.

11. Performs other job duties as assigned.

    a. Completes assigned tasks within established guidelines and time frames.

PHYSICAL/ENVIRONMENTAL DEMANDS

See ADA Requirements.

I have read and understand the above job description of the PCA Program Director.

Signed_____ Date_____

HOMELAND HOME HEALTHCARE.

NURSING SUPERVISOR JOB DESCRIPTION

Position Purpose

The Nursing Supervisor shall furnish services in accordance with the Nurse Practice Act, and shall be utilized in accordance with basic principles of the professional nurse. All functions shall be performed in accordance with the basic policies and practices of the Agency. The Nursing Supervisor does skilled assessments, develops care plans, promotes continuity of safe, appropriate care through case management, and supervises professional and paraprofessional staff. The Nursing Supervisor reports to the Director of Nursing.

Qualifications

- Have graduated from an accredited school of professional nursing.
- Be currently registered with the Minnesota State Board of Nursing.
- Have at least two (2) years experience in an acute hospital setting or equivalent experience.
- Demonstrate ability to make appropriate nursing judgments.
- Possess good interpersonal communication, problem solving and teaching skills.
- Exhibit professional behavior in action and appearance.
- Possess and maintain good physical and mental health, including current TB testing (refer to Health Screening policy).
- Be a U.S. citizen or have evidence of valid alien work permit.

Specific Functions/Responsibilities

- Provide professional nursing care within the scope of the agency services.
- Demonstrate dependability.
- Maintain a safe environment for clients.
- Communicate effectively with all members of the interdisciplinary team.
- Make the initial assessment visit and regularly re-evaluate the client's nursing needs.
- Initiate the plan of care and make necessary revisions.
- Provide those services requiring substantial and specialized nursing skills.
- Directly supervise client care staff.
- Maintain an accurate clinical record by preparing clinical and progress notes with follow through of timely record keeping.
- Supervise and teach professional and paraprofessional staff per Agency guidelines and

provide discipline and feedback appropriately.

- Maintain liaisons with attending physicians and referral sources.
- Initiate appropriate preventative and rehabilitative nursing procedures and techniques.
- Coordinates services with referrals to other community agencies as appropriate.
- Inform the physician, Director of Nursing and other personnel of changes in the client's condition and needs.
- Perform therapeutic procedures as prescribed by the physician.
- Work with families and other health care professionals in providing continuity of client care.
- Counsel the client and family in meeting nursing and related needs.
- Demonstrate knowledge of current health practices when performing observation and evaluation of client care.
- Assume responsibility for professional growth and development by active participation in continuing education, in-service programs, orientation and personal evaluation.
- Accept and fulfill assignments with Agency.
- Exercise judgments in accepting assignments.
- Participate in performance reviews for field staff.
- Participate in in-service program.
- Perform other related duties and responsibilities as deemed necessary.

Physical/Environmental Demands

See ADA Requirements

I have read and understand the above job description of the Nursing Supervisor.

Signed _____Date_____

PERSONAL CARE ASSISTANT (PCA) JOB DESCRIPTION

Position Purpose

The Personal Care Assistant performs personal care services to clients unable to live independently in the community without assistance. The Personal Care Assistant is a position created to serve the clients in the Minnesota Medicaid Personal Care Assistant Program. Clients must be in a stable medical condition and be able to direct their own care or have a designated responsible party. The Personal Care Assistant works within the guidelines of a plan of care established by the client, physician, and supervising RN. The PCA reports directly to the Nursing Supervisor.

Qualifications

Be eighteen (18) years of age or have been approved to work by the employer and met state guidelines for persons between the ages of 16-18 years

- Have demonstrated ability to work with little direct supervision and make appropriate judgments.
- Have demonstrated dependability, tact and ability to follow orders.
- Possess good interpersonal communication skills.
- Possess and maintain good physical and mental health, including current TB testing (refer To Health Screening policy).
- Have US Citizenship or evidence of alien work permit.
- Pass background study in State of MN
- Must not have jeopardized health and welfare of vulnerable adults through physical abuse, sexual abuse or neglect as defined in Minnesota Statutes Section 626.557.
- Must not misuse or show dependency on mood altering chemicals including alcohol.

Must have completed one or more of the following:

A Nursing Assistant training program or its equivalent, for which competency as a Nursing Assistant is determined according to a test administered by State Board of Vocational Technical Education **OR**

- A Home Health Aide-PCA training program using a curriculum recommended by Minnesota Department of Health OR
- An accredited educational program for registered nurses or licensed practical nurses OR
- A training program that provides the assistant with skills required to perform personal care assistant services specified by the Agency **OR**
- Determination by the supervising RN that the assistant has the skills required, through training and experience, to perform the personal care services specified under Covered Services in Medical Assistance Manual.

