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Home Health Agency Administrative Policies *and* Procedures Manual

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MEDICARE HOME HEALTH CARE AGENCY ADMINISTRATIVE

POLICIES AND PROCEDURES MANUAL

ELECTRONIC PUBLICATION

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EDITING YOUR MANUAL

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There are a number of text placeholders that will need to be replaced with your agency's information. Text placeholders are as follows:

[AGENCY NAME] — Your agency's business name

[BUSINESS TYPE] — Your agency's business type

[STATE] — The state your agency is licensed in

[OPENING TIME] — Your agency's opening operating time

[CLOSING TIME] — Your agency's closing operating time

[GEOGRAPHIC COVERAGE AREA] — Your agency's geographic coverage area, including cities, towns, and/or counties

[HOLIDAYS OBSERVED] — Your agency's observed holidays that you will be closed for

[DOLLAR LIMIT] —Your agency's dollar limit within document

[JOB TITLE] — Your agency's Administrator title

[STATUS] — Your agency's status: for-profit or non-profit

To Find and Replace Text Placeholders:

1. On the Edit menu, click Replace.
2. In the Find what box, enter the placeholder text exactly as it is above that you want to search for.
3. In the Replace with box, enter the replacement text.
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1. Hold down CONTROL key, click the table of contents, and then click Update Field.
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ACCEPTANCE OF THE ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

I attest that the following administrative policies and procedures have been reviewed by me and have been accepted and approved by the Governing Body as the policies and procedures that guide the practices and services for [AGENCY NAME].

Owner/Administrator Date

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MEDICARE

HOME HEALTH AGENCY

ADMINISTRATIVE

POLICIES AND PROCEDURES

MANUAL

CoP Updated February 18, 2025

Accreditation Ready

ACHC Certified 2020

CHAP Certified 2020

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ORGANIZATION AND ADMINISTRATION

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MISSION STATEMENT

POLICY

The [AGENCY NAME]'s Governing Body has adopted a written mission statement that reflects its commitment to the provision of efficient, effective, quality home health care services to patients in the communities we serve. The agency will serve its patients with dignity and comfort, prioritize service goals based on patient/representative input, and deliver timely, coordinated, and culturally sensitive service.

PURPOSE

To serve as the guiding principles for the agency's personnel, policies, procedures, services, and programs.

PROCEDURE

1. The mission statement is established with appropriate interdisciplinary team and administrative staff input and review and approved by the Governing Body.
2. The mission statement is reviewed, revised (if needed), and approved at least every 36 months by the Governing Body.
3. The mission statement is included in all orientations. (not required by ACHC)
4. A written copy of the mission statement is available for patients or their representatives, referral sources, employees, and other interested parties.

EXAMPLE

[AGENCY NAME] is dedicated to providing excellent and respectful home health care agency services to patients served in our communities that are provided by qualified and dedicated personnel in a fiscally responsible manner.

REFERENCES:

CMS 42 CFR 484.100

ACHC HH1-2A

CHAP CI.1, CI.2

TJC: LD 01.03.01, LD 02.01.01; LD.03.04.01

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POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION

DEFINITIONS

Policy: A statement of principles formulated, approved, and enforced by the Governing Body/designees to direct and limit its actions as related to a specific subject.

Procedure: A set of established steps or a prescribed method to be followed routinely for optimally effective achievement of a desired result.

POLICY

[AGENCY NAME] follows an established process for the development, approval, implementation, and access to its policies and procedures. Agency policies and procedures reflect an emphasis of patient-centered care, data-driven quality, current and ethical standards of practice, patient rights, integrated communication and coordination of care and service transitions, and the agency's mission statement

Policies will conform to Medicare Home Health Care Conditions of Participation policies and procedures, state and federal regulations, and applicable home health care agency accreditation standards.

Administrative policies and procedures delineate lines of authority and responsibilities for governance, planning, public communications, financial control of the agency and its quality assessment and Quality Assessment and Performance Improvement Program

Operational policies and procedures define personnel management, infection control, and compliance with federal and state employment regulations.

Agency patient care policies and procedures are developed by the clinical management with staff input and approved by the Governing Body.

Exceptions to the Governing Body approval of procedures may occur due to legal or regulatory mandates, generally accepted clinical-based standards of practice, or manufacturer instructions for use and maintenance of agency equipment. The Administrator with clinical management will identify procedure approval exceptions.

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The Administrator or designee(s) may develop or amend policies and procedures on a need basis when required for the continuity of care and submit them for Governing Board approval.

The Governing Body will approve all new and revised policies and applicable procedures by electronic and/or written notation.

Policies and procedures will be reviewed and revised if needed at least annually by the Owner/Governing Board.

PURPOSE

1. To ensure a consistent methodology for the development, review, revision, approval and distribution of administrative and clinical policies and procedures.

