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Chapter 1 – Introduction

Introduction – Part A – Absolute HHC Mission Statement

“Caring is Our Passion”

Introduction – Part B – Company Goals/Philosophy and Statement of Purpose

- To change the way the industry services people
- To ensure customer and employee satisfaction
- To provide a better personalized service to all clients
- To protect the clients and the care givers
- To expand each location as new markets are entered
- To be a significant and respected business in each community
- To be a good company that always aspires to be the greatest
- To continuously value employees and treat them as members of the team

Company Statement
These policies and procedures are intended for all team members. The purpose of this is to streamline the operation of the company and impart the vital points in case procedures ensuring that the entire team is in concert with the mission and goals of the company.

This manual describes the background of the company along with its mission, goals and organization structure. It also presents the company flow of activity, case handling, state and federal regulations compliance, quality assurance program, employment philosophy, employment policy, employee requirements, conflict of interest, confidentiality agreement, job description, procedures, time card and time sheets, progress notes, company personnel, office address and contacts.

This manual serves as a guideline and does not restrict other reasonable marketing strategies or systems, which may be helpful in carrying out the daily operations of the company provided that it is within the scope of the business nature.

The company reserves the right to amend and alter this manual to the best interest of the company without prior notice. It also guarantees that it is and will remain in compliance with all State and Federal Laws and Regulations.

Company Philosophy
The agency believes that quality services are essential elements of a fundamentally successful business. These services are to be delivered in an efficient, competent and cost-effective manner.

The agency also believes that:
- The primary goal of our employees is to contribute to the care of the clients to the best of their abilities and to restore and/or maintain the optimum level of independence of the client under the care plan developed;
- Our employees will be required to provide the highest quality of care to clients within the scope of their education and training;
- A care plan is an integral part of the care to meet the physical, psychological and clinical needs of the clients; the client, their respective family members and significant others

Employee Initials

4
must be encouraged to participate in the development of care plans as this is essential for the continuity of care, motivation of self care, progressive rehabilitation and preventative care;

- Our employees must provide services with respect to the dignity of the person regardless of nationality, race, creed, age, color and disability, sexual orientation and diagnosis;
- Our employees must respect the rights of the clients and maintain confidentiality;
- Our employees must respect and assist in maintaining of the family unit.

Introduction – Part C – Description of Services

Absolute HHC provides different levels of non-medical care depending on the service needed such as:

- Alzheimer’s Care
- Ambulation Assistance
- Companionship Services
- Continence Cares
- Feeding of Client(s)
- Infant/Child Care
- Light Housekeeping Services
- Meal Planning and Preparation
- Medication Reminders
- Personal Cares (including bathing, dressing and/or grooming)
- Positioning of Client(s)
- Protective Oversight (for wandering and fall risk clients)
- Respite Cares
- Shopping and Errands
- Sitter Services (provided for clients in nursing facilities and hospitals)
- Transferring of Client(s)
- Transportation Services (for non-Medicaid clients)
- Private Duty Nursing (Pediatrics) Idaho
Chapter 2 – Administrative

Administrative – Part A - Abuse/Neglect/Exploitation

Abuse includes involuntary seclusion, intimidation, humiliation, harassment, threats of punishment, deprivation, hitting, slapping, pinching, kicking, any type of corporal punishment, sexual assault, sexual coercion, sexual harassment, verbal abuse, or any oral, written, or gestured language that includes disparaging or derogatory terms, regardless of the person's ability to hear or comprehend.

Neglect means the failure of a caretaker to provide the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain.

Exploitation includes a caretaker(s) using the resources of a senior for monetary or personal benefit, profit, or gain. Seniors may need help with their finances, but unless they hand control over to another person, they have the same right as anyone else to receive, spend, invest, save, or give away their money. A family member, "friend," or nursing home may not take control of a senior's money without that person's permission.

Sexual Abuse The agency prohibits and does not tolerate sexual abuse in the workplace or in any related agency activity. The agency provides procedures for employee's volunteers, family members, board members, and patients, victims of sexual abuse, or other to report sexual abuse and disciplinary penalties for those who commit such acts. No person, employee, volunteer, patient or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

The agency has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual Abuse is inappropriate sexual contact of a criminal nature or interaction for gratification of the adult who is a caregiver or responsible for the patient or child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury, but does not include sexual harassment. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate law enforcement agencies and regulatory agencies.

Reporting Procedures
If you are aware of or suspect sexual abuse taking place, you must immediately report it to the owner of the company at 208-468-0140. You are required by law to report any allegations. All allegations of sexual abuse will be reported to the appropriate authorities, i.e.; the police, adult and/or child protection services for complete investigation. The agency will cooperate with any such investigations. Appropriate family members will be notified of alleged instances of sexual abuse as well.

If you suspect a problem, discuss the matter with the home health agency administrator. If you are aware of a specific act of abuse, neglect, or exploitation, you are required by law to report it. If the victim is in a nursing home or assisted living facility, or is in his or her home and using a home health agency, call the Department of Aging and Disability Services at 1-800-458-9858. Otherwise, call The Department of Family and Protective Services at 1-800-252-5400.

Employee Initials_________________
**Anti-Retaliation**
The agency prohibits retaliation made against any employee, volunteer, board member or patient who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused.

The agency prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of employment.

**Administrative – Part B - After Hours/ On call**

After the close of business and on weekends a Scheduler or other qualified office staff member will assume the role of the on-call representative. The on-call representative will:

- answer phone calls
- handle emergencies
- staff cases (provide back-up/replacement caregivers for delivery of services)
- perform introductions with clients and caregivers
- pick up cases
- take referrals and contact potential clients
- follow up with clients and caregivers after their first three shifts with any new caregiver
- visit clients in the hospital when necessary

**Administrative – Part C - Business Hours**

Absolute HHC is open for business 24 hours a day, 7 days a week, 52 weeks a year. Office hours are Monday through Friday from 9am – 5pm.

**Administrative – Part D - Code of Ethics**

- All employees are to be addressed respectfully and courteously at all times. Management and office staff should be addressed in the same manner.
- Employees should address all clients courteously and respectfully at all times. If the employee or the client has a complaint of any nature, they should contact the office immediately. Employees should not engage in negative conversations of any nature with the client. Nor should any two employees have a discussion of any kind (gossip/complaining) in the presence of the client, the exception being an exchange of information regarding the client during the shift change.
- Employees must identify with respect to cultural and ethical differences.
- It is no permissible to eat with the client unless invited.
- Tips or gratuities are not to be accepted.
- Borrowing or loaning of personal property with the clients is prohibited.
- Use of the client’s personal property is for the sole benefit and at the discretion of the client and / or client's family.
- Alcoholic beverages during working hours are prohibited.
- Discussing personal issues, finances etc with the client/family are prohibited.
- Any changes in the condition of the client must be reported to the agency.
- Any changes to the schedule of visits with the assigned client must be reported to the agency.
Employees will not engage in client discrimination because of race, creed, color, sex, national origin, sexual orientation or diagnosis, age disability or reprisal for grievances filed.

Employees are not to discuss, share or exchange payroll information.

**Administrative – Part E – Confidentiality**

Employees are involved in protecting health information. Employees are required to undergo training on privacy. It is the employee’s responsibility to uphold and protect the privacy of each client. It is the employee’s responsibility to identify and understand the physical, emotional, spiritual, and financial influences of the individual and/or family regarding death and dying process.

Information contained in the Absolute HHC document and/or in the workbook in the client’s home is confidential. The only persons who have access to this information will be the AHHC staff, its clients and/or clients’ family member with a durable power of attorney for health care (DPOA). Any document containing client information must be kept in a secure but accessible place known to AHHC staff, client, and/or family member holding DPOA. Abuse or violation of any of the policies contained in the document and workbook may be a ground for immediate dismissal. The management and staff of AHHC would be glad to assist anyone who may have questions or clarifications regarding company policies and procedures.

Clients expect privacy. However, when having conversations outside the client’s home, privacy is sometimes compromised. For example, agency staff should be aware of the noise level, surroundings, and other individuals who may overhear conversations. Discretion should always be used when discussing client information or schedules in a home or office. Telephone conversations of agency staff regarding client care or scheduling must be kept confidential.

Agency staff should not give information about a client to another person, even to another member of the client’s family, without the client’s permission. In addition to constraints on communicating so that a client’s privacy is respected, the receptionist must strive to arrange the work place so as to support confidentiality. For instance, computer screens should not be visible to office visitors. Any computer, notebook, progress notes, etc. should be visible to employees of the company only. Client paper records should be stored safely and not left in hallways with public access. Agency document should be returned to the client’s secured location. Likewise, client details should not be left on public bulletin boards. Records should be shredded and not thrown in the garbage. Timecards, progress notes, etc. should be kept in employee’s possession when taken from the home. If paperwork is returned to the office by anyone other than employee, it must be in a sealed envelope. Email, client databases, or case letters should not be left on a computer screen for all to read while the operator is away.

Employees assigned laptop computers, that are at times taken home, need to ensure that said laptops are protected with double password protection. While in their possession, the programs on the laptop are to be closed when they step away from the computer at any time, so as to protect client information. Never should these laptops be used by anyone other than an authorized employee of the company, to avoid the risk of a confidentiality breach.

Unattended client information must be secured by turning off monitors, closing charts and covering information. If any staff finds medical records unattended, they should return the records to the supervisor. If a member of staff overhears other staff conferring regarding clients’ health...
information, the staff concerned should be reminded that they could be overheard and also
reminded of the policy on privacy. If agency staff wants to discuss client information and
contractors are in the room, then the agency staff should ask the contractors to leave the room. If
the contractors’ job is critical and the contractors cannot leave the room, then the agency staff
should leave the room and conduct their conversations of this nature in another area.

All Email pertaining to client information shall be encrypted. Only the necessary information
should be transmitted by email. Staff should never share computer passwords or leave the
password where someone can see it. Diskettes containing client information should not normally
be taken home. All members of agency staff are involved in a client’s care in some way, but not
everyone has to read everything in the client’s case notes. Staff should remember the “minimum
necessary” rule when reviewing the client’s chart.

For agency staff, who work in the clients homes, the agency has in place a call through system
for the staff members and staff member's family that will protect the client's privacy, such as,
contacting the staff member on the staff member’s personal cell phone or through the agency’s
office. In the alternative, the client/patient’s written authorization may be requested but not
required to disclose the client’s address or phone number to staff members designated family
member for the purpose of contacting or transporting the staff member to and from work at the
client’s/patient’s home.

Staff should report abuse of patient privacy and should not fear retaliation for whistle-blowing-
they are not only protecting themselves from a lawsuit, but they are protecting the agency. Staff
should be aware of the penalties that could be levied against them for violation of privacy policies.
Penalties may include agency discipline not to exclude termination of employment, fines levied by
the Federal government, and Federal imprisonment. These penalties will include all agency staff,
not limited to the administrative, office and field employees.

Security and confidentiality is a matter of concern for all persons who have access to agency
information. Each person accessing agency data and resources holds a position of trust relative
to this information and must recognize the responsibilities entrusted in preserving the security and
confidentiality of this information. Therefore, all persons who are authorized to access data and
resources must read and comply with agency policy. Violators may be subject to penalties,
including disciplinary action under the policies of agency and under the laws of the State of Idaho
and in compliance with HIPAA.

Employees, consultants, agreements and volunteers are prohibited from the unauthorized use or
disclosure of medical, personnel or business information or any other type of information which is
confidential, owned by or is considered to be the business property or trade secret of Absolute
HHC and their client facilities. Such information may be in oral, written or electronic form.
It is to be understood that, as part of the employment with the agency, employees may be
granted access to certain information maintained by the company and its clients, which includes
but not limited to medical record information. As a condition, employees should agree that all
information obtained during the course of my employment, will be held strictly confidential
(Confidential Information). It is to be understood that Confidential Information includes, but is not
limited to, all patient and medical record information, including patient name, address, telephone
number etc. and that the individual is receiving services from the agency, quality improvement,
utilization review information, strategic planning, computer password(s) and proprietary
information concerning any aspect of the agencies operations.

The employee should also agree that any unauthorized disclosure of, unauthorized use of and/or
unauthorized access to the Confidential Information will result in a sanction up to and including
immediate termination of his/her employment. The following obligations shall be undertaken with
respect to Confidential Information:

Employee Initials __________________________
• To use confidential information for the sole purpose of performing the duties for which an employee has been hired;
• Not to disclose any confidential information to any person whatsoever, except in connection with the performance of the job;
• Not to copy or reproduce or permit any other person to copy or reproduce, in whole or in part, any confidential information other than the regular course of the services the employee may be authorized to perform for the client;
• To comply strictly with all company policies, regarding security of confidential information;
• To report any unauthorized use, duplication, disclosure and/or dissemination of the confidential information by any person, including the employee, immediately to the client.

The employee agrees to indemnify the agency and its client facilities fully for any and all damage, including legal fees of Absolute HHC and its clients may incur as a result of the breach of this agreement.