Specific Functions/Responsibilities

- Provide bowel and bladder care.
- Perform skin care, including prophylactic routine and palliative measures documented in plan of care.
- Assist with range of motion exercises.
- Provide respiratory assistance.
- Perform transfers.
- Assist with bathing, grooming, and hair washing necessary for personal hygiene.
- Perform turning and positioning.
- Assist with medications (normally self-administered).
- Apply and maintain prosthetics and orthotics.
- Clean equipment.
- Assist with dressing/undressing.
- Provide assistance with food, nutrition and diet activities.
- Accompany client to obtain medical diagnoses or treatment.
- Provide services necessary to maintain client's personal health and safety.
- Assist client to complete daily living skills such as personal/oral hygiene.
- Assist with incidental household services.
- Complete the appropriate records to document cares given and pertinent observations.
- Respond and attend to client requests promptly.
- Maintain proper hand washing techniques.
- Maintain a safe client environment.
- Maintain client confidentiality; treat clients and families with respect.
- Understand, accept and respond to the emotional needs of each client.
- Participate in training programs to meet compliance requirements.
- Accept and fulfill assignments with the Agency; exercise judgment in accepting assignments.
- Perform other related duties and responsibilities as deemed necessary.

Personal Care Assistant May Not:

- Provide services except as employee of an enrolled provider company.
- Provide services not outlined in the plan of personal care services.

- Provide services that are not supervised by a Registered Nurse or Qualified Professional.
- Provide personal care services to clients for whom they are legal guardians or responsible party...
- Perform sterile procedures.
- Provide services in an adult or child foster home without prior approval from the Department of Human Services.

Physical/Environmental Demands

See ADA Requirements

I have read and understand the above job description of the Personal Care Assistant.

Signed _____Date _____

HOMELAND HOME HEALTHCARE.

STAFFING COORDINATOR JOB DESCRIPTION

Position Purpose

The Staffing Coordinator works under the direction of the Program Manager and performs activities necessary to the scheduling of services, including the coordination of employees, processing intake information, and communication with referral sources.

Qualifications

- Be eighteen (18) years of age.
- Possess current staffing experience, preferably staffing in home care.
- Be knowledgeable of medical terminology or a general medical background desirable.
- Possess excellent telecommunication skills.
- Have a positive attitude toward all customers.
- Demonstrate ability to function with little supervision and make appropriate judgments.
- Dependability, tact and ability to follow orders.
- Demonstrate ability to manage several functions simultaneously.
- Demonstrate current interviewing skills.
- Demonstrate ability to work with detail.

Specific Functions/Responsibilities

- Maintain service log.
- Schedule and staff service requests.
- Interview applicants.
- Send for references on applicants.
- Participate in employee orientation.
- Communicate necessary information to Nursing Supervisor regarding service requests, current client and employees.
- Monitor employee roster and recommend employee changes.
- Receive intake information and request adequate detail from referral source.
- Assist with clerical functions upon request.
- Assist Nursing Supervisor with obtaining client information and insurance verification upon request.
- Maintain accurate client/employee scheduling information to be utilized by the payroll

department.

- Perform other related duties and responsibilities as deemed necessary.

Physical/Environmental Demands

See ADA Requirements

I have read and understand the job description of a Staffing Coordinator.

Signed _____Date _____

HOMELAND HOME HEALTHCARE.

SECRETARY/RECEPTIONIST JOB DESCRIPTION

Position Purpose

The Secretary/Receptionist is responsible for meeting the public through phone contact, for general office functions, word processing, and coordinating interoffice activities. This person reports to the Director of Nursing and/or Administrator.

Qualifications

- Be eighteen (18) years of age.
- Have at least one (1) year general medical secretarial experience.
- Possess knowledge of medical terminology.
- Demonstrate ability to work with little supervision.
- Demonstrate ability to make appropriate judgments as they relate to general office functions.
- Demonstrate dependability, maturity, tact, and ability to follow orders.
- Demonstrate ability to manage several concurrent assignments.

Specific Functions/Responsibilities

- Manage telephone lines, which include documenting detailed messages, responding to customers, referral sources and the general public.
- Type physician treatment plans.
- Perform word processing and general correspondence.
- Perform initial telephone screening of all applicants.
- Maintain an adequate inventory of office supplies.
- Handle daily mail.
- Know and understand client invoicing process and perform data entry functions necessary to complete the billing process.
- Assist with special projects.
- Perform other related duties and responsibilities as deemed necessary.

Physical/Environmental Demands

See ADA Requirements

I have read and understand the job description of the Secretary/Receptionist.

Signed _____ Date _____

BILLING CLERK JOB DESCRIPTION

Position Purpose

Billing Clerk is responsible for on-going data entry and weekly invoicing process. Billing and accounts receivable transactions are to be performed under the direction of the Administrator. Other duties as assigned.

