[AGENCY NAME]

Policy & Procedure Manual

Non-Medical Home Care Agency

Effective Date: [EFFECTIVE DATE]

Approved by: [GOVERNING BODY OR OWNER NAME]

[AGENCY ADDRESS] · [OFFICE PHONE]

For internal use only.

Start Here: How to Use This Template

Read this page, then delete it before you use the manual

This manual is a ready-to-edit starting point for a non-medical home care agency (personal care, companion and homemaker services). About 80% of what a home care agency needs is the same in every state. The rest depends on your state, so those spots are marked for you.

Step-by-step

1. Every item in [BRACKETS] and highlighted yellow is something you fill in. Use Find & Replace (Ctrl+H on Windows, Cmd+Shift+H on Mac) to replace each one across the whole manual at once.
2. Look up your state's answers (licensing agency, training hours, supervision visits, background checks, record retention and more) in your state's home care licensing rules, or in the "Make It Yours" State Guide included with the Starter Bundle.
3. Read every policy and change anything that does not match how your agency actually works. A surveyor will expect you to follow what your manual says.
4. Add any policy your state requires that is not here. Your state's home care licensing rules list exactly what must be covered.
5. When every placeholder is filled in, select all text (Ctrl+A) and set highlight to "No Color."
6. Delete this page, update the effective date, and have your owner or governing body approve the manual.
7. Review the manual at least once a year and whenever your state changes its rules.

Important

This template is for general information and is not legal, tax or regulatory advice. Requirements differ by state and change over time. You are responsible for making sure your final policies meet your state's licensing rules, Medicaid and payer requirements, and federal law. Have your completed manual reviewed by a qualified professional or your state licensing agency before you rely on it. Buying this template does not guarantee a license, approval or passing an inspection.

Table of Contents

Chapter 1	Agency Administration
1.1	Mission, Services and Service Area
1.2	Organizational Chart and Responsibilities
1.3	Governing Body and Owner Responsibilities
1.4	Licensure and Required Notices
Chapter 2	**Client Rights and Responsibilities**
2.1	Client Bill of Rights
2.2	Confidentiality and Privacy
2.3	Complaints and Grievances
2.4	Refusing or Ending Services
Chapter 3	**Client Intake and Admission**
3.1	Referral and Intake
3.2	Initial Assessment and Home Safety Check
3.3	Service Agreement and Consent
3.4	Payer Verification
Chapter 4	**Care Planning and Service Delivery**
4.1	Plan of Care
4.2	Scheduling and Caregiver Matching
4.3	Visit Documentation and EVV
4.4	Missed Visits and Backup Coverage
4.5	Discharge and Transfer
Chapter 5	**Personnel and Hiring**
5.1	Job Descriptions and Qualifications
5.2	Background and Registry Checks
5.3	Hiring and Personnel Files
5.4	Employee or Contractor Classification
Chapter 6	**Training and Competency**
6.1	Orientation
6.2	Initial and Annual Training
6.3	Competency Checks and Supervision
Chapter 7	**Caregiver Conduct**
7.1	Code of Conduct and Professional Boundaries
7.2	Gifts, Money and Client Property
7.3	Attendance, Timekeeping and EVV Rules
7.4	Discipline and Termination
Chapter 8	**Health and Safety**
8.1	Infection Control and Hand Hygiene

8.2	Bloodborne Pathogens and Protective Equipment
8.3	Safe Lifting and Fall Prevention
8.4	Workplace Injury Reporting
Chapter 9	**Abuse, Neglect and Incidents**
9.1	Reporting Abuse, Neglect and Exploitation
9.2	Incident Reporting and Investigation
9.3	Client Emergencies
Chapter 10	**Emergency Preparedness**
10.1	Emergency and Disaster Plan
10.2	Client Priority List and Communication Tree
Chapter 11	**Records and HIPAA**
11.1	Client Records
11.2	HIPAA Privacy, Security, Devices and Texting
11.3	Privacy Breach Response
Chapter 12	**Billing and Quality**
12.1	Billing, Payments and Collections
12.2	Fraud, Waste and Abuse Prevention
12.3	Client Satisfaction and Quality Review
12.4	Annual Policy Review

CHAPTER 1

Agency Administration

Policies in this chapter:

1.1 Mission, Services and Service Area
1.2 Organizational Chart and Responsibilities
1.3 Governing Body and Owner Responsibilities
1.4 Licensure and Required Notices

1.1 Mission, Services and Service Area

Chapter 1: Agency Administration

Policy No.	1.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To describe why the agency exists, what services it provides and where it provides them.

POLICY

[AGENCY NAME] provides non-medical home care services that help people live safely and with dignity in their own homes. The agency provides only the services it is licensed and staffed to provide, and only within its approved service area.