The employee further agrees that upon termination of employment for any reason, the employee will immediately return any document or other media containing any confidential information to the client and must certify in writing that all such documents and other media have been returned to the company and that the employee will continue to maintain confidentiality of all patient information of which the employee has knowledge;

In connection with the use of the computers;

• The employee shall not disclose any computer password to unauthorized individuals. The employee must not obtain, possess or use other person’s access codes and/or passwords. Should the employee come into possession of another person’s password or any identifier, he/she is compelled to immediately inform the agency management.
• The employee shall abide with the policies and procedures of the company and its clients facilities relating to electronic communication, including remote access that are in place or maybe implemented during the course of his/her employment or other association with all client facilities;
• Employees assigned laptop computers, that are at times taken home, need to ensure that said laptops are protected with double password protection. While in their possession, the programs on the laptop are to be closed when they step away from the computer at any time, so as to protect client information. Never should these laptops be used by anyone other than an authorized employee of the company, to avoid the risk of confidentiality breach.
• All internal and external email pertaining to client information shall be encrypted so as to protect any and all client information from an impermissible use or disclosure by interception of the email.
• All agency staff shall advise any patient (or patient’s durable power of attorney (DPOA) legal guardian, etc.) who requests
  o The inspect and/or obtain a copy of his/her protected health information maintained by the agency;
  o Additional restriction on use or disclosures of his/her protected health information;
  o To receive communications by alternate means;
  o An amendment of his/her protected health information
  o To file a privacy complaint with the agency and/or the U.S. Department of Health and Human Services; or
  o A copy of the agency’s Notice of Joint Privacy Practices

To contact the agency Privacy Officer, Heather Guches who can be reached at454-5655. The agency Privacy Officer will assist the patient/DPOA/legal guardian with his/her request and will ensure a response in accordance with the agency’s Notice of Joint Privacy Practices.
Administrative – Part F - Corporate Compliance Program

The agency’s corporate compliance program is the contents in and of them self, this document. Each of the agency’s employees is held to the highest standard to deliver, moral, ethical, honest, quality service and care to both our clients and our employees. They have an obligation to uphold the mission, goals, policies and values of the company. To provide a home care experience that exceeds expectations, going Absolute that of the normal. Employees of the agency are hired based on customer service skills, background, work experience, work ethics, customer service skills and more.

Administrative – Part G - Emergency Plan / On Call Procedures

On Call Staff are the key persons during after hours of operation. (Offices are typically open M-F 9am to 5pm) The on-call person takes calls, runs, cases and responds to situation that may require immediate attention from 5pm to 9am during regular days and 24 hours on weekends and holidays. The on-call person is in fact an office staff member, equipped like an office on the road. One golden rule for On-call Staff is he/she must answer the phone at all times. No voicemail, unless in a client’s home. The on-call staff must also make sure that the office phone lines are transferred to him/her cell phone. He/she must call the office to verify the transfer. He/she is advised to plan events to keep him or herself sober and within one hour of responding to a call.

While on call, the staff member must be equipped with a working cell phone, care giver and client phone list, two each pick up books for private and Medicaid client’s, gloves, progress notes and the laptop.

Administrative – Part H - Grievances – Reporting

Grievance/Complaint issues should be reported to the direct supervisor, management, or the person on-call. Grievances/complaints can be reported over the phone. However, written documentation is required within 48 hours.

Administrative – Part I - Grievances – Resolution

- The management has 5 working days to follow-up or investigate a complaint or grievance of any nature. Complaints or Grievances may be resolved by phone calls and/or visits to all involved parties, written statements and or counselling or staff.
- Documentation of all of the above is mandatory. Documentation of visits or phone conversations with the client is logged in the chart and in the computer. A history of all complaints and grievances will be maintained in the chart and in the computer.
- The counselling of an employee is documented, they are entitled to receive a copy and the original is kept in the personnel file.
- Abuse, neglect and/or abandonment, financial, verbal, physical and/or sexual are reported to the authorities. Those authorities include and are not limited to adult protection, child protection, and board of nursing, department of health and welfare and/or police.

Administrative – Part J - Incident Reports

The company has available incident reports for both client and employee related injuries. In the event of an injury to a client, the employee must report it to the office immediately and has 48
In the event of a work related injury, employees must report it immediately to the office as the agency is on call 24 hours a day, 365 days per year. The employee is then required to file written documentation of the incident within 48 hours.

**Administrative – Part K - Insurance/ Licensure / Bonding**

Insurance and Bonding are with Philadelphia Insurance Group. The broker on record is Leavitt Group of Boise, agent Micah Deckart 208-672-6158 Limits of liability is $1,000,000,000. Per occurrence, max limit $3,000,000,000. Licensure is with the State of Idaho Department of Health and Welfare

**Administrative – Part L - Maintaining Service Delivery**

The agency provides 24 hour on call / 7 day a week staffing. Personnel/Client Coordinators are always available for the convenience of all its clients and its employees.

Clients are in no way obligated to use Absolute Home Health Care other than stipulated in the agreement.

The agency provides services in one of two ways, Live-In or Live-Out on an hourly basis.

**Scope and Delivery of Service** is first and foremost, continuity of care, to provide the client with as much consistency as possible. To insure a backup plan is in place in the absence of the regular caregiver. It is our goal as a company for clients to meet more than 1 caregiver in order to insure client choice. It also enables the on call person to have more than one caregiver available that has already met the client and is familiar with the client and cares involved.

Caregivers are always introduced and oriented to each client by the Supervising RN or a qualified staff member. The cares required dictate the skill level required for the introduction. The introduction is done by accompanying the caregiver to the clients home, at which time the client notebook, assessment, care plan, medications, DNR status etc is reviewed with the client and caregiver to ensure proper care is given and/or to provide any training, use of equipment etc.

The client may contact the agency at any time to request a change in caregiver, schedule or increased needs. The agency will follow all state guidelines to insure the client’s needs are met and they are receiving the proper care as well as content with the individual providing the care. The agency uses scheduling and compliancy software to hold all caregiver, client, authorization and scheduling data. The agency distributes calendars to the clients for the monthly schedule of visits upon request. All employees are provided a schedule as well with their pay check every two weeks. The schedule of visits is created at the sole discretion of the client / client’s family. Both caregivers and the client are to keep the office up to date on any changes to the schedule. This allows the agency to keep track of missed visits, adhere to all state guidelines, as well as have knowledge of the whereabouts of the caregivers in the event of an emergency.

When service is initiated with the agency, the Client Coordinator goes to the home to meet with the client and family to complete the “pick-up” paper work that consists of the items listed in paragraph one of this section, under “standards of acceptance” When initiated services, Client Coordinators should be aware of the presence of other people in the house that may or may not be instrumental in the decision making process. The Client Coordinator will then work out a schedule of home visits with the client according to their needs as provided.

Client’s needs should be assessed on accessibility of the home, safety equipment, family support,
medical equipment such as wheelchair, walker, oxygen etc. Training with the care giving staff is crucial to the proper use of all equipment. Training will be conducted by the appropriate staff and/or certification as required by state law.

Deposit checks are collected at the initiation of services equivalent to two weeks of service. The deposit is deposited and held until which time services end or are terminated by either party. At that time, the deposit may be used to clear any unpaid balance and difference refunded to the client within 6 weeks.

Administrative – Part M - Management and Professional Personnel

Owners/Regional Director
Owners/Regional Directors of the company will hire, supervise, manage, and discipline Administrator/Management staff of the agency. Owners / Regional Directors assure that the Administrative staff conduct business in a professional, ethical, procedural manner at all times. To maintain a professional subordinate staff that follows the policies, procedures and systems in place for the agency. As well as adhering to all state and federal guidelines.

Administrator
Administrator is responsible for the hiring, and management of the administrative staff of the agency. Maintenance, management and delivery of services as well as supervision of subordinate staff are required as well. The administrator is responsible for following the company approved systems for delivery of services and adherence to all state and government rules and regulations. Administrator’s report directly to the owners of the company.

Client Coordinators
Client Coordinators are responsible for the development and maintenance of the schedule of visits with the client’s of the agency. They are also responsible for the hiring, supervision and discipline of the care giving staff. Client Coordinators sign up and supervise the care of the clients according to all state and government regulations in coordination with the Supervising R.N. of the agency. Client Coordinators report directly to the Administrator.

Supervising R.N.
The Supervising R.N. is responsible for the supervision of the care giving staff in accordance with all state and government regulations. The Supervising R.N. is also responsible for the maintenance of company protocol and procedure with regard to the delivery of services in cooperation with all state requirements, as well as the ongoing training of care giving staff (CEU's). The Supervising R.N. reports directly to the Administrator.

Human Resource Director
The Human Resource Director is responsible for the hiring, orientation to policy and procedure as well as the processing of all new hires in accordance with company, state and federal rules and regulations. The admission, termination and maintenance of all medical records are the responsibility of the Human Resource Director, as well as compliancy to the same. The Human Resource Director reports directly to the Administrator.

Marketing/Public Relations
Marketing and Public Relations are responsible for developing and maintaining relationships in the community for the company. They are to follow procedure according to a professional, moral, ethical and honest approach to creating a reciprocal relationship with other professional medical business’ that will provide ongoing referral and resources available to the client's of the agency and the community. The Marketing Representative reports directly to the Administrator.

Administrative Assistant

Employee Initials ________________
The Administrative Assistant is responsible for representing the company in a professional, friendly, helpful approach. To aid the Human Resource Director in complying with company, state and federal regulations, concerning compliancy with Employee and Client record keeping. The Administrative Assistant is also responsible for maintaining a daily to do list of visits for the office and its employees. The Administrative Assistant reports directly to the Administrator.

**Bookkeeping**
The bookkeeper is responsible for all billing, payroll, accounts payable, accounts receivable, collections, payment of taxes, including quarterly filings and maintenance of record keeping of all of the above for the company. The bookkeeper reports directly to the Regional Director.

**Administrative – Part N - Organizational Chart**

![Organizational Chart]

**Administrative – Part O – Referrals**
The agency makes every effort to provide information and resources to its clients in the event services are needed that our agency does not provide. It is our goal to act as a liaison as well as a resource of information to hand walk referrals to our clients. For example, when our clients incur injuries or medical problems that require Home Health Care, we make every effort to provide them with a choice of companies to choose from. Once they make a selection, we will assist them in making contact, getting the necessary information to the referral source as well as accompany them on the 1st visit if they choose. We then make 3 follow up phone calls to both the client and the referred agency to assure the client's needs are met and satisfactory.

Employee Initials______________
Administrative – Part P - Services By Immediate Family Member

The agency does allow family members to work as caregivers, given prior authorization from the State or Federal organization reimbursing us for the services provided. Family Member staff is required to review, orient and provide all the same requirements and compliance as the other staff of the agency. The only exception to this rule is allowed on a State by State basis. I.e.: Washington and Idaho does not require CPR Certification by home care givers, however, as an agency we do.

Administrative – Part Q - Staffing Practices / Participant Choice

It is the number one goal of the agency to provide every client with the same care provider on an ongoing basis (continuity of care). To always first contact a caregiver they have met and are familiar with. The agency as a rule does one on one personal introduction of all care giving staff to clients. The only exception to this rule is basic care, no training required by a family member as the caregiver.

Introduction means the coordinator introduces the caregiver to the client in the home. This is critical for personality match and most importantly for the client’s satisfaction. The coordinator should take into consideration the differences in people’s personality. But the goal here is to address the preferences of the client. Introduction is like a trial and error situation. The role of the coordinator is to gather information from the client and together decide who the best caregiver for the client will be.

In order to make the perfect match with the client and the caregiver, the coordinator should first know the care giver and go over the care giver profiles. Examine the extent to their qualifications and training on any equipment, cooking ability, work performance and experience. Logistics is also important the coordinator should take into consideration the travel between client and caregivers home and whether the client requires assistance with transportation. A back-up caregiver should also be arranged in the event the initial caregiver does not work out.

The Client Coordinator should also be familiar with the needs of the client, where they live, the qualifications required to provide the care required etc. Every introduction of a new caregiver to a client is recorded both in the computer and in the client’s notebook. The paper documentation of introductions verifies that the care giver was introduced to the client, the house setting, care’s required, equipment in the home, use of the equipment, etc.

Every introduction of a new care giver in the client’s home that results in a good match and care provided is followed with a serious of three follow-up calls. These calls insure that it is in fact a good match, both the client and care giver are satisfied with the match, needs are being met by the client and whether or not any additions need to be made to the care. The client has the right to dismiss a caregiver for any reason and request a replacement.

Administrative – Part R - Transporting Clients

Transporting clients is allowed under specific guidelines with ABSOLUTE. Only Clients who pay privately or are covered for transportation through their insurance or other funding source(s) are allowed transportation by ABSOLUTE. Guidelines for client transportation depend on whether the caregiver is transporting the client in the client’s vehicle or if the caregiver is transporting the client in their own vehicle. The use of cell phones while transporting clients for phone or texting is not permitted.

Transporting Clients in the Client’s Vehicle – ABSOLUTE requires that the client fill out
and sign off on the ‘Client Automobile Waiver’ located in the Contract Addendum. ABSOLUTE also requires its caregivers that are driving clients to have a valid driver's license and valid auto insurance.

Transporting Clients in the caregivers Vehicle – ABSOLUTE requires that the client fill out and sign off on the ‘Release of Liability – Client Transportation Form’ located in the Contract Addendum. ABSOLUTE also requires its caregivers that are driving clients to have a valid driver’s license and valid auto insurance. In some cases, caregivers are reimbursed for driving clients in their own vehicles. Reimbursement rates vary on a case by case basis.

ABSOLUTE does not allow its caregivers to ever transport Medicaid clients, nor will it bill Medicaid for such services, as ABSOLUTE is not a Transportation Caregiver for Medicaid with the State of Idaho.