Qualifications

- Be eighteen (18) years of age.
- Have one (1) year general office experience with some data entry.
- Be knowledgeable of medical terminology and/or general medical background desirable.
- Demonstrate ability to work with little supervision and make appropriate judgments.
- Demonstrate dependability, tact and ability to follow orders.
- Demonstrate ability to manage several concurrent assignments.

Specific Functions/Responsibilities

- Enter client data into system.
- Post cash receipts.
- Perform weekly invoicing.
- Assist with invoice mailing and insurance billing.
- Handle client inquires regarding their accounts.
- Prepare weekly time slip reports.
- Assist with phone answering.
- Perform data entry functions.
- Perform other clerical duties as assigned.

Physical/Environmental Demands

See ADA Requirements

I have read and understand the job description of a Billing Clerk.

Signed _____Date _____

UNIVERSAL PRECAUTIONS FOR ALL HEALTH WORKERS

Assume that blood and all body fluids, with or without visible blood, from **all** clients are potentially infectious.

WASH HANDS - Hands **must** be washed before and after contact with **each** client under a steady stream of water with an appropriate antibacterial solution for at least 1 minute. In the absence of water, an appropriate antibacterial solution must be used.

GLOVES, such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment, when having direct contact with blood, body fluids, mucous membranes or non-intact skin, when handling items soiled with blood, or when handling equipment contaminated with blood or body fluids. This includes, but is not limited to the following:

a. Suctioning procedures
b. Catheter care and removal of catheters
c. Dressing changes
d. Handling of grossly contaminated linens
e. Collection and emptying of all suction and drainage devices; e.g., Foley catheter bags, and hemovacs
f. Starting and discontinuing intravenous infusions
g. Providing oral hygiene
h. Enema administration
i. Cleaning client rooms, bathrooms, emptying trash or changing linens on client's bed
j. Venipuncture or other vascular access procedures

Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves **do not** take the place of hand washing.

GOGGLES or protective glasses should be worn when there is a potential for a splash with blood or body fluids. Examples include dental cleaning, venipunctures, arterial punctures, catheter or nasogastric tube insertions, intubations.

GOWNS OR APRONS should be worn when there is a potential for blood or body fluid splatters or sprays. Examples include venipunctures, arterial punctures, catheter or nasogastric tube insertions, intubations.

MASKS are usually not necessary if contact is only casual but should be worn if there is a chance of splash or splatters or the client is on respiratory precautions.

AIRWAYS - Although saliva has not been implicated in HIV transmission, a one-way airway, mouthpiece, resuscitation bag or other ventilation device should be in the home when resuscitation

is predictable for use during actual resuscitation.

To prevent needle stick injuries, needles should **never** be recapped, bent, broken, or manipulated by hand. These items and other sharp items, such as scalpels, razor blades, etc., should be considered potentially infectious and handled with extraordinary care.

Used needles should be placed intact into puncture resistant containers which are provided by the Agency. The containers, when full, are to be returned to the Agency for proper disposal or disposed of in accordance with state or local regulations.

In the event of contamination with blood or body fluids, body surfaces should be washed immediately with soap and water.

All laboratory specimens should be treated as if they were contaminated with either HIV or HBV. All specimens should be labeled with client information, placed in sealable, plastic bags, and transported in an appropriate, secured container.

For disposal of contaminated supplies other than needles, double bagging technique should be used, as described in the infection control policy. Areas and equipment contaminated with blood should be cleaned immediately with 1:10 bleach solution. Equipment can also be cleaned thoroughly and soaked in 70% isopropyl alcohol for ten minutes to inactivate HIV. A fresh solution must be used daily.

Soiled linens should be handled as little as possible and with minimum agitation to prevent gross microbial contamination of the air and of persons handling the linen. Linens soiled with blood or body fluids should be placed and transported to the Agency or disposal container in bags that prevent leakage.

Personnel cleaning biological spills or contaminated equipment should wear gloves and take care not to contaminate clothing. Disinfectant-detergent formulations registered by the EPA can be used for cleaning environmental surfaces, but the actual physical removal of microorganisms by scrubbing is probably at least as important as any antimicrobial effect of the cleaning agent used.

Health care workers with exudative lesions or weeping dermatitis should refrain from all direct client care and from handling client care equipment until the condition resolves.

As indicated, the Agency shall maintain a log describing the collection, transportation and disposition of hazardous waste.

"Guidelines for Prevention and Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers", U.S. Dept. of Health and Human Services, Centers for Disease Control, February 1989.

"Morbidity and Mortality Weekly Report," June 25, 1988, Vol. 37, No. 24, August 21, 1987, Vol 36, No. 28.