PROCEDURE

1. The agency's mission statement is: "[AGENCY NAME] helps older adults and people with disabilities stay safe, independent and comfortable at home through dependable, respectful care."
2. Services offered may include: personal care (bathing, dressing, grooming, toileting, transfers), companionship, light housekeeping, meal preparation, laundry, errands, medication reminders and respite care. The agency does not provide skilled nursing or medical services.
3. The agency serves clients in [SERVICE AREA]. Requests from outside the service area are referred to another provider.
4. The [ADMINISTRATOR TITLE] reviews the list of services and the service area each year and before adding any new service.
5. The current list of services is given to every client at admission and posted in the office.

RELATED FORMS

Client Welcome and Service Agreement

1.2 Organizational Chart and Responsibilities

Chapter 1: Agency Administration

Policy No.	1.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make clear who is responsible for each part of the agency's work.

POLICY

The agency keeps a current organizational chart and written job descriptions for every position.

PROCEDURE

1. The organizational chart shows the owner or governing body, the [ADMINISTRATOR TITLE], office and scheduling staff, supervisors and caregivers.
2. The [ADMINISTRATOR TITLE] is responsible for daily operations, compliance, staffing and client services.
3. When the [ADMINISTRATOR TITLE] is absent, a named alternate with the training to make decisions is in charge. The alternate's name is posted in the office.
4. Each staff member receives a copy of their job description at hire and signs that they received it.
5. The organizational chart is updated within 30 days of any change in key staff.

RELATED FORMS

Job Descriptions

1.3 Governing Body and Owner Responsibilities

Chapter 1: Agency Administration

Policy No.	1.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To define who holds final legal and financial responsibility for the agency.

POLICY

The owner(s) or governing body of [AGENCY NAME] hold final responsibility for the agency's operation, finances and compliance with law.

PROCEDURE

1. The governing body approves this policy and procedure manual and any major changes to it.
2. The governing body appoints a qualified [ADMINISTRATOR TITLE] and gives them the authority to run daily operations.
3. The governing body reviews agency performance, complaints, incidents and finances at least once a year.
4. The governing body makes sure the agency keeps adequate insurance, including general and professional liability and workers' compensation where required.
5. Changes in ownership, name, address or administrator are reported to [STATE LICENSING AGENCY] within the time the state requires.

1.4 Licensure and Required Notices

Chapter 1: Agency Administration

Policy No.	1.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure the agency holds every license it needs and posts the notices the law requires.

POLICY

[AGENCY NAME] operates only while holding a current [LICENSE TYPE] issued by [STATE LICENSING AGENCY], and follows all state and federal rules that apply.

PROCEDURE

1. The agency's license is posted where clients and visitors can see it.
2. The [ADMINISTRATOR TITLE] tracks renewal dates for the license, business registration, insurance and any payer enrollments, and starts each renewal at least 60 days early.
3. Required posters are displayed in the office, including federal and state labor law posters, the abuse hotline number ([ABUSE HOTLINE NUMBER]) and any notices the state requires.
4. The agency cooperates fully with surveys, inspections and audits, and gives inspectors access to records they are allowed to see.
5. Any deficiency found in an inspection is corrected and documented in a written plan of correction by the deadline given.

CHAPTER 2

Client Rights and Responsibilities

Policies in this chapter:

2.1 Client Bill of Rights
2.2 Confidentiality and Privacy
2.3 Complaints and Grievances
2.4 Refusing or Ending Services

2.1 Client Bill of Rights

Chapter 2: Client Rights and Responsibilities

Policy No.	2.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect each client's rights and make sure clients know them.

POLICY

Every client is treated with dignity and respect and is informed of their rights and responsibilities before services begin.

PROCEDURE

1. Before or at the first visit, each client (or their representative) receives the Client Bill of Rights and signs that they received it.
2. Clients have the right to: be treated with respect; take part in planning their care; refuse services; privacy and confidentiality; voice complaints without fear of retaliation; know the cost of services before they begin; be free from abuse, neglect, exploitation and discrimination; and have their property respected.
3. Clients are responsible for: giving accurate information; telling the agency about changes in their condition or needs; providing a safe place for caregivers to work; and paying for services as agreed.
4. Staff learn client rights in orientation and every year after.
5. Any staff member who violates a client's rights is subject to discipline up to termination.

RELATED FORMS

Client Bill of Rights and Acknowledgment

2.2 Confidentiality and Privacy

Chapter 2: Client Rights and Responsibilities

Policy No.	2.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect client information.

POLICY

Client information is shared only with people who need it to provide care, or as the client allows or the law requires.

PROCEDURE

1. Staff discuss client information only in private and only with staff who need it.
2. Staff do not post anything about clients on social media, including photos, names or details.
3. Client records are kept in locked storage or a password-protected system.
4. Information is released to others only with the client's written permission, unless the law requires release (for example, an abuse report).
5. Staff sign a confidentiality agreement at hire. A breach of confidentiality is grounds for discipline up to termination.