Administrative – Part S - Worker Residing in same Household as Client

Workers are allowed to reside in the same household as a client. If the worker is also a relative, please reference: ‘Administrative – Part P – Services provided by an Immediate Family Member’. Per Idaho Medicaid, a non-relative caregiver can work the maximum allowable amount of hours allowed by the case manager. Idaho Medicaid will not reimburse the agency or the caregiver for travel time, as the caregiver is not travelling to their respective client if they share the same household.

Administrative – Part T – Private Duty Nursing Policies / Requirements

The agency provides Private Duty Nursing (PDN) services as authorized by the Department of Health and Welfare. As such, the agency employs licensed staff, LPN and RN’s. The nursing staff must meet the same criteria upon application as the non-skilled staff. In addition, they must follow the same with compliancy and policy and procedure requirements.

Nurses who work for the agency, like all other employee are required per our liability insurance to provide a drivers license, proof of insurance, a driving record etc. in order to remain in compliance with the agency liability coverage.

Nurses of the agency are required further to provide any documentation of specialized training such as tracheostomy, ventilator, picc line phlebotomy etc. Documentation and training of special cares offers a wider range of availability of work. Nurses are to keep agency records up to date with certifications and licensure.

PDN cases are supervised by the agency RN. PDN nurses are required to report to the agency Supervising R.N. any and all changes in the condition of the client. PDN nurses are required to complete the Idaho Department of Health and Welfare approved PDN Flow Sheets for documentation. Flow sheets must include client name, nurses name, dates and times worked, cares given, vitals, medications administered, as well as report given to the family or nurse relieving them on shift.

Giving of medications is vital in the documentation so as to not over medicate or under medicate the client. Any changes in the medication listed in the plan of care must be reported to the office in writing. Medication changes, such as dose, addition of a new med, or termination of a current med, must be documented on a Dr. Phone Order form and submitted to the office in order that we can obtain a Dr. Signature to have on file. It is imperative to quality care and accurate record keeping, to stay in communication and documentation of changes to the medications.

PDN nurses are hired for the primary purpose of providing licensed, skilled care. That said, on occasion and depending on family circumstances may be required to provide non-skilled care during the course of their employment. Non-skilled care may include, but is not limited to light
housekeeping, linen changing, meal preparation and more.

Chapter 3 – Patient Rights

Patient Rights – Part A – Advanced Beneficiary Notice

Advance Beneficiary notice does not apply at this time as the agency does not provide any services that are payable by Medicare.

Patient Rights – Part B – Advanced Directives

The Advance Directives’ Regulation or Patient Self-Determination Act (PSDA), was derived from the Omnibus Budget Reconciliation Act of 1990 (OBRA). This Act states that all Medicare and Medicaid hospitals, nursing facilities, home health agencies, hospices, personal care givers and health management organizations (HMOs) are required to give patient information about their rights under state law to make their own health care decisions, including the right to accept or refuse medical or surgical treatment. This also includes the right to formulate Advance Directives (Declarations and/or Durable Powers of Attorney for Health Care Decisions). A recipient has the right to be informed of their condition in order to make decisions regarding his/her care.

Patient Rights – Part C – Patient Communication

Patient Communication is vital to the quality of service, continuity of care and caregiver match provided by the agency. The agency makes every effort to re-enforce good, quality communication with the clients, their families and the care giving staff by way of regular phone calls and visits to the home. As well as the mailing of quarterly surveys to assure quality service and care are provided.

Patient Rights – Part D – Patient Bill of Rights

BILL OF RIGHTS

ABSOLUTE has an obligation to protect and promote the exercise of recipient’s rights. ABSOLUTE Administration will insure recipient’s rights are recognized. A recipient has the right to be informed of his/her rights and has a right to be notified in writing of his/her rights and obligations before treatment begins. ABSOLUTE provides each recipient and/or family with a written copy of the bill of rights (see Recipient Rights). A recipient has the right to exercise his/her rights. A recipient’s family or guardian may exercise a recipient’s rights when a recipient has been judged incompetent.

RECIPIENT RIGHTS
Each recipient has the right to be fully informed about care and treatment (including changes), to be fully informed of all items and services, coverage and charges (including changes).

A recipient has the right to be informed of all services offered by ABSOLUTE prior to, or upon admission to ABSOLUTE.

ABSOLUTE will advise the recipient in advance of the frequency of visits proposed to be furnished within the limits of the care plan.

ABSOLUTE will advise the recipient in advance of the right to participation planning in regards to care.

A recipient has the right to participate in the development of the care plan, treatment and discharge planning.

ABSOLUTE will advise the recipient in advance of any changes in the care plan before the change is made.

A recipient has the right to courteous and respectful treatment, privacy and freedom from abuse and neglect. Recipients have the right to receive considerate and respectful care in the home at all times, as well as have their property treated with respect.

A recipient has the right to refuse services or treatment, but must notify ABSOLUTE prior to scheduled visit(s).

A recipient has the right to voice grievances regarding treatment or care that is given, fails to be furnished or in regards to a lack of respect for property by anyone who is furnishing services on behalf of ABSOLUTE. The recipient will not be subjected to discrimination or reprisal for doing so. ABSOLUTE will investigate complaints/grievances made by a recipient or the recipient’s family/guardian regarding treatment or care that is (or fails to be) furnished or in regards to a lack of respect for property by anyone who is furnishing services on behalf of ABSOLUTE. ABSOLUTE will document both the existence of the complaint/grievance and the resolution of the complaint/grievance.

A recipient has the right to be informed of ABSOLUTE’S right to refuse admission to or discharge any recipient whose environment, refusal of treatment, or other factors prevent ABSOLUTE from providing safe care.

A recipient has the right to know all communications and records will be treated confidentially.

A recipient has the right to receive assurances that privacy and confidentiality about one’s health, social, domestic and financial circumstances will be maintained pursuant to law.

ABSOLUTE will only release information about recipient as required by law or as authorized by recipient per Authorization to Release Medical Records Information.

ABSOLUTE, within the limits set by the care plan will respond in good faith to the recipient’s reasonable requests for assistance.

A recipient has the right to request a change of caregiver.

A recipient has the right to participate in the plan for discontinuation of services.

A recipient has the right to access upon request, all bills for services he/she has received regardless of whether they are paid by him/her or by another payer source.

**Patient Rights – Part E – Notification of Patient Rights/Responsibilities/Advance Directives**

Patients are notified of their Patient Rights, Responsibilities and Advance Directives at intake and a copy of these policies are left with the client.
Chapter 4 – HIPAA - Privacy Policies

HIPAA – Part A – Copy of Privacy Notice

Clients- Joint Notice of Privacy Practices:

Effective Date: 7/01/09

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of your health information and to give you notices of our legal duties and privacy practices with respect to your protected health information. This Joint Notice summarizes our duties and your rights concerning your protected health information. We are required to abide by the terms of our Joint Notice that is currently in effect.

1.) Uses and Disclosures of Information That We May Make Without Written Authorization.

We may use or disclose protected health information for the following purposes without your written authorization. These examples are not meant to be exhaustive.

Treatment: We may use or disclose protected health information to provide treatment to you. For example; doctors or agency staff may use information in your medical records to diagnose or treat your condition. Also, we may disclose your information to health care providers outside the agency so that they may help treat you.

Payment: For billing and collections purposes for services rendered, we may use or disclose protected health information. For example; insurance companies may use information in your medical file such as progress notes, care plans and/or doctor’s orders to process and issue payment for services.

Health Care Operations: We may use or disclose protected health information for certain health care operations that are necessary to ensure that our patients receive quality care. For example; we may use information from your medical records to review the performance or qualifications of physicians and staff; train staff; or make business decisions affecting the agency and its services.

Required by law: We may use or disclose protected health information to the extent that such use or disclosure is required by law.

Threat to Health or Safety: We may use or disclose protected health information to avert a serious threat to your health and safety or the health and safety of others.

Abuse or Neglect: We must disclose protected health information to the appropriate government agency if we believe it is related to child abuse or neglect, or if we believe that you have been a victim of abuse, neglect or domestic violence.
Communicable Diseases: We are required to disclose protected health information concerning certain communicable diseases to the appropriate government agency. To the extent authorized by law, we may also disclose protected information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Public Health Activities: We may use or disclose protected health information for certain public health activities, such as reporting information necessary to prevent or control disease, injury or disability; reporting births and deaths; or reporting limited information for FDA activities.

Health Oversight Activities: We may disclose protected health information to governmental health oversight agencies to help them perform certain activities authorized by law, such as audits, investigations, and inspections.

Judicial and Administrative Proceedings: We may disclose protected health information in response to an order of a court or administrative tribunal. We may also disclose protected information in response to a subpoena, discovery request or other lawful process if we receive satisfactory assurances from the person requesting the information that they have made efforts to inform you of the request or to obtain a protective order.

Law Enforcement: We may disclose protected health information, subject to specific limitations, for certain law enforcement purposes, including to identify, locate, or catch a suspect, fugitive, material witness or missing person; to provide information about the victim of a crime; to alert law enforcement that a person may have died as a result of a crime; or to report a crime.

National Security: We may disclose protected health information to authorized federal officials for national security activities.

Coroners and Funeral Directors: We may disclose protected health information to a coroner or medical examiner to identify a deceased person, determine cause of death, or permit the coroner or medical examiner to fulfill their legal duties. We may also disclose information to a funeral director to allow them to carry out their duties.

Organ Donation: We may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs or tissue.

Research: We may use or disclose protected health information for research if approved by an institutional review board or privacy board and appropriate steps have been taken to protect the information.

Workers’ Compensation: We may disclose protected health information as authorized by workers’ compensation laws and other similar legally-established programs.

Appointments and Services: We may use or disclose protected health information to contact you to provide appointment reminders, or to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you.
Marketing: We may use or disclose protected health information for limited marketing activities, including face-to-face communications with you about our services.

Business Associates: We may disclose protected health information to our third party business associates who perform activities involving protected health information for us, i.e., billing services. Our contracts with the business associates require them to protect your health information.

Military: If you are in the military, we may disclose protected health information as required by military command authorities.

Inmates or Persons in Police Custody: If you are an inmate or in the custody of law enforcement, we may disclose protected health information if necessary for your health care; for the health and safety of others; or for the safety or security of the correctional institution.

2. Uses and Disclosures of Information That We May Make Unless You Object.
We may use and disclose protected health information in the following instances without your written authorization unless you object. If you object, please notify the Privacy Contact identified below.

Persons Involved in Your Health Care: Unless you object, we may disclose protected health information to a member of your family, relative, close friend, or other person identified by you who is involved in your health care or the payment for your health care. We will limit the disclosure to the protected health information relevant to that person’s involvement in your health care or payment.

Notification: Unless you object, we may use or disclose protected health information to notify a family member or other person responsible for your care of your location and condition. Among other things, we may disclose protected health information to a disaster relief agency to help notify family members.

3. Uses and Disclosures of Information That We May Make With Your Written Authorization.
We will obtain a written authorization from you before using or disclosing your protected health information for purposes other than those summarized above. You may revoke your authorization by submitting a written notice to the Privacy Contact identified below.

4. Your Rights Concerning Your Protected Health Information.
You have the following rights concerning your protected health information. To exercise any of these rights, you must submit a written request to the Privacy Contact identified below.

Right to Request Additional Restrictions.
You may request additional restrictions on the use or disclosure of your protected health information for treatment, payment or health care operations. We are not required to agree to a
requested restriction. If we agree to a restriction, we will comply with the restriction unless an emergency or the law prevents us from complying with the restriction, or until the restriction is terminated.

**Right to Receive Communications by Alternative Means.**
We normally contact you by telephone or mail at your home address. You may request that we contact you by some other method or at some other location. We will not ask you to explain the reason for your request. We will accommodate reasonable requests. We may require that you explain how payment will be handled if an alternative means of communication is used.

**Right to Inspect and Copy Records.**
You may inspect and obtain a copy of protected health information that is used to make decisions about your care or payment for your care. We may charge you a reasonable cost-based fee for providing the records. We may deny your request under limited circumstances, e.g., if you seek psychotherapy notes; information prepared for legal proceedings; or if disclosure may result in substantial harm to you or others.

**Right to Request Amendment to Record.**
You may request that your protected health information be amended. You must explain the reason for your request in writing. We may deny your request if we did not create the record unless the originator is no longer available; if you do not have a right to access the record; or if we determine that the record is accurate and complete. If we deny your request, you have the right to submit a statement disagreeing with our decision and to have the statement attached to the record.

**Right to an Accounting of Certain Disclosures.**
You may receive an accounting of certain disclosures we have made of your protected health information within six years prior to the date of your request. We are not required to account for disclosures for treatment, payment, or health care operations; to family members or others involved in your health care or payment; for notification purposes; or pursuant to our facility directory or your written authorization. We may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

**Right to a Copy of This Joint Notice.**
You have the right to obtain a paper copy of this Joint Notice upon request. You have this right even if you have agreed to receive the Joint Notice electronically.

**5. Changes to This Joint Notice.**
We reserve the right to change the terms of our Joint Notice of Privacy Practices at anytime, and to make the new Notice provisions effective for all protected health information that we maintain. If we materially change our privacy practices, we will prepare a new Joint Notice of Privacy Practices, which shall be effective for all protected health information that we maintain. We will post a copy of the current Joint Notice in the agency and on our website. You may obtain a copy of the current Joint Notice by contacting the Privacy Contact identified below.

Employee Initials_________________
6. Complaints.
You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Contact identified below. All complaints must be in writing. We will not retaliate against you for filing a complaint.