2. To ensure accountability and responsibility in the oversight, review and approval of policies and procedures which direct the services of the agency.

PROCEDURE

1. Policies and procedures may be generated by staff or management suggestions and may be assigned to an individual or committee for development. Input from appropriate staff will be solicited during the development process. Outside consultants may be sought, if the policy involves greater subject expertise.

2. Policies and procedures will be written in a standardized format, maintained, and organized for efficient reference and access by the Administrator or designee, accessible via the Internet, and available to authorized personnel during normal business hours.

3. If the annual review of policies and applicable procedures results in a revision, the revision follows the same approval process. Policy reviews will be documented on the policies updated and on any new ones that are developed.

4. Upon review and approval, the President of the Governing Body will sign and date the “Acceptance of the Administrative Policies and Procedures Manual.” This form will appear at the front of the manual or by electronic signature.

5. Once approved, the Administrator will implement the policy by notifying affected persons and distributing related instructions (if needed) to affected entity managers for related staff education. If a policy or procedure requires competency testing to

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confirm new practice, the Administrator or designee will arrange for that competency testing.

6. Policies and procedures may be shared with community resources and facilities serving the agency patients for continuity of care, patients or their representatives, and federal and state authorities upon request. Personnel will have access to all policies including personnel policies

REFERENCES:

CMS 42 CFR 484.50

ACHC HH1-1A.01, HH4-6A.01

CHAP

TJC LD.04.01.0, LD.04.01.07

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GOVERNING BODY

POLICY

The Governing Body of [AGENCY NAME] assumes full legal authority and responsibility for the agency's overall management and operation and to operate in compliance with local, state, and federal regulations and applicable accrediting body standards, including the Medicare Home Health Care Conditions of Participation requirements. The Governing Body is responsible for the provision of all home health care agency services, fiscal and personnel management, review of the agency's budget and operational plans, and its quality assessment and performance improvement program. The Governing Body will notify regulatory agencies and accrediting bodies as appropriate of negative outcomes from reviews/regulatory inspections, surveys, sanctions and/or audits. The Governing Body is made up of individuals with relevant expertise to effectively govern the agency and follow its mission.

PURPOSE

1. To ensure patients are provided with appropriate, quality services.
2. To ensure delineated lines of authority are established for effective agency management.

PROCEDURE

As a legal entity in the state of [STATE] the duties and responsibilities of the Governing Body shall include:

1. Establishing and periodically reviewing no less frequently than every 36 months, the bylaws (or acceptable alternative), articles of incorporation, legal agreements, and mission statement that regulate the Governing Body conduct.
2. Defining the business structure and clearly indicating lines of authority.
3. Developing and approving strategic and operational plans including community needs assessments, budget, and capital expenditure requirements, and complying with all Medicare regulations regarding certification of home health care agencies.
4. Appointing a qualified Administrator delegated to have the authority and responsibility for the provision of services in accordance with state and federal regulations, accreditation standards, and agency mission, and who is required to comply with the agency's bylaws, mission statement, and other legal documents. The responsibilities of the Administrator are defined in the Administrator's job description; the Administrator reports to the Governing Body. The Governing Body also designates an individual to serve in the absence of the Administrator.

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5. Performing a yearly evaluation of Administrator, evaluating agency performance, and approving annual performance review.
6. Ensuring the agency applies the Medicare Conditions of Participation to both Medicare and non-Medicare patients for all programs.
7. Assuring that qualified, competent professionals are available for patient services.
8. Ensuring that all services furnished under arrangement provided by other entities or individuals meet necessary requirements.
9. Arranging for a PAC, as required by state licensure and/or Medicare Conditions of Participation, to assist the Administrator in the development and review of programs, policies, and procedures, including the identification of potential goals, outcomes, and measurements of accomplishments.
10. Arranging for professional advice as required for oversight of fiscal and/or operational affairs of the home health care agency.
11. Overseeing and approving the fiscal administration of the home health care agency including but not limited to financial statements, annual budget, capital expenditures, contracts, required licenses and insurances, and other legal functions as identified. The Governing Body holds the Administrator/designee responsible for fiscal management and providing for annual review or audit by auditor or accountant.
12. Assuring that new Governing Body members are oriented to the agency as appropriate to their responsibilities and accountabilities and are knowledgeable and responsive to key issues affecting the agency.
13. Approving new and/or revised policies and procedures that are consistent with the mission statement and assuring that a review of policies and procedures by qualified professionals occur annually.
14. Adopting and, at least annually, reviewing and approving the administrative, personnel, and patient care policies and procedures, licensure regulations, the annual operating budget, and capital expenditure plan.
15. Providing and maintaining adequate resources and an office facility adequately equipped for efficient work and confidentiality of clinical records.
16. Providing a safe working environment in compliance with local ordinances and regulations.
17. Providing access to industry associations, Center for Medicare Services (CMS) websites, and other resources as necessary to remain current with home health care agency related regulations and practices.
18. Assuring Governing Body, and personnel complete an annual Disclosure of Conflict of Interest form identifying professional and personal direct and indirect

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relationships, ownership and controlling interests. Maintaining these forms on file. Agency must furnish updated information to CMS, state agencies and accreditation bodies at intervals between recertification, or reenrollment, or contract renewals, within 30 days of a written request.