RELATED FORMS

Staff Confidentiality Agreement · Authorization to Release Information

2.3 Complaints and Grievances

Chapter 2: Client Rights and Responsibilities

Policy No.	2.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To give clients and families a fair, simple way to raise concerns.

POLICY

Clients and families may make a complaint at any time without fear of losing services or being treated differently.

PROCEDURE

1. Clients are told at admission how to make a complaint: by calling [OFFICE PHONE], in writing or in person.
2. Any staff member who receives a complaint writes it on a Complaint Form and gives it to the [ADMINISTRATOR TITLE] the same day.
3. The agency contacts the person within 2 business days to acknowledge the complaint.
4. The [ADMINISTRATOR TITLE] looks into the complaint and gives a response within 10 business days, or sooner if the state requires.
5. If the person is not satisfied, they may contact [STATE LICENSING AGENCY]. Contact information is in the client handbook.
6. Complaints involving possible abuse, neglect or exploitation are handled under the Abuse and Neglect Reporting policy right away.
7. Complaints are logged and reviewed for patterns at least every quarter.

RELATED FORMS

Complaint Form · Complaint Log

2.4 Refusing or Ending Services

Chapter 2: Client Rights and Responsibilities

Policy No.	2.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To explain when services may be refused, changed or ended, and how.

POLICY

Clients may refuse or stop services at any time. The agency may end services only for valid reasons and with proper notice.

PROCEDURE

1. A client who refuses a task or visit is not forced. The caregiver reports the refusal to the office, and it is documented.
2. The agency may end services if: the client's needs are beyond what the agency can safely provide; the home is unsafe for staff; the client or family is abusive to staff; payment is not made as agreed; or the client moves out of the service area.
3. Except in an emergency involving safety, the agency gives at least [DISCHARGE NOTICE DAYS] days' written notice before ending services.
4. The agency helps the client find another provider when possible.
5. The reason for ending services is documented in the client record.

RELATED FORMS

Discharge Summary

CHAPTER 3

Client Intake and Admission

Policies in this chapter:

3.1 Referral and Intake
3.2 Initial Assessment and Home Safety Check
3.3 Service Agreement and Consent
3.4 Payer Verification

3.1 Referral and Intake

Chapter 3: Client Intake and Admission

Policy No.	3.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To handle every referral quickly and consistently.

POLICY

All referrals are logged and answered within 1 business day.

PROCEDURE

1. Referrals may come from clients, families, hospitals, doctors, case managers, payers or community partners.
2. Intake staff record the referral on the Client Intake Form, including contact information, needs, payer and urgency.
3. Intake staff confirm the agency can meet the person's needs and serves their area.
4. Intake staff verify payer eligibility before services start (see Payer Verification).
5. If the agency cannot accept the referral, the person is told why and given other options.

RELATED FORMS

Client Intake Form · Referral Log

3.2 Initial Assessment and Home Safety Check

Chapter 3: Client Intake and Admission

Policy No.	3.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To understand each client's needs and home before care begins.

POLICY

A qualified staff member completes an in-home assessment before or at the start of services.

PROCEDURE

1. The assessment is completed by [ASSESSMENT STAFF TITLE] within [ASSESSMENT TIMEFRAME] of accepting the referral.
2. The assessment covers: daily living needs, mobility, memory, diet, allergies, emergency contacts, physician, preferences and routines.
3. The assessor completes a Home Safety Checklist and reviews fall risks, smoke detectors, pets, weapons, smoking and clutter with the client.
4. Unsafe conditions are discussed with the client, and solutions are recorded.
5. The assessment results are used to write the plan of care.

RELATED FORMS

Initial Assessment · Home Safety Checklist

3.3 Service Agreement and Consent

Chapter 3: Client Intake and Admission

Policy No.	3.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure each client agrees in writing to services and costs before care begins.

POLICY

No services start until the client or their legal representative signs a service agreement and consent.

PROCEDURE

1. The service agreement lists the services, schedule, rates, payment terms and how to cancel.
2. The client receives the Client Bill of Rights, complaint process and emergency information at the same time.
3. If the client cannot sign, their legal representative signs, and the representative's authority is documented.
4. The client receives a copy of everything they sign. The original goes in the client record.
5. A new agreement is signed whenever rates or services change.

RELATED FORMS

Client Welcome and Service Agreement · Consent to Services

3.4 Payer Verification

Chapter 3: Client Intake and Admission

Policy No.	3.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To confirm who will pay for services before they start.

POLICY

The agency confirms payment source and authorization before providing services.

PROCEDURE

1. For Medicaid or waiver clients, intake staff verify eligibility and obtain any required authorization for services. Accepted payers include [PAYERS ACCEPTED].
2. For private pay clients, the rate, deposit and billing schedule are written in the service agreement.
3. For long-term care insurance, staff confirm the policy covers home care, the daily benefit and any waiting period. The client is told what they will owe.
4. For veterans' programs, staff confirm the authorization and the approved hours.
5. Eligibility is re-checked [ELIGIBILITY CHECK FREQUENCY] for clients with public payers.
6. Services are never provided beyond the hours authorized unless the client has agreed in writing to pay privately for extra hours.