7. Entities Covered By This Joint Notice.
This Joint Notice of Privacy Practices applies to VIDA Senior Resources, Inc.; their affiliates and units wherever located; their employees, staff and volunteers whom we allow to help you while you are recovering or disabled. This Joint Notice of Privacy Practices also applies members of the Staff of VIDA Senior Resources, who have agreed to abide by its terms concerning the services they perform in your home. Members of your Medical Staff, including your personal physician, may have different privacy policies or practices relating to their use or disclosure of protected health information created or maintained in their clinic or office. This Joint Notice does not create an agency relationship, a joint venture, or any other legal relationship between the entities covered by this Joint Notice.

8. Privacy Contact.
If you have any questions about this Joint Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please call: Heather Guches at 454-5655

HIPAA – Part B – Delivery of Notice of Privacy Practices

Delivery of the Notice of Privacy Practices occurs at intake/admission of the client. A signed copy of Privacy Practices is maintained in the office and in the notebook in the client’s home.
Chapter 5 – Non-Medical Supervision

Non-Medical Supervision – Part A – Supervisory Visits

Quarterly Supervisory visits are made to the clients home to insure that proper care is being provided, needs are met, house is in adequate condition and the contents of the clients notebook is up to date. The agency also performs the follow-up calls as mentioned in Standards of Service Delivery.

Non-Medical Supervision – Part B – Weekly Call Through

Patient Communication is re-enforced by way of weekly calls to the clients, caregivers, family and support staff (hospice, case managers, etc). These calls insure that it is in fact a good match, both the client and care giver are satisfied with the match, needs are being met by the client and whether or not any additions need to be made to the care. The client has the right to dismiss a caregiver for any reason and request a replacement.

In addition, quarterly home visits are performed to assure the contents of the client’s notebook is current. As well as assure that the home is in adequate condition, as are they. The follow-up calls and the weekly calls give the client, the family and the care giver the opportunity to voice concerns, ask questions, request needed supplies, equipment, additional service needed etc.

Non-Medical Supervision – Part C – Care Plans

The agency utilizes the care plan as issued by the state. It is then reviewed by the authorized staff member, such as the Client Coordinator and when necessary, the Supervising R.N. The care plan is then reviewed with the client for accuracy, changes notated, reviewed with the caregiver providing the care and signed by both parties. A signed copy is then kept both in the client’s note book in the home and in the office at the agency. The care plan consists of the following levels of need:

1. Minimal Assist – Minimal assist is defined as needing very little help with the identified task.
2. Moderate Assist – Moderate assist is defined as most likely not being able to accomplish the task independently.
3. Extensive – In depth, more hands on care for and with the client.
4. Total – Total and complete hands on care, services and tasks for the client.

Each level of need is identified on the UAI (Uniform Assessment Instrument) provided by the Department of Health and Welfare as well as the Care Plan. The “un-met” need of the client is the identified task, care, chore etc which is to be fulfilled by the care giver’s role.
The agency received the UAI and Care Plan from IDHW, reviews and amends as needed with the client and family, then orients the caregiver to the unmet need in order to perform the identified item.

The caregiver then completes a progress note in accordance with the Care Plan, reflecting the unmet need of the client by way of refusal or completion of the item identified.

The agency then verifies the time and documentation of the progress note in order to submit billing to IDHW for services rendered.

Chapter 6 – Coordination of Care

Coordination of Care – Part A – Admission Criteria

Upon admission to the agency, clients are given a copy of their rights, responsibilities, and these policies. A duplicate copy of these records is maintained at the agency and in the client’s home.

Records are audited quarterly and kept locked during non-business hours. Caregivers are required to sign a confidentiality and HIPAA statement regarding the client confidentiality and privacy rights in keeping with HIPAA compliance.

Acceptance of a participant with the agency is based on the following criteria:
1. Availability of staff to meet client’s needs.
2. Days and times of the visits required.
3. Special certification such as Medication Assistance, Visions and Pathways, physical requirements, use of equipment etc.
4. Level of Care
5. Start of Care date
6. Able to meet needs

Admission paperwork includes, but is not limited to a Data Information and Emergency Sheet, Drug Regimen, Home Safety Inspection, Bill of Rights, Medical Treatment Decisions, Records Release, Client Joint Notice of Privacy Practices and HIPAA forms.

Coordination of Care – Part B – Assessment / Care Plan

The assessment and care plan is typically completed by the Department of Health and Welfare and provided to the agency. The agency utilizes the assessment as a tool and means to help develop the care plan. Private and Insurance in home clients are assessed by the agency according to need in the following areas:

<table>
<thead>
<tr>
<th>Bathing</th>
<th>Dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal Preparation</td>
<td>Medications</td>
</tr>
<tr>
<td>Mobility</td>
<td>Shower/Bath</td>
</tr>
<tr>
<td>Transferring</td>
<td>Transporting</td>
</tr>
<tr>
<td>House Keeping</td>
<td>Laundry</td>
</tr>
<tr>
<td>Linen Changing</td>
<td>Supervision</td>
</tr>
</tbody>
</table>

The assessment is then used to develop the care plan and establish the amount of need in each area. The amount of need is based on a scale of minimal to total need. With the participation of the client and family, as well as these tools, we are able to make good determinations as to each need. The agency makes every effort to keep the assessment current by making regular weekly
phone calls and quarterly home visits.

Personal Care Services – Service Code T1019 must be performed solely in the client’s residence. Attendant Care Services – Service Code S5125 allowed in the residence, school, community or certified family home. Chore Services, Homemaker Services, Companion Care limited to the client’s residence.

**Coordination of Care – Part C – Communication Other Agencies**

When a client of the agency receives services from more than one entity, we make every effort to keep in contact and provide pertinent information such as address and contact info with the like. The agency maintains authorization from the client to have open lines of communication regarding their care.

**Coordination of Care – Part D – Back Up/Emergency Response to Insure Safety**

The Client Coordinators of the agency are on call 24 hours, 7 days a week, 365 days a year. The Client Coordinator is an active member of the office staff with a working knowledge of the clients, their cares and geographic location, as well as a working knowledge of the care giving staff and their education and background, in addition to the schedule of visits provided. This equips them to more rapidly and efficiently staff a shift that comes open.

The Client Coordinator carries with them a laptop that is protected by password with the entire client and caregiver data, phone numbers, as well as a cell phone issued by the agency for the taking and making of the calls after hours. The caregivers know that we are on call 24 hours to our clients and they might receive calls from us at anytime of the day or night.

If a client or care giver calls with a last minute scheduling emergency, such as a call-in to a shift, or the client needs someone unexpectedly, they only need call the main phone number of the agency to contact the “On-Call Client Coordinator” day or night. Clients get peace of mind knowing that the person answering the call is someone who is familiar with their needs and cares, someone who can help them now. This insures peace of mind, continued, quality care for the client.

The agency makes every effort to insure a client does not experience interrupted services by way of a missed regularly scheduled visit. However, on occasion it may happen due to lack of communication between the caregiver, the client and/or the agency. Clients who are bed bound, such as quadriplegic, paralyzed or otherwise unable to provide their own care are guaranteed that no shift will go missed. As the agency will send out a qualified office member or the Supervising R.N. to provide the care in the event a caregiver is not available.

A monthly report of all current employed caregivers of the agency will be submitted to the Department of Health and Welfare quarterly.

**Coordination of Care – Part E – Discharging Client(s) / Termination of Services**

Termination of services is determined by any of the following criteria:

1. Inability to meet client individual service needs.
2. Availability/Compatibility of caregiver to client.
3. Conflict of interest between any of these, client, care giver, agency staff
4. Failure to follow procedures for standard delivery of service.
5. Failure to comply with payment of services rendered.
6. Non-compliance with Medicaid and/or company policy.
7. Client Moves
8. Client Passes Away
9. Fraud

Any and all clients given a termination of services from the agency will receive a letter providing them with a 14 (fourteen) day written notice. The agency will work cooperatively with the client to continue services until the end of the 14th day. Clients, who are verbally abusive, sexually harass or threaten a caregiver physically; services will be terminated immediately and followed with a letter to the client. The agency will also notify the appropriate agency, such as the Department of Health and Welfare as to the change and pick up the agency notebook from the client’s home.

Coordination of Care – Part F – Do Not Resuscitate

There are two ways of handling the Do Not Resuscitate (DNR) or Full Code Order. If the patient is under hospice care, the provider shall take no action when the client is on the verge of death other than informing the hospice administration and family. If the patient is not under hospice care, the DNR must be clearly posted on the face of the refrigerator for everyone to see. When there is a DNR order and the patient is already at the verge of death, the provider does not initiate CPR or call 911.

If the client does in fact have a DNR, the agency must have a copy on file. This insures the agency follow legal protocol at time of death.

If the patient does not have a DNR in place, they are considered a Full Code. In the event the patient is on the verge of death, the provider must then call 911, initiate CPR and call the office at which time the family will be contacted.

Coordination of Care – Part G – Duplication of Services

Duplication of services is simply explained as a client receiving services from two entities (caregivers) simultaneously. I.e.: The caregiver is in the home providing care and the physical therapist is there at the same time. If both parties are reimbursed by the state, this is considered a duplication of services.

The agency makes every effort to educate the clients and staff so as to avoid duplication of services whenever possible. Only with prior authorization from the state organization that provides reimbursement for services, would the agency allow a caregiver to provide duplication of services.

Coordination of Care – Part H – Patient/Family

The agency will work cooperatively with any other service agency that the client receives care or services with. Such as hospice, case management, DME companies etc. The agency will provide, with proper authorization any necessary information to other agencies at the written request of the client.

Coordination of – Part I – Sub-Contracting

The agency does on occasion subcontract services with agencies that are also licensed and certified by the State to provide back-up care. The agency will only utilize those agencies that provide the same standard and level of care and service as we do. Sub contracting will only be used on the basis of the loaning out or borrowing of a caregiver. The agency will keep on file a
copy of the caregiver ID, background check, certifications and TB Test Results.

Chapter 7- Clinical Records

Clinical Records – Part A – Document Retention / Record Keeping

Client Records are stored in a locked file cabinet in the office of the agency. Records are only accessible to the administrative staff of the agency. The records contain but are not limited to the following:

1. Data and Client Emergency Information Map
2. Medication List
3. Assessment and Care Plan
4. Authorized Signature of Care / Orientation of the Caregiver
5. Progress Notes of care provided
6. Home Safety Inspection Sheets
7. Dr. Reports and Orders i.e. History and Physical
8. Client Bill of Rights, HIPAA, Medical Treatment Decisions, Release etc.

Records are audited quarterly and kept locked during non-business hours. The agency also stores old records, off-site in a gated, secured, locked storage facility for a period of 7 years.

Caregivers are required by the agency to provide the original progress note documentation to the office every week and the carbon copy stays in the client’s home. Clients are required to sign the progress note/time card for each shift completed in the home. Clients who are unable to sign, must mark with an “X” or designate a family member to sign for them. In the event a client is unable to sign, no family member has been designated and/or un-available; the company may sign on the client’s behalf to verify services were rendered. Caregivers are required to sign a confidentiality and HIPAA statement regarding the client’s confidentiality and privacy rights in keeping with HIPAA compliance, as a duplicate set of documents is maintained in the client’s home for delivery of care/services.

Progress note documentation is limited to those cares and tasks listed in the clients care plan. Caregivers are required to document all tasks and cares provided within the scope of the care plan and allowed by the State of Idaho and the agency. Caregivers should document in the progress notes using the following key with regard to the level of care given:

<table>
<thead>
<tr>
<th>I – Independent</th>
<th>A – Provider assists client</th>
</tr>
</thead>
<tbody>
<tr>
<td>S – Supervision, reminding or stand-by</td>
<td>T – Provider gives total assist to client</td>
</tr>
<tr>
<td>R – Client refuses care or task</td>
<td></td>
</tr>
</tbody>
</table>

The progress notes should always reflect what is actually being completed, or refused.

Employee Initials ____________________
Clinical Records – Part B – Authorizations

Prior authorization is required on all clients before services can be initiated. Prior authorization must be in writing and provide Assignment of Benefits to the agency for services rendered. Clients, family and/or POA are required to sign an agreement for services, name, address to which bill should be sent, phone numbers, social security number, drivers license #, date of birth and a deposit check.

The agency has a full expectation that insurance will pay when prior authorization is received, however, on occasion insurance companies have and can deny a claim once billed. Therefore, the agency requires the above listed information in order to insure payment of services rendered.