19. Ensuring accurate, complete, and signed minutes document actions taken at all official Governing Body meeting and retaining for a minimum of five years or state regulation mandate. Minutes are distributed as determined by the board.
20. Providing for proper licenses and insurance liability coverage.
21. A list of Governing Body members will be provided to regulatory, federal, and state agencies upon request and is maintained in the administrative file with the Governing Body minutes.
22. The Governing Body will meet at least twice a year and ad hoc quarterly or monthly based on agency needs. The members have access to monthly reports for review that may generate a request for a meeting. A quorum is defined as majority plus one.
23. Ensures that the agency complies with all federal and state laws and regulations.
24. Ensures that the agency does not refuse service to or employment to or in any way discriminate against any person.
25. Ensures the ongoing program for quality assessment and performance improvement (QAPI) and patient safety is defined, implemented, and maintained, approving the frequency and detail of data collection. The Governing Body must ensure the program reflects the complexity of the agency and services, including services by agreement; focuses on indicators related to improved outcomes, including the use of emergent care services, hospital admission and re-admissions; and takes action addressing the agency's performance across the spectrum of care, including the prevention and reduction of medical errors; and further ensures documentary evidence of the QAPI program is maintained and is able to demonstrate its operation to CMS.
26. Members of the Governing Body serve until they resign or are asked to step down. Failure to attend three consecutive meetings is considered a resignation.
27. The Governing Body may establish committees as deemed necessary. Such committees may meet ad hoc or regularly and may include:
    a. *Budget Committee:* A special committee, appointed by the Governing Board, assists in the preparation of the annual budget, and reviews the financial position of the agency. It presents a report of findings, recommendations (if any), and the proposed budget to the Governing Board on an annual basis. Written meeting minutes are maintained at the agency's office.

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b. *Professional Advisory Committee (PAC):* The agency utilizes a group of professional personnel to oversee and evaluate operations. At least one member of the PAC will be neither an employee of the agency nor the owner. The Governing Board approves the appointment of the PAC members. The committee meets at least twice a year to review policies and procedures, to assist with development and implementation of a community awareness program, and to evaluate the agency's total program. Written minutes of PAC meetings are maintained at the agency's office. Recommendations made by the PAC are presented to the Governing Board at least annually.

c. *Special Committees/Consultants:* The Governing Board may organize committees or hire consultants to undertake special projects. Such committees may be convened to study personnel issues, program development, and other matters related to agency operation and planning.

d. *Clinical Record Review Committee*: As part of the agency's overall Quality Assessment and Performance Improvement Program, appropriate health professionals, representing at least the scope of the program, is required to review a sample of both active and closed clinical records to determine whether established policies are followed in furnishing services directly or under contract at least quarterly. Any records reviewed by outside persons need to comply with HIPAA standards. This committee will receive a summary report of the record reviews to discuss the results and determine an appropriate improvement action plan if needed. Written minutes of meetings are maintained at the agency's office.

e. *Safety Committee:* As part of the agency's goal to maintain and resolve safety issues, a Safety Committee, appointed by the Administrator, will meet at least annually.

f. Continuous Quality Improvement Program (CQI): Skilled professionals will participate in the organization's CQI program

g. *Ethics Committee:* Appointed by the Administrator to ensure that all issues are resolved in an ethical manner, the Ethics Committee shall meet on an annual basis and, as special issues arise, meetings can be called as frequently as necessary.

h. *Policy Committee:* A review of all policies and procedures by a Policy Committee appointed by the Administrator will be completed on a yearly basis.

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REFERENCES:

CMS 42 CFR 484.12(b), 484.14(b), 484.16 Revisions 484.100; 484.100(a), (b), (c); 484.105; 484.105 (a), (b)(1); 484.105(h); 484.105(h)(4); 484.105 (e)(2)(3); 484.65; 484.65(b)(3); 484.65(e)

ACHC HH1-1B, HH1-2A, HH1-3A, HH1-9A.01, HH3-1A & B

CHAP LG.1; LG.3; LG.4; LG 12; FS.2, CQI 1.I M2

TJC: LD. 01.03.01, LD.04.01.05, LD.03.04.01; EM.01.01.01 EP1; EM.02.01.01EP1

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