CHAPTER 4

Care Planning and Service Delivery

Policies in this chapter:

4.1 Plan of Care
4.2 Scheduling and Caregiver Matching
4.3 Visit Documentation and EVV
4.4 Missed Visits and Backup Coverage
4.5 Discharge and Transfer

4.1 Plan of Care

Chapter 4: Care Planning and Service Delivery

Policy No.	4.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure every client has a written plan that tells caregivers what to do.

POLICY

Every client has a current written plan of care based on their assessment and wishes.

PROCEDURE

1. The plan of care is written within [CARE PLAN TIMEFRAME] of the assessment and before or at the first visit.
2. The plan lists tasks, how often, visit schedule, client preferences, safety concerns and emergency contacts.
3. The client or representative reviews and signs the plan.
4. A copy of the plan (or caregiver task list) is available to the caregiver at every visit.
5. The plan is reviewed at least every [CARE PLAN REVIEW FREQUENCY], and any time the client's needs change, they return from a hospital stay or the client asks.

RELATED FORMS

Plan of Care

4.2 Scheduling and Caregiver Matching

Chapter 4: Care Planning and Service Delivery

Policy No.	4.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To match each client with a qualified caregiver and keep visits on schedule.

POLICY

Clients are assigned caregivers who are trained for the tasks in the plan of care and, when possible, who fit the client's preferences.

PROCEDURE

1. The scheduler considers skills, training, location, availability and client preferences when assigning a caregiver.
2. The client is told who their caregiver will be before the first visit when possible.
3. Caregivers receive the client's task list and any special instructions before the first visit.
4. Schedule changes are communicated to the client and caregiver as early as possible.
5. Client requests for a different caregiver are honored when staffing allows. The reason is noted.

4.3 Visit Documentation and EVV

Chapter 4: Care Planning and Service Delivery

Policy No.	4.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure every visit is accurately recorded.

POLICY

Every visit is documented. Where electronic visit verification (EVV) is required, caregivers check in and out using [STATE EVV SYSTEM] or the agency's approved system.

PROCEDURE

1. Caregivers check in when they arrive and check out when they leave, at the client's home.
2. Caregivers record tasks completed and any changes in the client's condition at each visit.
3. Missed check-ins or check-outs are reported to the office the same day. Office staff correct them with the reason documented.
4. Caregivers never record time they did not work or tasks they did not do. False records are grounds for termination and may be reported as fraud.
5. Office staff review visit records weekly before billing and payroll.

RELATED FORMS

Caregiver Timesheet and Task Log

4.4 Missed Visits and Backup Coverage

Chapter 4: Care Planning and Service Delivery

Policy No.	4.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To keep clients safe when a scheduled caregiver cannot come.

POLICY

The agency makes every effort to cover all scheduled visits and tells the client right away when it cannot.

PROCEDURE

1. Caregivers who cannot work a shift call the office at least [CALL-OUT NOTICE HOURS] hours before the shift, or as soon as possible in an emergency.
2. The scheduler looks for a replacement caregiver right away.
3. If the visit cannot be covered, the client or family is called before the visit time.
4. For clients who would be at risk without a visit, the agency follows the client's backup plan (for example, a family member).
5. Missed visits and the reason are documented and reviewed for patterns.

RELATED FORMS

Missed Visit Log

4.5 Discharge and Transfer

Chapter 4: Care Planning and Service Delivery

Policy No.	4.5	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To end or transfer services safely.

POLICY

Discharges and transfers are planned with the client and documented.

PROCEDURE

1. Clients are discharged when: goals are met; the client asks; the client moves, is admitted long-term to a facility or passes away; payment ends; or the agency can no longer meet their needs.
2. When possible, the client is given notice and help finding other services.
3. If the client transfers to another provider, the agency shares records only with the client's written permission.
4. A Discharge Summary is completed within [DISCHARGE SUMMARY DAYS] days and placed in the client record.

RELATED FORMS

Discharge Summary

CHAPTER 5

Personnel and Hiring

Policies in this chapter:

5.1 Job Descriptions and Qualifications
5.2 Background and Registry Checks
5.3 Hiring and Personnel Files
5.4 Employee or Contractor Classification

5.1 Job Descriptions and Qualifications

Chapter 5: Personnel and Hiring

Policy No.	5.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure every worker meets the requirements for their job.

POLICY

Every position has a written job description listing duties and minimum qualifications.