Chapter 8 - Universal Precautions/Infection Control

Universal Precautions/Infection Control – Part A – Universal Precautions

- Universal precautions apply to blood, body fluids containing blood, tissues, pericardial, peritoneal, amniotic, semen, synovial, vaginal, cerebrospinal, and pleural body fluids.
- Universal precautions also apply to feces, saliva, nasal secretions, sputum, sweat, tears, urine, and vomit, especially, if it is contaminated by blood.
- Gloves should be worn for handling items or surfaces soiled with blood and the above-mentioned fluids.
- Gloves should be changed between contacts with clients requiring universal precautions. Hands should be washed between glove changes.
- Hands and other skin surfaces should be washed immediately and thoroughly, if contaminated with blood or other fluids.
- Masks and protective eyewear or face shields should be worn when the generation of droplets of blood (splashing) is anticipated.
- Protective apparel (gowns/aprons) should be worn during procedures likely to cause splattering or splashing of blood and body fluids.
- Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is anticipated.
- All client specimens should be placed in sturdy leak-proof containers with a secure lid to prevent leaking during transport. Care is taken to avoid contaminating outside of containers and laboratory slips.
- All healthcare workers who have oxidative lesions or weeping dermatitis should refrain from direct client care activities and from handling client care equipment.
- Personnel should report to their supervisors all incidents of exposure to blood or body fluids including needle or sharp sticks. Ebro spinal and pleural body fluids.
- The potential transmission is the greatest when needles, scalpels and other sharp instruments or devices are used.
- Used needles should not be re-capped by hand, removed from disposable syringe by hand, or purposely bent or broken, or otherwise manipulated by hand. Place in a puncture proof container for disposal.
Chapter 9 - Quality Assurance

Quality Assurance – Part A – Clinical Record Review

Clinical Record Review is completed daily and reported quarterly to the Department of Health and Welfare. Every day our Human Resource Director completes new charts, audits existing charts and reviews for compliancy. The agency is regularly completing in-home visits to review the client note book in the home.

The record review both in the office and the client’s home consists of a complete review of the clients file, which includes but is no limited to all company utilized forms, all State and Federal Required documents, HIPAA, Bill of Rights, signed release, list of medications, assessment, care plan etc.

In the event something is “missing” or there is no signature on file for a required document, a home visit is immediately scheduled to rectify the absence of the necessary information. Caregivers deliver the original copy of the progress notes to the office which are then reviewed by either a qualified office staff and/or the supervising R.N. for adherence to the assessment/care plan.

Quality Assurance – Part B – Quality Assurance Policy

The agency policy regarding Quality Assurance (QA) consists of the clinical record review, quarterly in home visits, weekly calls to the clients as well as our follow up calls following the introduction of any new caregiver in the home. In addition, the office staff conducts a weekly “case run” at which time the clients and care givers alike are discussed.

The discussion may include, but is not limited to the result of clinical record review, the home visits, the result of the weekly phone call or outcome of the follow up calls, as well as the schedule of visits, care giver availability and compliancy.

In addition the agency sends out quarterly surveys to both the clients and care givers to insure that the agency is meeting our goal of providing the best, quality care available.

Quality Assurance – Part C – Quality Assurance Survey

Client Survey
Medicaid requires that the agency allow our clients the opportunity to evaluate the agency which serves there in home needs. Therefore, we ask that you please take a few moments to complete this form and return it in the envelope provided.

Client Name: ____________________________________________

Providers Name: ____________________________________________

Days and Hours of Care Received: ________________________________

Please answer the following questions based on a scale of 1 to 10 (1bad – 10best) Please circle your answer.

My provider arrives on time. 1 2 3 4 5 6 7 8 9 10
My provider prepares my meals. 1 2 3 4 5 6 7 8 9 10
My provider is well groomed. 1 2 3 4 5 6 7 8 9 10
My provider is respectful of me and my belongings. 1 2 3 4 5 6 7 8 9 10
My provider cleans up after themselves. 1 2 3 4 5 6 7 8 9 10
My provider documents only those tasks which they perform. 1 2 3 4 5 6 7 8 9 10
My provider follows the schedule of visits I requested. 1 2 3 4 5 6 7 8 9 10
My schedule of in home visits works well for me. 1 2 3 4 5 6 7 8 9 10
(If you have a request to adjust your schedule please call the office anytime at (208) 468-9504.)

Have you ever been asked to sign an incomplete timecard? Has your provider ever documented time they didn’t give to you? Has your provider ever asked you if they could come late or leave early? All of these things are a violation of our policies and procedures. Please contact the office regarding these matters or write us a note on your survey.

If you would like a copy of the company policies and procedures that your care provider (s) is required to sign, please make a note on this survey form.

Comments: ________________________________________________

___________________________________________________________________________

Questions or Comments will be addressed in a timely manner. Typically 3-5 business days, depending on the nature of the information, request etc.

Agency Survey of Office Personnel

Please review and complete the enclosed agency survey. This will allow us to evaluate the efficiency and effectiveness of our office personnel. Please circle your answer on a scale of 1 to 10 (1 bad and 10 the best.)

1. Phone calls I make to the office are treated with courtesy and respect. 1 2 3 4 5 6 7 8 9 10
2. My phone calls are treated with a sense of urgency regarding the nature of my call. 1 2 3 4 5 6 7 8 9 10
3. The office always communicates changes in my provider to me or my family. 1 2 3 4 5 6 7 8 9 10
4. I feel the communication between myself, my family and the agency is good. 1 2 3 4 5 6 7 8 9 10
5. I feel cared about by the staff at the agency.

Employee Initials__________________

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6. The care providers brought to my home are knowledgeable and experienced.
7. Absolute listens to my concerns and follows up on them.

Please take a few moments to write down your comments, suggestions, etc on the following space provided.

______________________________________________________________________________

______________________________________________________________________________

Employee Survey of Agency

Employee Name (optional):________________________________

Please review and complete the following survey information. The agency intends to utilize it for the purpose of productive, purposeful, friendly business practices. Your opinion counts and we appreciate you.

Please circle the number between 1 and 10, 1 being poor and 10 being great, which you feel best describes your employment experience with the agency.

1. The staff is courteous and polite to me. 1 2 3 4 5 6 7 8 9 10
2. The staff is flexible for schedule or availability changes. 1 2 3 4 5 6 7 8 9 10
3. I feel cared about by the agency. 1 2 3 4 5 6 7 8 9 10
4. When I call the office I am greeted courteously and by a friendly voice. 1 2 3 4 5 6 7 8 9 10
5. I would be interested in receiving benefits from the agency. 1 2 3 4 5 6 7 8 9 10
6. I understand what the chain of command is and how it works. 1 2 3 4 5 6 7 8 9 10

Please fill in the blanks.

I don’t agree with__________________________________________________________

I think the agency should__________________________________________________

Comments/ suggestions ____________________________________________________


Once the surveys are received complete to the office, they are reviewed by the administrator and shared with the team (office) in order to make correction where needed. Any specific, problematic issues are addressed and followed up on within two weeks.
Chapter 10 – Human Resources

The agency recognizes that the employees are instrumental in realizing the mission and goals of the company. Thus, the agency management maintains a supportive work atmosphere. The agency respects the individual cultural values and religious beliefs of its employees. In line with this, the agency management also acknowledges the rights of its employees to refuse to participate in the aspects of care which may be in direct conflict with them. The agency also conducts orientation to all of care giving staff.

On the other hand, the agency management expects its employees to reciprocate by performing their jobs in a responsible, effective, competent and humane manner. The agency employees must be committed to work hand in hand with the company in carrying out the common goals. They are all expected to take responsibility for their actions. Most importantly, the employees must be committed to the clients by providing quality care.

All care givers and administrative staff are considered employees of the agency. As an employer, the following are the assumed sole and exclusive responsibility of the company.

- Payment of Wages
- Withholding and payment of Federal, State and other Pertinent Tax
- Social Security Tax
- Worker’s Compensation Coverage
- Professional and General Liability Insurance

The agency guarantees that it is and will remain in compliance with all State and Federal Laws and Regulations regarding employment.

Human Resources – Part A – Drug and Alcohol Abuse Policy

It is the policy of Absolute HHC to prohibit all individuals, including its employees and its contractors, from possessing, using, or being under the influence of illegal drugs or alcoholic beverages at the work place.

The items and substances covered by this policy include illegal drugs or other mind or mood altering substances, alcoholic beverages, look alike substances, inhalants, prescription drugs that have not been authorized, and equipment or paraphernalia related to illegal drug or substance.
uses.

Property covered by this policy includes property of any nature owned, managed, leased, or controlled, including parking lots, office desks, and lockers.

- **Prescription Drugs**
  Employees may maintain prescription drugs on company or client’s premises provided the following:
  
  - The drugs have been prescribed by a physician for the person in possession of the drugs. The drugs must be in its original container.
  - The employee is in possession of drugs in the course of his/her employment and with the Absolute supervisor's knowledge and approval.

- **Enforcement**
  Every employee is expected to comply with this policy for his/her own safety, the safety of clients, and the good of Absolute HHC. The management may cooperate with the law enforcement authorities, which may involve searches of company premises and personal effects of the employees. Urine drug screen test and other investigate examinations of employees will be made with the approval of administration. Absolute reserves the right to subject at random any employee for a drug screen test.

- **Violations**
  Any employee who:
  
  - Is found in possession of any of the items or substances prohibited by this policy;
  - As a result of testing is found to have identifiable traces of prohibitive drug(s) or substance(s) in his/her system (regardless of when or where the drug or substance entered the employee’s system), or
  - Refuses to cooperate with an investigation as described in this policy, will be considered in violation of this policy and may be subject to disciplinary action not to exclude the termination of employment.

Absolute prescribes to and endorses the right to and of employees to work in a drug free environment. As presented in its company policy and as defined by the Drug Free Work Place Act of 1968, the following rules and regulations are “conditions of employment.”

The company prohibits all individuals, including employees and contractors from possessing, or being under the influence of illegal substances while at the work place. Employees convicted of a drug offense will be disciplined up to and including termination. The company will notify the contract agency of the federal government of any reported work-related drug conviction. These policies are set forth in good faith to promote a drug-free work place for all employees.

**Human Resources – Part B – Employee Certifications**

Employees of the agency are required to have the following certifications, licensure and/or documents prior to employment. As well as maintain current copies on file with the agency during the duration of their employment.

- Driver’s License or State Issued Identification Card
- Pass Criminal History Background Check / ISP Form
- Social Security Card / Alien Registration Card / Birth Certificate
- CPR Certification
- Proof of Auto Insurance (Liability insurance requires we have on file)
- Driving Record

Other certifications / licensure required when providing specialized care

Employee Initials_________________
Human Resources – Part C – Employee Files

Employee files are kept in a secured, locked file cabinet within the Human Resource Director’s office. Employee files contain, but are not limited to copies of all pre-employment requirements, licensure, certification, documentation of acknowledgement of policy and procedure as well as continuing education compliancy and evaluations of work performance.

The employee file is audited monthly for compliancy and maintenance of current certification. Employee I-9 and W-4’s are maintained in a separate location from the employee file, however, also maintained in the locked office of the Human Resource Director.

Human Resources – Part D – Employee Health Benefits

Employee health benefits are currently not offered for field staff of the agency. We do however provide AFLAC, Pre Paid Legal and 401K.

Human Resources – Part E – Employee Health Information

Employee health information includes:
- TB Screening
- Job Task Analysis
- Health Screen Form

All employee health information is kept in a locked filing cabinet separate from the employee files.

Human Resources – Part F – Employee Screening

Upon receipt of application from a potential employee, the agency conducts a complete check of past employment references as well as personal references. The employee must have at minimum, two good employment references with a re-hireable status and one or more good personal references. Screening of the applicants is imperative to ensure that they are qualified to work as a caregiver. Screening is also a way of determining the areas where the employee may be assigned.

The applicant must then provide proof that they can pass a criminal history background check, conducted through the Department of Health and Welfare. Any disqualifying event that revokes, denies or withholds a criminal history clearance may result in termination of employment. The applicant must then, upon invitation to new hire orientation, be able to provide copies each of the pre-employment required certifications listed above in Section B Certifications.

Any certifications the agency provides financial assistance to the new employee for will be handled as follows.

The agency may provide payment up front in some cases for Fingerprints, CPR, Caregiver Training Classes etc. In the event the agency provides payment for certifications up front, the caregiver is subject to payroll deduction for the amount in full incurred by the agency. The cost of certifications is typically as follows with some variations to class and availability.
CPR $30-$45
Fingerprints $55.00
Caregiver Training $25-$50
Visions and Pathways $50-$100

At new hire orientation the applicant must be able to pass a standard test which reviews their knowledge and skill set in the delivery of care in each of the areas covered in the agency’s care giver training matrix. You can find a list of these items listed in Chapter 6, Part B Assessment / Care Plan.

Upon successful completion of the exam, the applicant is then put through new hire orientation. New hire orientation is a complete introduction of the company’s policies and procedures, their responsibility as an employee, requirements and obligation to the agency. The applicant is now an employee of the agency.

Human Resources – Part G – Employee Standards / Training

All employees hired by the agency are subject to 90 day probation. It is the responsibility of the employee to make them self marketable for employment, by way of regular contact and follows up with the office. When an employee completes their schedule of hours and fails to contact with the office or return phone calls for 2 or more weeks, will default to a status of “quit” with the agency. See Idaho Employment Security Law Section 72-1366(21) (a)

Caregiver training must be compliant with the States approved care giver training matrix. The training matrix will include, but is not limited to:

- Proper body mechanics, transfers and assisting with mobility.
- Delivery of personal care
- Safety, accident prevention, universal precautions
- Food, nutrition, meal preparation, feeding, eating
- Documentation
- Client’s rights, confidentiality and privacy
- Communication
- Proper use and maintenance of medical equipment
- Toileting, incontinence
- Medication, disposal of, administration of, setting up (all are not permitted by the agency)
- Supervision
- Special needs, equipment, diagnosis, living arrangements

All personnel will be placed on cases based on an hourly rate of pay per visit. Sleeping is not permissible on hourly cases. Some personnel will be offered assignments on a 24-hour basis, and Absolute will negotiate wage compensation with employees placed on those cases on a “live-in” rate. That rate will be less than a straight hourly wage. Employees staffed on “live-in” cases are permitted to sleep. Sharing salary information with co-workers is strictly forbidden. Any such violation of this policy will result in employee discipline not to exclude termination of employment.