PROCEDURE

1. Caregivers must: be at least [MINIMUM AGE] years old; pass required background checks; complete required training; be able to read and follow a care plan; and hold any certification required by [STATE].
2. Office and supervisory staff meet the qualifications in their job descriptions and any state requirements.
3. Proof of qualifications (certificates, licenses, IDs) is copied and kept in the personnel file.
4. Licenses and certifications with expiration dates are tracked and renewed on time.

RELATED FORMS

Job Descriptions

5.2 Background and Registry Checks

Chapter 5: Personnel and Hiring

Policy No.	5.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect clients by screening workers before they have client contact.

POLICY

No worker has contact with clients until required background and registry checks are completed and clear.

PROCEDURE

1. Each applicant signs a background check authorization.
2. The agency completes: [BACKGROUND CHECK TYPE].
3. Applicants with disqualifying results under [STATE] law are not hired.
4. Results are kept confidential in the personnel file.
5. Checks are repeated as often as [STATE] requires, and the agency checks exclusion lists before hire and monthly if it bills public payers.

RELATED FORMS

Background Check Authorization

5.3 Hiring and Personnel Files

Chapter 5: Personnel and Hiring

Policy No.	5.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To hire fairly and keep complete records for every worker.

POLICY

[AGENCY NAME] is an equal opportunity employer. It does not discriminate based on race, color, religion, sex, national origin, age, disability or any other protected status.

PROCEDURE

1. Applicants complete an application and interview. References are checked.
2. New hires complete Form I-9 within 3 business days of starting work, and tax forms as required.
3. Each worker has a personnel file with: application, references, background checks, I-9 (kept separately), identification, certifications, training records, signed job description, signed confidentiality agreement and evaluations.
4. Personnel files are locked and available only to authorized staff.
5. Files are kept for at least [PERSONNEL RECORD RETENTION YEARS] years after a worker leaves.

RELATED FORMS

New Hire Checklist

5.4 Employee or Contractor Classification

Chapter 5: Personnel and Hiring

Policy No.	5.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To classify workers correctly under federal and state law.

POLICY

The agency classifies each worker as an employee or an independent contractor according to the rules of the U.S. Department of Labor, the IRS and [STATE].

PROCEDURE

1. The agency decides each worker's classification with the help of a qualified accountant or attorney.
2. Employees are paid at least minimum wage and overtime as required by law.
3. If the agency uses independent contractors, a written agreement describes the relationship.
4. All workers, however classified, must meet the agency's training, background check and client care standards.
5. The agency reviews its classification practices when laws change.

CHAPTER 6

Training and Competency

Policies in this chapter:

6.1 Orientation
6.2 Initial and Annual Training
6.3 Competency Checks and Supervision

6.1 Orientation

Chapter 6: Training and Competency

Policy No.	6.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To prepare every new worker before their first client visit.

POLICY

All new workers complete orientation before working with clients.

PROCEDURE

1. Orientation covers: agency policies; client rights; confidentiality; abuse, neglect and exploitation reporting; infection control; emergency procedures; EVV and documentation; professional boundaries; and how to reach the office and on-call staff.
2. The worker signs the Orientation Checklist when complete.
3. The completed checklist goes in the personnel file.

RELATED FORMS

Orientation Checklist

6.2 Initial and Annual Training

Chapter 6: Training and Competency

Policy No.	6.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure caregivers have the training required to give safe care.

POLICY

Caregivers complete [REQUIRED TRAINING HOURS] of initial and annual training, or more if the state requires.

PROCEDURE

1. Initial training is completed before independent client care, using a state-approved training course where one is required.
2. Annual training topics include infection control, client rights, abuse reporting, emergency preparedness and topics based on client needs (for example, dementia care).
3. Training records show the date, topic, hours and completion.
4. Workers who do not complete annual training by the due date are not scheduled until it is done.

RELATED FORMS

Training Record

6.3 Competency Checks and Supervision

Chapter 6: Training and Competency

Policy No.	6.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To confirm caregivers perform tasks safely and correctly.

POLICY

Caregivers show competency in assigned tasks before performing them alone, and are supervised regularly.

PROCEDURE

1. A qualified supervisor observes the caregiver performing hands-on tasks and completes a Skills Competency Checklist.
2. Supervisory visits to the client's home are completed [SUPERVISION FREQUENCY].
3. During the visit, the supervisor checks care quality, the plan of care, the client's satisfaction and the home's safety.
4. Any problems found are corrected with retraining, and the action is documented.

RELATED FORMS

Skills Competency Checklist · Supervisory Visit Form

CHAPTER 7

Caregiver Conduct

Policies in this chapter:

7.1 Code of Conduct and Professional Boundaries
7.2 Gifts, Money and Client Property
7.3 Attendance, Timekeeping and EVV Rules
7.4 Discipline and Termination

7.1 Code of Conduct and Professional Boundaries

Chapter 7: Caregiver Conduct

Policy No.	7.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To set clear standards for professional behavior in clients' homes.

POLICY

Caregivers act professionally, respectfully and honestly at all times.

PROCEDURE

1. Caregivers arrive on time, dress according to the agency dress code and wear agency ID.
2. Caregivers do not: use their phones for personal reasons during care; bring other people to a client's home; sleep on duty (unless assigned an overnight shift that allows it); smoke or use alcohol or drugs on duty; or discuss religion, politics or personal problems with clients.
3. Caregivers do not form romantic, financial or business relationships with clients or their families.
4. Caregivers perform only the tasks on the plan of care. Requests for other tasks are reported to the office.
5. Caregivers do not give out their personal phone numbers or social media to clients.

7.2 Gifts, Money and Client Property

Chapter 7: Caregiver Conduct

Policy No.	7.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect clients from financial exploitation and protect caregivers from false accusations.

POLICY

Caregivers do not accept money, gifts, loans or property from clients, and handle client funds only as the plan of care directs.

PROCEDURE

1. Caregivers do not accept cash, gifts, tips or loans, sign documents for the client, or become a client's power of attorney or beneficiary.
2. When shopping for a client, the caregiver keeps receipts and returns all change. Both the caregiver and client sign the errand log.
3. Caregivers do not use the client's car, phone, food or belongings for personal use.
4. Any offer of a gift or money is politely declined and reported to the office.
5. Suspected financial exploitation is reported under the Abuse and Neglect Reporting policy.

RELATED FORMS

Errand and Purchase Log

7.3 Attendance, Timekeeping and EVV Rules

Chapter 7: Caregiver Conduct

Policy No.	7.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To keep visits reliable and time records accurate.

POLICY

Caregivers work their assigned shifts and record time accurately.

PROCEDURE

1. Caregivers request time off at least [TIME-OFF NOTICE] in advance.
2. Call-outs follow the Missed Visits and Backup Coverage policy.
3. Caregivers do not leave a shift early, extend a shift or change the schedule without office approval.
4. Caregivers check in and out at the client's home for every visit, using the EVV method the agency requires.
5. Falsifying time is grounds for immediate termination.

7.4 Discipline and Termination

Chapter 7: Caregiver Conduct

Policy No.	7.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To address performance and conduct problems fairly.

POLICY

The agency uses progressive discipline for most problems but may terminate immediately for serious misconduct.

PROCEDURE

1. Progressive steps are: verbal warning, written warning, final written warning, then termination. Each step is documented.
2. Serious misconduct that may lead to immediate termination includes: abuse, neglect or exploitation; theft; falsifying records; working under the influence; no-call/no-show; and violence or threats.
3. The worker is given a chance to explain their side before a final decision.
4. When a worker leaves, all agency property and client keys or codes are returned, and access to agency systems is removed the same day.

CHAPTER 8

Health and Safety

Policies in this chapter:

8.1 Infection Control and Hand Hygiene
8.2 Bloodborne Pathogens and Protective Equipment
8.3 Safe Lifting and Fall Prevention
8.4 Workplace Injury Reporting

8.1 Infection Control and Hand Hygiene

Chapter 8: Health and Safety

Policy No.	8.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To prevent the spread of infection between clients, caregivers and families.

POLICY

All staff follow standard precautions and good hand hygiene at every visit.

PROCEDURE

1. Caregivers wash their hands with soap and water for at least 20 seconds, or use hand sanitizer, at arrival, before and after client contact, after using gloves, after toileting tasks and before handling food.
2. Caregivers who are sick with fever, vomiting, diarrhea or a contagious illness do not work and notify the office.
3. Shared surfaces and equipment are cleaned as directed in the plan of care.
4. The agency follows public health guidance during outbreaks.

8.2 Bloodborne Pathogens and Protective Equipment

Chapter 8: Health and Safety

Policy No.	8.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect workers from exposure to blood and body fluids.

POLICY

The agency supplies personal protective equipment (PPE) and trains workers to use it.

PROCEDURE

1. Caregivers wear gloves for any contact with blood, body fluids, broken skin or soiled items.
2. Gloves are changed between tasks and disposed of properly.
3. Caregivers do not handle needles or sharps unless trained and allowed by state rules.
4. Any exposure (needle stick, splash) is washed right away and reported to the office the same day.
5. Bloodborne pathogen training is part of orientation and annual training.

RELATED FORMS

Incident Report

8.3 Safe Lifting and Fall Prevention

Chapter 8: Health and Safety

Policy No.	8.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To prevent injuries to clients and caregivers.

POLICY

Caregivers use safe techniques for all transfers and help prevent client falls.

PROCEDURE

1. Caregivers use proper body mechanics: bend at the knees, keep the load close, avoid twisting.
2. Caregivers use gait belts and equipment as listed in the plan of care.
3. Caregivers do not lift a client alone if the plan calls for two people or equipment.
4. Caregivers keep walkways clear, use non-slip footwear for the client and report hazards.
5. If a client falls, the caregiver does not lift them unless sure they are not hurt. Call 911 for injuries, then notify the office.