The agency requires 8 hours of annual continuing education. Continuing education can be obtained by way of completing the hand outs provided by the agency, CPR Class, Med certification classes, visions and pathways, attending c.e.u. meetings and more. Continuing
education is for the benefit of the employee to advance skills and knowledge base as well as for the benefit of better, quality care.

**Grievance/Complaints**

All employees have the right, at any time, to submit a written complaint/grievance should the need arise, in regard to supervision, working conditions, or concerns regarding co-workers or clients. The employee MUST report to the office any occurrence of client and employee abuse, client neglect, or co-workers’ practice problems for thorough investigation. The filing of a complaint/grievance will not disrupt employment and will be investigated within five (5) working days after receipt. Verbal complaints will be accepted; however, within 24 hours, this verbal complaint must be followed by a written documentation of the nature of the complaint and grievance. Abuse and neglect issues MUST be reported IMMEDIATELY to the office by calling 454-5655 if other means to report are physically impossible. There is a 24-hour on-call client care coordinator to receive and act on emergency situations such as these.

**Disciplinary Action**

Absolute HHC reserves the right to discipline employees when needed. Issues that need counseling will be documented. The employee will receive a copy of such documentation. Situations endangering the client’s health, safety, or welfare will be reported to the appropriate authorities by Absolute. When counseling is repeated more than twice in a twelve-month period, the employee may be dismissed. All employees are encouraged to complete exit interviews upon self-termination or company termination.

- Upon layoff or termination by the employee, all wages due must be paid to the employee the earlier of the next regular scheduled payday or within ten (10) days of termination, weekends and holidays excluded;
- If an employer fails to pay all wages due as required by law, that employer may be subject to penalties in the amount of wages equal to the employee’s regular wage rate, as if he rendered service in the manner as last employed, for every day that the employer is in default up to thirty (30) days.

For further information concerning state laws refer to Idaho Code Section 45-606 and 45-607 with the Idaho Department of Unemployment

**Telephone Procedures**

- The client’s telephone is only to be used by the employees to contact the office.
- Employees must not give the telephone number of the client to anyone including the employee’s family and friends. Emergency calls for the employee may be coursed through the company.
- Employees must not give his/her telephone number to the client for any reason. Violation will result in a formal write up. (counseling)
- Employees are not to bring or have family/pets visit the home of the client. This includes family member/caregivers.
- When an employee is on an out-of-town assignment, he/she may make collect calls to the office.
- The office has a 24-hours/7days per week staff to accommodate and act on emergency calls
- After hours and weekend calls are intended for emergencies only i.e. you can’t make a scheduled shift prior to the scheduled day.

Employee Initials ________________
When an employee takes the client out of the house upon client’s request, (example: when going on an outing of any kind with or for the client) the employee needs to inform the office when leaving and returning.

Schedule changes of any kind must be made through the office.

Employees are prohibited from any direct contact with the client concerning schedules to avoid conflicts of interest and miss-communication.

Employee cell phone use or texting in the client’s home is not permitted.

Cell phone use or texting while transporting clients is strictly prohibited!

Clients must be present when the employee is in the home.

**Employees must call, the office for the following concerns:**

- When the employee is aware of possible work schedule changes or problems
- When the employee knows that he/she is going to be late for work
- When the employee is aware of his/her personal illness or conflict that prevents him/her from completing the tasks assigned (4 Hours prior to start of shift minimum)
- When the employee is having difficulties in meeting job responsibilities
- When the client shows changes of health condition
- Time-off or vacation leave should be requested 30 days in advance.
- Please call the office after you leave the first 3 scheduled shifts with any client. We want to follow up with you to resolve any concerns so that you will be comfortable caring for your clients.

Employees are requested to have their own telephone or cellular phones as message phones can be unreliable. Employees must have reliable transportation and childcare to maximize the opportunity of being staffed.

**Time Keeping / Documentation**

All employees are required to fill out one time card/progress note per client. Accurate time sheets are essential to ensure proper billing and to facilitate a timely payroll process. In order to prevent delays in payroll and billing, employees’ time card must reflect the accurate time and care plan. Below are the rules and essential data required in submitting time cards:

- Employee’s first and last name
- Client’s first and last name
- Detailed time and dates worked. Time and dates on your time sheet must correspond with the employee calendar. NO MILITARY TIME PLEASE!
- Time is measured in 15 minute increments.
- Document any and all cares/tasks refused by the client.
- Document any changes in medications on the progress notes.
- The hours worked within the pay period must be totaled for each time card/progress note.
- Signatures should be collected each day. Both the client and the employee must sign.
- Employees must not have the client’s pre-sign time cards at the beginning of the pay period as they need to be signed at the end of each shift. This could be considered fraud.
- The employee needs to make sure that his/her time card reflects the specific care plan for each individual client. **All cares and tasks included in the care plan, must be documented as complete or refused in the progress notes.**

Employee Initials_____________
• Time cards/progress notes and payroll sheets are due to the office by 9am EVERY Monday.
• Pay checks will be issued at 12noon every other Friday after the pay period ends.
• Time sheets not received by designated dates will be paid on the next scheduled payday.
• Employees who do not comply with this may result in delay of receipt of paychecks. For specific dates and detailed payroll schedule, the employee needs to refer to the payroll calendar or contact the office.
• Falsification/forgery is a ground for IMMEDIATE DISMISSAL
• Training of any kind is paid at minimum wage, no exceptions. This includes nursing.
• Employees that quit without notice or do not submit the appropriate agency required paperwork will be paid minimum wage on the regular scheduled payday.
• Absolute HHC observes the following holidays enumerated below. When an employee is scheduled to work on a holiday, he/she is expected to show up for work unless previous arrangements were made with the Client Care Coordinators. Medicaid does not reimburse time and ½; therefore the agency does not pay time and ½.

<table>
<thead>
<tr>
<th>Holiday</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>New Year's Day</td>
<td>Presidents Day</td>
<td>Human Rights Day</td>
</tr>
<tr>
<td>Easter</td>
<td>Memorial Day</td>
<td>4th of July</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Veteran’s Day</td>
<td>Thanksgiving</td>
</tr>
<tr>
<td>Christmas</td>
<td></td>
<td></td>
</tr>
</tbody>
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DOCUMENTATION: Writing down what you do! And what you don’t do, when it is on the care plan!

With today's economy and legal system, documenting precisely what you do for your client is more important than ever. It is important for:

• consistent care (especially when there is more than 1 caregiver in the home),
• helps us know if the plan of care is being followed
• helps the Medicaid Nurse Reviewer with the annual assessment and determining how many hours your client needs for the next year,
• legally protects yourself and our agency.

Take the time to read carefully through the Negotiated Service Agreement (“NSA” or the Plan of Care) for client. It must be in the client's binder under "Care Plan." (If it is not there, please inform the office immediately.) This lists the tasks authorized by Health and Welfare, or by the client who is paying privately.

It is so very important that you document your work each day according to the SPECIFIC DETAILS OF THE PLAN!!! Anyone who visits the home:

• Schedulers
• or the Nurse (at annual, quarterly or drop-in visits)
• or the RMU Nurse Reviewer
• or the client's family members

needs to be able to tell at a glance whether the care fulfills what is on the NSA or care plan. RMU reviewers use your progress notes just as we do - to evaluate whether the client is being taken care of as needed and has been authorized, and whether the plan still meets the needs of the client – whether they need more help or less.

When the Health and Welfare nurse reviewer makes her/his annual assessment visit for adult clients, s/he uses an assessment tool called the UAI, which has questions about what the client needs help with and how much help they need for each task. If there are some tasks you are
doing but not checking off on the progress notes, the nurse will think the client doesn’t need the help anymore. That will mean taking that task off the client’s care plan (NSA) for the next year. Then the client wouldn’t receive the care s/he needs, and hours of help may be reduced for the whole year.

On the other hand, if there are tasks that are not on the care plan, and the client’s health changes so much that s/he needs more help, talk to someone in the office about that. (The change needs to be major like a heart attack or stroke, or a big change in family help available.) **If a scheduler in the office tells you to give extra help to your client** for things like bathing, toileting, and meal preparation, **be sure to check them off on your progress notes, too.** That provides documentation of the change in needs when we request more hours for a client. Also, when the nurse reviewer from Health and Welfare does the annual assessment, and the client says “Now I need help with my bath” (for example), the nurse can look in the progress notes, and see that you have indeed been helping with the bath. The client will be more likely to receive a little increase in hours for the next year, then.

If the client’s health improves, the opposite is true. Talk to someone in the office, and document that the client no longer needs help with a certain task. Perhaps the PCS hours need to be reduced to accurately reflect the client’s needs.

**Recording your work accurately on the progress notes is a really important part of being a caregiver.** Incorrect documentation is grounds for probation or termination. And **daily** means just that – don’t wait to document in a few days (how can you remember every detail accurately?!?) and don’t document a few shifts ahead. The client must sign the progress notes daily, too, for accuracy purposes and to avoid Medicaid fraud. Medicaid can drop in to audit progress notes in the client’s home without notifying Absolute. (Or in an extreme case, if you and/or the client fill out the progress notes a day or two early and then one of you happens to die so the progress notes can’t be accurate, and the progress notes happen to be required in court for some reason, you and/or the client would be indicted for Medicaid fraud.)

And of course, **don’t check off work that you don’t do.** This is also Medicaid fraud, and you could lose your job and any future job with the state of Idaho. The client (since s/he signs the progress notes, saying that they are correct) could lose all Medicaid benefits. Both the client and you may be legally forced to **pay monetary fines.** It’s serious business.

It is also important that **if a task is authorized and is on the care plan, and the client doesn’t want you to do it that day, or you aren’t able to for some reason, mark R for Refused, with a circle around it, on the Progress Notes. **Explain why** the task wasn’t done in the comments column. For example, the client may refuse a bath because s/he doesn’t feel well that day, or you aren’t able to vacuum the floor because the vacuum cleaner is being repaired. Or the client may feel too independent to want help with a bath, so you can write “client declines help with bath.” Daily documentation protects you from being rightfully questioned about the work you are doing/not doing for the client.

**If there is a pattern of R’s for refused care for a week, or if the client frequently declines help with care that is on the care plan, call your supervisor ASAP at the agency.**

Thank you for taking the time to review your documentation for accuracy! Let’s all be compliant with H&W rules for care and documentation.

Just a reminder about Absolute’s requirement: Progress notes not submitted by the Monday before a Friday payday can result in you being written up or even terminated if it is an ongoing problem. This is because we can only pay for services that we have been able to bill Medicaid for. In other words, Absolute can’t hand out paychecks if the money isn’t coming in! Your help in
turning in progress notes on time is critical to being paid for your work.

UNDERSTANDING TERMS & how to know which boxes to check for what you do to help your ADULT clients!

Sometimes it is hard to know what certain words mean on the instructions for your client's care. It can be confusing to know which boxes to check on your progress notes.

It is important to check what the instructions are on the "Negotiated Service Agreement" (NSA for adults) or the Plan of Care (children) and then to make check marks or X's in the correct columns on the progress note for the day you do them. Or, if the client does not need or doesn't want the help for that task, mark R in the box and write an explanation in the "comments" section of the progress note, every time. For example: "Client didn't want to eat today."

Here are explanations for the tasks listed in the instructions for the client's care. Please keep this in your binder to refer to whenever you have a new client or when your client has a new NSA . Review occasionally to make sure you understand what you are to do for that client.

**Meal Prep** = fixing food and snacks.
- **Minimal** = the client is able to fix food with reminders or supervision.
- **Moderate** = needs physical help with at least one cooked meal a day. The client may be able to fix simple meals, or warm up a Meals on Wheels or Homestyle meal.
- **Extensive** = the client needs hands-on help with all meals, but can help with parts of the tasks.
- **Total** = The caregiver does all the parts of meal prep for all meals. This client cannot get to the frig or the microwave.

**Assist with Eating**
- **Minimal** = The client can feed self, chew and swallow foods OK, but needs reminding/cuing to be sure to eat or drink enough, or not to over-eat/drink, or help to follow a specific diet, or may need food cut up.
- **Moderate** = the client can only eat if food is brought to him/her.
- **Extensive** = the client can feed self, but needs SBA (stand-by to assist as needed) since the client may choke or needs help with adaptive eating equipment.
- **Total** = the client must be fed by another person, or has a gastric tube (GT).

**Toileting**
- **Minimal** = just reminding the client to use the bathroom, urinal or commode, or may need some hands-on help with adjusting clothing or washing hands.
- **Moderate** = clients who need hands-on help with wiping, peri care (cleaning the private area), and pulling clothing down and then up and into place. Also mark toileting on your progress notes if you take Attends or Depends to the garbage can outside. This needs to be done every day to prevent odors.
- **Extensive** = the client cannot get to the toilet without help. S/he may or may not be aware of needing to urinate or have a BM.
- **Total** = the client isn’t able to be toileted. Someone else has to check and change Attends and do all the wiping and cleaning up. This category includes clients who use a catheter or urostomy or colostomy, or may need bowel care.

**Bladder and Bowel** assistance (on the progress notes) lays out in more detail what toileting help that client needs.

**Mobility** is about walking or getting around, including with a cane, walker, w/c, or motorized chair.
- **Minimal** = the client can get around inside without help, but needs help outside.
Moderate = the client needs help inside sometimes and usually needs help outside.  
Extensive = the client can only get around with regular help both inside and outside.  Total = the client cannot move around even with regular help.