RELATED FORMS

Incident Report

8.4 Workplace Injury Reporting

Chapter 8: Health and Safety

Policy No.	8.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure work injuries get care and are reported correctly.

POLICY

Workers report any work-related injury to the office right away.

PROCEDURE

1. The worker gets first aid or medical care as needed. In an emergency, call 911.
2. The worker reports the injury to the office before the end of the shift.
3. The office completes an Incident Report and any workers' compensation or insurance forms within the required timeframe.
4. The [ADMINISTRATOR TITLE] reviews the injury to prevent it from happening again.

RELATED FORMS

Incident Report

CHAPTER 9

Abuse, Neglect and Incidents

Policies in this chapter:

9.1 Reporting Abuse, Neglect and Exploitation
9.2 Incident Reporting and Investigation
9.3 Client Emergencies

9.1 Reporting Abuse, Neglect and Exploitation

Chapter 9: Abuse, Neglect and Incidents

Policy No.	9.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect clients by making sure suspected abuse is reported right away.

POLICY

Every staff member must report suspected abuse, neglect or exploitation of a client, whether by staff, family or anyone else. No one is punished for making a good-faith report.

PROCEDURE

1. Abuse includes physical, sexual, emotional and verbal abuse. Neglect includes failure to provide needed care. Exploitation includes misuse of a client's money or property.
2. If a client is in immediate danger, call 911 first.
3. Report the concern to [ABUSE HOTLINE NUMBER] and to the office right away, and no later than the time [STATE] law requires.
4. Do not investigate on your own or confront the suspected person.
5. If a staff member is accused, they are removed from client contact until the investigation is complete.
6. The office completes an Incident Report and keeps a record of the report made.

9.2 Incident Reporting and Investigation

Chapter 9: Abuse, Neglect and Incidents

Policy No.	9.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To respond to, record and learn from incidents.

POLICY

All incidents are reported to the office the same day and documented.

PROCEDURE

1. Incidents include falls, injuries, medical emergencies, medication errors, property damage, missing clients, theft, and any event that could harm a client or worker.
2. The staff member involved completes an Incident Report by the end of the shift.
3. The client's family or representative is notified as appropriate.
4. The [ADMINISTRATOR TITLE] reviews each incident within [INCIDENT REVIEW DAYS] business days, takes corrective action and reports to outside agencies when required.
5. Incidents are reviewed for patterns at least every quarter.

RELATED FORMS

Incident Report · Incident Log

9.3 Client Emergencies

Chapter 9: Abuse, Neglect and Incidents

Policy No.	9.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To make sure caregivers respond quickly when a client has an emergency.

POLICY

Caregivers call 911 first in any medical emergency, then notify the office.

PROCEDURE

1. Signs of an emergency include trouble breathing, chest pain, unresponsiveness, severe bleeding, signs of stroke or a fall with injury.
2. Call 911, stay with the client and follow the dispatcher's instructions.
3. Notify the office as soon as it is safe to do so. The office notifies the family.
4. If a client does not answer the door, the caregiver calls the office. The office calls the client, then the emergency contact, and calls for a welfare check if needed.
5. The caregiver completes an Incident Report.

RELATED FORMS

Incident Report · Client Emergency Information Sheet

CHAPTER 10

Emergency Preparedness

Policies in this chapter:

10.1 Emergency and Disaster Plan
10.2 Client Priority List and Communication Tree

10.1 Emergency and Disaster Plan

Chapter 10: Emergency Preparedness

Policy No.	10.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To keep clients and staff safe during severe weather and other emergencies.

POLICY

The agency keeps a written emergency plan and reviews it every year.

PROCEDURE

1. The plan covers severe weather, power outages, fire, flooding, public health emergencies and loss of the office.
2. Each client has emergency information on file, including contacts, medical needs and an evacuation plan.
3. During a threatened emergency, the office contacts clients to confirm their plans.
4. Staff are not asked to travel when it is unsafe. The office uses phone check-ins when visits cannot happen.
5. Agency records are backed up so operations can continue if the office is unusable.
6. The plan is tested at least once a year with a drill or review, and results are documented.

RELATED FORMS

Client Emergency Information Sheet

10.2 Client Priority List and Communication Tree

Chapter 10: Emergency Preparedness

Policy No.	10.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To reach the clients at highest risk first during an emergency.

POLICY

The agency keeps a current priority list and a staff communication tree.

PROCEDURE

1. Each client is assigned a priority level:
   - Level 1: lives alone and cannot manage without help; must be contacted first.
   - Level 2: has some help but would be at risk without services.
   - Level 3: has reliable family or other support.
2. The priority list is updated monthly and kept in paper and electronic form.
3. The communication tree lists who calls whom so every staff member and client is reached.
4. After an emergency, the agency confirms the status of every client and documents it.