Mobility - Equipment = "DME" (durable medical equipment, such as canes, walkers, wheel chairs, BSC – bedside commodes – bath benches or chairs, hoyer lifts or hospital beds, oxygen concentrators or canisters) – ANY DME needs to be wiped down at least once a week.

Mobility - Exercise = helping the client get around or walk for exercise (includes SBA), reminding or helping with ROM (range of motion), or reminding/helping the client follow through with therapist-assigned exercises (HEP - Home Exercise Program).

Transfers = includes getting in/out of bed, onto/off chair, into/out of car, and changing positions.  
Minimal = the client can do most of the transfers and position changes, but needs help sometimes.  
Moderate = the client can help with transfers and position changes but need help most of the time.  
Extensive = the client can help but needs hands-on help to transfer or change positions all of the time.  
Total = means transfers/position changes must be done by another person all of the time.

Personal Hygiene includes combing/brushing hair, checking skin for reddened or open areas, shaving, or putting deodorant or lotion on skin, filing or trimming nails.  (Caregivers may not cut toenails when the client is diabetic - you may file them.)  Oral care includes brushing teeth, dentures, flossing teeth.  
Minimal = the client can do the tasks, but needs reminded or supervised to do them at least some of the time, or may need items set up so the client can reach them and do them.  
Moderate = the client does the tasks but always needs some hands-on help.  
Extensive = the caregiver does most of these tasks, but the client can help some.  
Total = the client depends on the caregiver to do all the above hygiene tasks.  S/he cannot help at all.

Dressing includes getting clothing out, choosing which clothes to wear, putting clothes on/off, buttoning, shoes, socks, etc.  (As much as possible, allow clients to choose their own clothing, even if it means that you select 2 items and ask the client to choose between the 2.)  
Minimal = the client can dress/undress and select clothing but may need to be reminded or supervised for appropriate clothing changes.  
Moderate = the client can dress and undress with some hands-on help.  
Extensive = the caregiver dresses/undresses the client but the client helps.  
Total = the client depends on someone else to do all the dressing/undressing.

Bathing Minimal = The client may need reminding or encouragement to bathe, or SBA (standing by to assist, or being in the home to help if needed).  This includes a sponge or tub bath, or a shower.  (If it is a sponge bath, please mark SP in the column.)  
Moderate = the client may need help with specific parts of the bath/shower, like washing legs or back or shampooing hair.  This category includes the client who can't get into/out of the tub or shower or onto/off the shower chair without hands-on help.  
Extensive = the caregiver bashes the client, but the client can help a bit – wash face or private area, etc.  
Total = means the client cannot help at all and the caregiver must do all the washing and drying.

Shopping
Minimal = the client can shop, but needs reminding or supervision.
Moderate = the client can shop if someone helps lift, carry, etc. or cues the client while shopping.
Extensive = the caregiver actually does the shopping but the client makes the list or goes along to say what s/he wants.
Total = the client depends on the caregiver to do all the shopping.

Laundry
Minimal = the client can do the laundry but needs to be reminded or supervised as s/he does the laundry.
Moderate = the client can do the laundry but needs physical help or reminding during doing the laundry.
Extensive = the caregiver does the laundry but the client may be able to help, perhaps with folding clothes.
Total = the client cannot help at all with the laundry.

Housework
Minimal = the client is physically able to do the cleaning but needs to be reminded when or how to do tasks, and supervised.
Moderate = the client can do light housework without reminders, and the caregiver does the physically difficult parts of the cleaning.
Extensive = the client can do light housework only with reminding and cues, and the caregiver does the physically difficult parts of the cleaning.
Total = the client isn’t able to help at all.

Night Needs  This is evaluated by whether the person is able to get to the bathroom as needed, whether someone else is in the home available to help, and how often help is needed. Night care isn’t authorized very often because that usually means 24 hour care is needed, and 24 hour help in the home costs more than in a facility.

Emergency
Minimal = the client needs supervision or cues to get emergency help or to get out of the building in an emergency.
Moderate = the client needs help getting outside, but the client can help.
Extensive = the client could not get out without some help, but the client is able to help some.
Total = the client can’t help at all in getting out of the building in an emergency.

Note: “PERS” = a personal emergency response system, the “lifeline” button that can be worn as a necklace or bracelet, to call for help when a client lives alone. Your part is to be sure the client has it on, all the time. Even (or especially) in the shower or bath, the client should not take it off!

Medications
Minimal = the client is able to take medications from a pre-filled medication box (mediset) or from open containers. The client understands the medication routine.
Moderate = the client requires occasional assistance or reminders to follow the medication routine, or to get medication refills from the pharmacy in a timely manner.
Extensive = the client needs daily help or reminders (cues) to take the medication. The client does not know the medication routine, and may not remember if s/he took the meds. (Note: A special certificate for assistance with meds is required if the client is not able to take the medications out of a pharmacy bottle or a prefilled mediset and take them him/herself. Ask a scheduler about the meds class if your client needs more than reminders to take medication. Also the client’s meds may be complex, and the agency nurse may decide that the caregiver needs to take the assistance with meds class.)
Total = a licensed nurse is required since a decision is needed for whether the med is needed right then, or for the amount of medication. The caregiver does not do this.

Employee Initials__________________
Note: A family member (when done during hours when s/he is not employed by this company) or neighbor may decide if a non-routine medication is needed and give it, but an agency paid caregiver cannot, per state regulations. This includes everything from Tylenol to anti-seizure medications that are given as needed.

Company caregivers may assist with routine meds only, and only from a mediset that a pharmacist pre-fills, or directly from pharmacy-labeled bottles.

A caregiver who assists a child with medications must take the “Assistance with Meds” class certified by Appropriate Technology office of the College of Western Idaho. Ask at the office about this if you need to help a child with meds.)

If you help your client with medications, write down medication changes on the progress notes. Write “RN Alert” on the top of the progress note so that the office staff can make sure the RN reads it.

Supervision = the client requires someone present for his/her safety. It depends on the client’s judgment and memory, depression level or status of alertness. The Medicaid nurse reviewer decides this, just like all the above.

Minimal = The client may only need occasional reminders for safe activities (not microwaving a cup of soup for 30 minutes, etc.).
Moderate = or the client may need frequent reminders,
Extensive = or needs supervision most of the time,
Total = or cannot be left alone at all.

It is unusual that someone heats with wood/coal and needs help with it, but there are a few who do. Sometimes I instruct a caregiver to cross this category out (if it isn’t used) and document Transportation on that line. Transportation can include taking the client to medical or therapy appointments, or shopping for grocery and personal items once or twice a week. Check the NSA or the POC carefully – sometimes the Medicaid nurse does not authorize transportation. Do not transport the client unless it is a part of the NSA.

Hopefully this helps you document more accurately all you do! Remember, if the task is on the NSA, it needs to be documented the day you do it on the client’s progress notes. An R means you were not able to complete the assignment - then explain why not in the comments column.

Also write down changes in the client’s status in the “comments” column. These can be improvements you see, or a problem/concern. The regular work you do doesn’t need to be written about since you already check it off on the day you do it on the progress note.

Again, please call the office if you have questions! Thank you for your careful, thorough work! You are very important to the safe and effective care of your client.

Clients Rights, Caregiver Responsibilities, Ethical Client Treatment

Employees need to identify and respect the cultural and ethnic differences of the clients. Employees also need to understand the physical, emotional, spiritual and financial influences of the client his/her family regarding death and the dying process.

- Physical support and/or rehabilitation of the client
- Support maintenance of the family unit

Employee Initials_______________
• Emotional support of the client and his/her family
• Functions as a source of social stimulation. Personnel not only provide their health care knowledge and skills, but can also offer a “part of themselves” (their personality to the client)

The “Advance Directives” Regulation or Patient Self-Determination Act (PSDA) was derived from the Omnibus Budget Reconciliation Act of 1990 (OBRA). This Act states that all Medicare and Medicaid hospitals, nursing facilities, home health agencies, hospices, personal care aide providers and HMOs are required to give patients information about their rights under the state law to make their own health care decisions, including the right to accept or refuse medical or surgical treatment. This also includes the right to formulate Advance Directives (Declaration and/or Durable Power of Attorney for Health Care Decisions). A recipient has the right to be informed of his condition in order to make decisions regarding his/her care.

Dress Code

As a general rule, employees who render services in a client’s home must be dressed in a conservative manner. Any office staff of Absolute may be approached for questions regarding the dress code. Guidelines for such are provided:

• Refrain from wearing t-shirts that have social commentary, political, or religious messages. The clients may not share the same views and may find the t-shirt advertising objectionable.
• Skimpy shorts and skirts as well as spaghetti strap tops are prohibited.
• Wear clean and polished shoes at all times. It is not appropriate and hygienic to take off shoes while working for a client. Open toed shoes are prohibited.
• Hair should be simply styled and shampooed regularly
• Keep fingernails clean and short. If a nail polish is worn, this needs to be applied neatly with a light or colorless shade.
• Uniforms must be kept fresh and laundered. Neat street clothes are acceptable depending on client preference, with modesty.
• Bath or shower daily. Take necessary precautions against body odor.
• Do not wear jewelry other than a wedding ring and simple earrings. Some jewelry collects germs and often gets in the way of work. Jewelry sometimes tangles with the client’s clothing that will make transferring difficult to manage.
• Do not wear perfume or aftershave cologne. Some clients have allergy reaction to fragrances.
• Please remember that your outward appearance (image) reflects not only you but the company.
• Body piercing and tattoos should be removed and or concealed with modesty.

Work Ethics and Standards

The most highly regarded professionals have very low rates of absenteeism and have the reputation of being dependable and highly responsible.

• Be on time when reporting for duty.
• If an employee is going to be late for work, he/she must call the office and not the client.
• It is the employee’s responsibility to ensure his/her reliable transportation to get to/from work or have reliable means to do so. He/She is also responsible to have reliable means of childcare.
• If an employee must be absent, it has to be for a valid and excusable reason such as illness. The office needs to be informed at once. A 4 (four) hour minimum notice is required prior to a scheduled shift. Attempts to call-in for any other reason may be grounds for written counseling. Attempting to call-in puts an undue burden on the Client Care Coordinator to reschedule your case. “Attempted call-in” is defined as any notification to the office staff that an employee will not be able to work a shift.

• **NO CALL + NO SHOW MAY RESULT IN TERMINATION.** Only a doctor’s excuse will be taken to assure that an employee will not be terminated. The employee is required to call the office when he/she cannot go to a scheduled shift. A disciplinary action will be taken.

• Employees who frequently call-in to a scheduled shift may be removed from the next 3 days scheduled shifts at the discretion of the client coordinator.

• Assignment record must be kept up to date; progress notes/payroll time slips are filled out completely on a daily basis. Progress notes must remain in the client’s home until the end of the week.

• When an employee is uncomfortable with an assigned job or when problems and conflicts arise, he/she needs to call the office without hesitation. **DO NOT LEAVE THE JOB OR REFUSE TO GO BACK.** The management will resolve the issue the best way possible for both the client and the employee.

• Do not repeat any information concerning a client. Again, confidentiality is essential. A breach of this clause is grounds for termination.

• Employees who quit with little or no notice will be considered non-rehire able. Please give two weeks written notice in order to protect your rehire status.

• Excessive absences may be grounds for counseling or termination. Excessive absence is defined as follows:
  1) More than two call-in’s in one month.
  2) A regular pattern of cancelled shifts.

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**Worker’s Compensation Coverage and Procedures**

Absolute HHC has elected to insure its worker’s compensation liabilities through Idaho State Insurance Fund.

Injuries sustained at work are covered by worker’s compensation laws. The employee needs to be aware that there are authorized medical providers in case of injury. All treatment for work related injuries are provided through an agency approved provider only. The designated Medical Provider is **Mercy North**. If you are not sure where to obtain medical treatment, contact the office.

If treatment is availed from a non-authorized medical provider, the employee may be responsible for payment of such treatment and its related medical expenses.

In the event of a life-or-limb-threatening emergency, call 911. However, a designated medical provider must provide any follow-up care.

The following procedures must be followed when an employee sustains a work-related injury:

• Any injury or involvement in an incident/accident that caused injury while at work must be reported immediately to the office before the end of your shift. A 24-hour on call staff is always available to attend to matters like this.

• Employees are required to complete an incident report at the office within 24 hours of said injury, unless you are hospitalized. A company rep. would then come to you.
• When permitted by the attending physician to return to work, documentation from the physician must be submitted to the office prior to the employee returning to work.

To monitor work-related injury closely, the employee is requested to voluntarily indicate in writing whether or not he/she has been involved in or has sustained a work-related injury during the payroll period.

**Work Place Safety**

At Absolute HHC, we know that Safety is essential to you, your clients, and your fellow workers. Remember to always think about the safe way to do your job BEFORE you start. No work is so important that it should be undertaken in an unsafe manner. An accident-free workplace is of paramount importance.

Only by your active participation can we maintain a safe work environment. We welcome your participation, suggestions, and questions. Most importantly, if you observe an unsafe work condition or practice, or know of faulty equipment or tools TALK TO THE CLIENT COORDINATORS. We will fully support your efforts and work the client and/or their family to correct the situation.

With the help of every one of us, we feel that accidents and injuries on the job can be eliminated.