RELATED FORMS

Client Priority List · Staff Communication Tree

CHAPTER 11

Records and HIPAA

Policies in this chapter:

11.1 Client Records
11.2 HIPAA Privacy, Security, Devices and Texting
11.3 Privacy Breach Response

11.1 Client Records

Chapter 11: Records and HIPAA

Policy No.	11.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To keep complete, accurate and secure client records.

POLICY

Each client has a record that is accurate, current and protected.

PROCEDURE

1. The client record includes: intake, assessment, service agreement, consents, plan of care, visit records, incident reports, communication notes and discharge summary.
2. Entries are dated and signed or electronically verified. Errors are corrected without erasing the original.
3. Records are kept for at least [RECORD RETENTION YEARS] years after discharge, or longer if required.
4. Clients may see or get a copy of their record upon request, within the time the law allows.
5. Records are destroyed by shredding or secure deletion when the retention period ends.

RELATED FORMS

Authorization to Release Information

11.2 HIPAA Privacy, Security, Devices and Texting

Chapter 11: Records and HIPAA

Policy No.	11.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To protect client information on paper and on devices.

POLICY

The agency follows HIPAA and state privacy laws when it creates, stores or shares health information.

PROCEDURE

1. The agency names a Privacy Officer, who is [PRIVACY OFFICER TITLE].
2. Staff use only agency-approved systems to store or send client information.
3. Devices used for agency work are password protected and locked when not in use.
4. Staff do not text or email client health information unless using an approved, secure method.
5. Vendors who handle client information sign a business associate agreement when HIPAA requires one.
6. Staff complete privacy training at hire and every year.

11.3 Privacy Breach Response

Chapter 11: Records and HIPAA

Policy No.	11.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To respond quickly when client information is lost or shared improperly.

POLICY

Any known or suspected privacy breach is reported to the Privacy Officer right away.

PROCEDURE

1. Staff report lost devices, misdirected faxes or emails, or improper access the same day.
2. The Privacy Officer investigates, limits the damage and documents what happened.
3. Clients, government agencies and others are notified when required by law and within required timeframes.
4. The agency takes steps to prevent the breach from happening again.

CHAPTER 12

Billing and Quality

Policies in this chapter:

12.1 Billing, Payments and Collections
12.2 Fraud, Waste and Abuse Prevention
12.3 Client Satisfaction and Quality Review
12.4 Annual Policy Review

12.1 Billing, Payments and Collections

Chapter 12: Billing and Quality

Policy No.	12.1	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To bill accurately and collect payment fairly.

POLICY

The agency bills only for services actually provided and documented.

PROCEDURE

1. Rates are given to clients in writing before services begin.
2. Bills are based on verified visit records.
3. Private pay invoices are sent [BILLING FREQUENCY], and payment is due as listed in the service agreement.
4. Claims to public payers are submitted according to payer rules.
5. Past-due accounts are handled with reminders, a payment plan if appropriate, and notice before services end for non-payment.
6. Billing errors are corrected promptly, and overpayments are returned as required.

12.2 Fraud, Waste and Abuse Prevention

Chapter 12: Billing and Quality

Policy No.	12.2	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To prevent false billing and protect public programs.

POLICY

The agency does not tolerate fraud, waste or abuse in billing or documentation.

PROCEDURE

1. Staff do not bill for services not provided, change records to increase payment or pay for referrals.
2. Visit records and bills are compared before claims are submitted.
3. Staff may report concerns to the [ADMINISTRATOR TITLE] or anonymously, without fear of retaliation.
4. Suspected fraud is investigated, and confirmed problems are corrected and reported as required.
5. Staff receive fraud, waste and abuse training at hire and every year.

12.3 Client Satisfaction and Quality Review

Chapter 12: Billing and Quality

Policy No.	12.3	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To measure and improve the quality of care.

POLICY

The agency regularly reviews quality and uses what it learns to improve.

PROCEDURE

1. Client satisfaction surveys are sent at least once a year.
2. Each quarter, the [ADMINISTRATOR TITLE] reviews complaints, incidents, missed visits, survey results and supervisory visit findings.
3. Problems are addressed with a written action plan, and progress is checked at the next review.
4. Quality results are shared with the governing body each year.

RELATED FORMS

Client Satisfaction Survey

12.4 Annual Policy Review

Chapter 12: Billing and Quality

Policy No.	12.4	**Effective Date**	[EFFECTIVE DATE]
Applies To	All staff	**Last Reviewed**	[REVIEW DATE]

PURPOSE

To keep policies current with laws and agency practice.

POLICY

This manual is reviewed at least once a year and whenever laws or regulations change.

PROCEDURE

1. The [ADMINISTRATOR TITLE] reviews each policy for accuracy and compliance with current [STATE] and federal rules.
2. Changes are approved by the governing body and given an effective date.
3. Staff are trained on any changes that affect their work.
4. Old versions are kept for the time required by [STATE] for records.