**Safety Loss and Prevention**

Workers compensation insurance is required by law and is a significant part of this company’s insurance costs. This cost can be drastically reduced, by controlling the frequency of job-incurred injuries. Every supervisor and employee shall accept their responsibility for accident prevention and conduct him or herself, in a manner that will ensure their own safety and that of those working with and for them.

I. PHILOSOPHY

Absolute believes in and follows the principle that accidents are preventable. The humanitarian and economic issues resulting from accidents demand that accident prevention be given primary importance in every phase of the company’s activities. The objective is to prevent accidents by reducing or eliminating the unsafe acts or conditions that cause accidents.

II. RESPONSIBILITIES

A. To administer the policy, Absolute will:

- Provide the supervision necessary to assure development and implementation of safe work practices and procedures
- Comply with Federal, State, County and Municipal safety laws, regulations and codes
- do everything practical to provide and accident-free operation and provide all reasonable safeguards to ensure safe working conditions
- Encourage and promote employee participation concerning safety
- Make every effort to restore an injured employee to sound physical condition and place that employee back on the job as quickly as possible

B. The Administrator will:

- Distribute safety information in a manner that will reach and affect every employee under their supervision
• Review quarterly accident summary reports and take appropriate corrective action when accident trends are unfavorable
• Hold meetings with supervisors and employees to review safety conditions, safety procedures and specific hazards
• Conduct job safety analysis for positions under their supervision to develop safe work practices and procedures
• Review time-loss accidents personally to verify that accidents and accident causes have been investigated and proper corrective action taken
• Ensure that the necessary safety equipment and protective devices are provided for each job
• Include the ability and interest in working safely in the evaluation of employee performance
• Enforce established safety rules, practices and procedures; ensure that employees receive the training, instruction and guidance necessary to assure compliance

C. Immediate Supervisors will:

• Ensure that employees understand and observe safe work practices and procedures
• Instruct current and new employees on safe work procedures and emphasize specific job hazards and how to avoid them
• Inspect equipment and work areas and observe employees performing daily tasks to determine unsafe work habits, conditions and general housekeeping in the work area
• Make prompt, corrective action whenever unsafe conditions or acts are noted; immediately report any unsafe conditions beyond their ability or authority to correct
• Insist that employees report every accident whether or not an injury occurred.
• Investigate and submit a report within 24 hours of every accident
• Determine the cause of each accident and take corrective action
• Hold safety meetings with employees to promote safe work habits, discuss specific job hazards and request safety suggestions from employees
• Enforce safety rules, practices and procedures; ensure that employees receive the training, instruction and guidance necessary to assure compliance; ensure that each employee understands that violations will not be tolerated
• Ensure that the necessary safety equipment and protective devices are provided for each job
• Include the ability and interest in working safely in the evaluation of employee performance

D. Employees will:

• Act safely in daily activities and at no time do anything they expect could result in an accident or injury to themselves or others
• Follow specific safe work practices and procedures given them by their supervisor
• Be responsible for their own safe conduct
• Be alert to unsafe conditions and report them immediately to their supervisor
• Use all safety equipment provided and ensure guards are in place before operating machinery
• Take care of any tools, equipment or vehicles placed in their charge and report any needed repair or replacement necessary for safe use
• Not attempt to operate, repair or otherwise tamper with tools, equipment or vehicles without specific authorization
• Report all accidents immediately to their supervisor whether or not an injury occurred or a physician’s attention is necessary
• Obtain authorization, if practical, from their supervisor before seeking medical treatment

Employee Initials_______________
III. DISCIPLINARY ACTION

The Administrator and Supervisors shall take corrective measures as necessary to ensure safety rules and safe work practices and procedures are not violated. Initial corrective measures include employee training, instruction and guidance to achieve a positive attitude toward working safely. In every preventable accident, the employee shall be made aware that the company will not tolerate unsafe work practices. Preventable accidents include those caused by:

- Failure to use available personal protective equipment
- Failure to use proper lifting techniques
- Failure to observe hazardous footing conditions
- Careless or thoughtless acts
- Horseplay or practical jokes
- Misuse of equipment
- An employee under the influence of alcohol or drugs

In situations where there is a willful disregard for safety rules or the employee fails to accept and follow safe work practices, disciplinary action shall be considered. Disciplinary action may include verbal reprimand, written reprimand, disciplinary probation, suspension or dismissal. The following should be considered when determining whether disciplinary action is warranted:

- Action leading to the severity of the incident
- Unsafe acts and contributing negligence
- Previous accident violations
- Safety rule violations
- Repeated or willful disregard for safety rules
- Work and safety attitude
- Training and experience
- Environmental conditions and degree of exposure to hazardous conditions
- Use of personal protective equipment
- Immediate supervisor’s responsibility to have avoided the accident

IV. COMPANY SAFETY GOAL

It is the goal of Absolute to eliminate or reduce the number and severity of accidents through aggressive promotion of safe work practices within the company. This goal requires the full cooperation of management at all levels, first-line supervisors and employees. Safety and training programs reduce accidents as well as cost of operation. However, the first-line supervisor and employee have the first opportunity to recognize and eliminate unsafe conditions and work methods before an accident or injury occurs.

Human Resources – Part H – Job Description – Personal Care Giver

All employees will be required to sign acknowledgement of receipt of their job description. The acknowledgement will be kept in the employee personnel file and a copy given to the employee.

All employees are expected to render services to the clients as outlined below. All employees, regardless of their skill level or professional license, will be required to assist the client with homemaking tasks, i.e. washing dishes, laundry, light vacuuming, dusting, cleaning, equipment, and keeping the clients environment safe and clean. Employees may also be expected to assist in the care of pets.

All personnel are responsible to report client condition changes to their supervisor that affect
development change, and evaluation of client care plans. Staff assigned to cases will be expected to participate in case conferences to further accommodate the process.

A Personal Care Provider (PCP) or Caregiver is an individual who provides assistance by performing personal care services to clients of all ages with disabilities and chronic conditions. However, this assistance is limited to the performance of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

The scope of PCP services will include the following:

- Bathing, shampoo, personal grooming
- Mobility, ambulation, transfers
- Toileting, bowel and bladder elimination
- Nutrition, meal preparation and meal consumption
- Light housekeeping
- Laundry
- Transportation Assistance
- Other duties as assigned
- Shopping

The services provided to a client are based on and limited to a client’s care plan developed by Absolute, the client, and/or the client’s family. The care plan is based on an assessment of the client’s needs for services, developed in conjunction with a functional assessment and with the input from the client and/or client’s family. PCP services are tasks that are necessitated by a client’s disability or chronic condition that limits the client’s ability to perform functional activities or daily living (ADL’s) and instrumental activities of daily living (IADL’s). PCP services vary depending on the needs and requirements of each individual client. Client needs and requirements are documented through the client’s uniform assessment instrument. These services involve direct care from cueing/prompting to total assistance and may include the following activities:

- Assistance with activities of daily living and/or personal hygiene. These activities may include dressing, bathing, grooming, eating, routine hair, and skin care;
- Assistance with bladder and/or bowel requirements or toileting needs including helping the client to and from the bathroom, or assisting the patient with bedpan routines;
- Assistance with transfer activities and ambulation;
- The personal care aide does not administer medication but may assist by opening drug containers, medicine planners, opening the medication for the client and/or medicine reminders;
- Assistance with meal preparation. Examples of meal preparation activities include menu planning, storing, preparing and serving food;
- Assistance with housekeeping, tasks that include assistance with activities related to housekeeping that are essential to maintaining the client’s health and safety in the home. Examples of housekeeping tasks include, but are not limited to, changing bed linens, light housekeeping, laundering, washing dishes and shopping;
- Transportation services include accompanying and personally assisting clients on trips outside the home; is limited to medical appointments and grocery shopping.

**Services NOT Permitted:**

PCP services should never be confused with skilled nursing services. Services that are not permitted as personal care include the following:

- Application of dressings involving prescription medications and antiseptic techniques, including the treatment of moderate or severe skin problems
- Giving injections of fluids into veins, muscles, or skin
- Administration of medication (as opposed to assisting with self-administered medications);
- **Disposal of Medication is NOT permitted by the agency or the State.**
Arranging or handling of the medi-set is not permitted.
- Physical assessments
- Monitoring vital signs
- Cutting or filing of finger nails or toe nails.
- Transporting a client in a private car except when it is part of the service plan;
- Changing hours, days or increasing and/or decreasing time authorized;
- **Accepting or carrying keys of client’s home**
- Buying alcoholic beverages or cigarettes.
- Making long distance calls from the client’s phone;
- Loaning, borrowing or accepting gifts of money or personal items from the client
- Accepting or retaining money or gratuities for any reason other than that needed for the purchase of groceries or medications for the client.
- Performing home and outside maintenance. For example: lawn care, window washing, and woodcutting, moving furniture etc. These items are only permitted with prior authorization from the payer source is obtained. Check with the agency if you have questions.

**Human Resources – Part I – Job Description Private Duty Nursing**

**Job Summary:**
Provide/coordinate total health care for Private Duty clients, work cooperatively with client, client’s family and other team members, and participate in client/family teaching. Obtain a minimum of six (6) hours of continuing education per year.

**Job Qualifications:**
- Graduate from an accredited School of Nursing
- Current licensure by the Idaho Board of Nursing
- One year of skilled nursing experience preferred. Pediatric nursing experience is a plus.
- Willingness to accept supervision and instruction as needed.
- Pass a criminal history clearance prior to working
- Comply with the random drug testing program as requested
- Be committed to attendance as scheduled, and open to consider fill-in schedules if needed.

**Job Skills:**
- Knowledge and competence in technique and practice of the nursing profession
- Ability to communicate effectively using written and verbal media.
  - Ability to adapt and communicate with clients/families from a variety of cultural, economic and social backgrounds.

**Environmental and Working Conditions:**
Be able to work in all types of weather and home environments.
- Must be a licensed driver in the state of Idaho; have available a safe, well-maintained, properly insured vehicle, and be able to drive under conditions that may not be ideal.
- Delivery of patient care in home settings could expose the individual to communicable illnesses or diseases.

**Physical and Mental Effort:**
- Ability to lift and move 40 pounds
- Ability to hear and distinguish heart, lung, and bowel sounds
- Ability to see colors
- Ability to reach overhead to a height of 6 feet

Employee Initials____________
Ability to think clearly and logically, to maintain calm and continue to function effectively, developing priorities, even in stressful situations.

Responsibilities and Standards:
- Provide safe, skilled nursing assessments and care by following established policies and procedures.
- Report to the appropriate individual(s) any significant physical, emotional/mental and environmental changes, in timely manner (immediately if indicated and otherwise within the work day). These include reactions to treatments or medications.
- Work as part of the team with the Office Staff, the Supervising RN, medical Physicians, and the client/client’s family to utilize community services and resources to facilitate delivery of quality care. This may at times include accompanying the client/family to medical appointments for the safety of the client.
- Provide the client/client’s family with information to support their learning and understanding process, again for optimum quality care for the client.
- Communicate with the Supervising R.N. and/or physician of any changes in the physical status of the client.
- Complete documentation per policies and procedures.
- Participate in the economical utilization of supplies. Ensure that equipment used in the home is used in a safe and efficient manner.

Human Resources – Part J – Performance Evaluations – Field Staff
Employee evaluations are done at the successful completion of one year of employment, with agency compliancy. It is the responsibility of the employee to schedule his/her evaluation.

Employees are evaluated on the following, but not limited to job performance, time keeping, adherence to policy and procedure, professional appearance, attitude and compliancy. In addition, the employees are evaluated based on documentation, training and productivity.

Evaluations are produced by the result of a combined effort of the office staff, with participation of the Administrator, Human Resource Director, Client Coordinators, Administrative Assistant and the Nurse. Evaluations completed on any given day will be reflected on the next pay period’s hours and following paycheck.

Termination of Employment

Any of the following behaviours or actions is unacceptable and are grounds for disciplinary action including dismissal. These are only grounds for disciplinary action and are not considered to be comprehensive. Incidents arising such as these may include investigation by proper authorities if the situation warrants.

- False statements in the application of employment
- Excessive tardiness or absences
- No call, no show to a scheduled shift, without an acceptable excuse
- Falsification of records, including but not limited to time slips, progress notes, medical records
- Any act of negligence or malpractice which could cause physical harm to a client
- Insubordination such as refusal to carry out legitimate work requests indicated in the job description or care plan
- Working under the influence of intoxicating beverages or non-prescribed or illegal drugs
- Striking or manhandling another person or fighting while on duty
- Theft/Forgery
- Disclosure of confidential information without prior authorization
- Cancellations without sufficient notice and reason
- Unlawful Harassment
- Improper performance of job
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- Discourtesy to clients or other employees
- Smoking in prohibited areas; all providers must adhere to all clients no smoking policy
- Disregard of personal appearance, dress and hygiene
- Use of abusive or profane language
- Discussing wages or charges with clients or employees of facilities where employees may be assigned
- Visitation of family members or friends at the clients home
- Client care assistance of providers family member or friends that are not covered in the plan of care

**What to do**
Providers who self-terminate will be advised to write a letter to the agency. This is to protect the agency from future unemployment claims. On the other hand, when the agency terminates an employee, a written notice may or may not be issued. An exit interview may be conducted. However, the agency may also consider counselling of the provider with a witness. Final pay checks will be issued on the scheduled pay day unless otherwise requested or required by state law.

Terminated employees of the agency must return all company property including name badges, cell phones, keys, files, phone lists etc.