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California

Skilled Home Health Agency Licensed Non-Accredited Administrative Policies *and* Procedures Manual

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EDITING YOUR MANUAL

This document's formatting is controlled using Word styles. It is a Microsoft Word document and should operate on systems using Office 98 software or higher. Kenyon HomeCare Consulting has done its best to ensure reformatting will be minimal for most agencies, but we do not assume liability for any formatting errors that may occur.

There are several 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.
4. Click Find Next, Replace, or Replace All.
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You can update either the whole table of contents or page numbers only.

1. Hold down CONTROL key, click the table of contents, and then click Update Field.
2. Click the option that you want.

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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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CALIFORNIA SKILLED HOME HEALTH AGENCY LICENSED NON-ACCREDITED ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

REVISED 2026-02-12

This manual has incorporated the California State Title 22 Division 5 Chapter 6 for home health agency related definitions and regulations.

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TABLE OF CONTENTS

ORGANIZATION AND ADMINISTRATION 1

Mission Statement 2
Written Administrative Policies Development and Implementation of Policies and Procedures 3
Governing Body 7
Orientation for Governing Body Members 11
Organizational Structure, Service Locations, and Hours of Operation 13
Organizational Chart 15
Annual Report: ALIRTS 16
Compliance/Whistleblower Policy 18
Fraud and Abuse 21
Disclosure Clause or Conflict of Interest 23
Public Disclosure 26
Report of Changes and Legal Requirements 27
Transfer of Ownership or Ceasing Business 30

PERSONNEL, VOLUNTEERS, AND CONTRACTORS 32

Equal Employment and Affirmative Action 33
Criminal History, Disclosure, and Background Inquiries 34
Personnel Selection 36
Personnel Requirements 38
Employee Health Assessment and Health Record 40
Personnel File Content and Management 42
Conditions of Employment 44
Orientation to Agency 45
Employee Education 48
Agency Resource Materials 50
Performance Evaluation 51
Supervision of Clinical Staff 54
Supervision of Non-Clinical Support Staff 57
Supervision of Home Health Aide/Personal Care Services 58
Supervision of Homemakers 62
Corrective Action 64
Personnel Grievances and Complaints 66
Smoke-Free Workplace 67

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Drug and Alcohol-Free Workplace 68
Drug Testing 70
Intimidation, Discrimination, and Harassment 72
Ethical Issues 74
Job Description: *Administrator* 77
Job Description: *Director of Patient Care Services* 81
Job Description: *Office Manager* 85
Job Description: *Quality Coordinator/Compliance Officer* 88
Job Description: *Nursing Supervisor* 91
Job Description: *Registered Nurse* 94
Job Description: *Licensed Vocational Nurse* 98
Job Description: *Physical Therapist* 101
Job Description: *Physical Therapy Assistant* 105
Job Description: *Occupational Therapist* 108
Job Description: *Occupational Therapist Assistant* 111
Job Description: *Speech Language Pathologist* 114
Job Description: *Masters-Prepared Social Worker* 117
Job Description: *Bachelors-Prepared Social Worker/Social worker assistant* 121
Job Description: *Dietitian* 124
Job Description: *Home Health Aide* 128
Job Description: *Homemaker* 132
Job Description: *Scheduler/Patient Care Coordinator* 135

PATIENT SERVICES AND CLINICAL PROGRAM 137

Scope and Availability of Home Health Care Services 138
Preventive, Treatment and Rehabilitation Services 140
Acceptance of Patients and Admission 147
Eligibility and Covered/Non-Covered Services Medi-Cal and Managed Care Insurance 150
Physician or Other Licensed and Legally Authorized Practitioner Licensure Verification 152
Informed Consent 154
Patient Rights and Responsibilities 157
Advance Directives 163
Comprehensive Assessment 166
Plan of Treatment; Plan of Care; Plan for Personal Care Services and Physican's Orders 168
Physician's Orders for Medication and Treatment 171
Significant Changes in Patient's Condition 173
Patient's Health Record 174

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Skilled Nursing Services 176
Physical Therapy Services 178
Occupational Therapy Services 180
Medical Social Worker Services 184
Home Health Aide Services 186
Homemaker Services 188
Dietary Counseling Services 190
On-Call Services 192
Laboratory Services, Including CLIA-Waived Testing 194
Telemedicine 196
Durable Medical Equipment and Supply Services 198
Contracted Services/Services by Arrangement 200
Coordination of Care 205
Case Conferences 208
Patient/Caregiver Education 209
Communicating with Patients 211
Pain Management 213
Behavior Management 216
Use of Restraints 218
Medication Administration 220
Medication Assistance 225
Medication Disposal 227
Advance Beneficiary Notices 229
Patient Transfer 235
Patient Discharge 237
Patient Expiration at Home 240
Medical Emergency Care 243

CLINICAL RECORDS/INFORMATION MANAGEMENT 249

Information Management Plan 250
Record Retention and Disposal 254
Notice of Privacy Practices 259
HIPAA Compliance for PHI* 261
Release and Disclosure of Patient Health Information 265
Patient Request for Restrictions on Use/Disclosure of PHI 268
Patient Privacy and Security 270
Patient Clinical Record Availability 273
Patient Health Records Contents and Documentation Patient Health Records 276

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QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT PROGRAM 279
QAPI Program and Clinical Record Review ... 280
QAPI Initiatives: Development, Data, Action Guides ... 287
Quality Assessment Performance Improvement: Executive Responsibilities ... 292
Annual Program Evaluation ... 295
Research ... 299
Patient Satisfaction Survey ... 300
Patient/Family Complaints and Grievances ... 301
Risk Management ... 303
Mandatory Reporting of Abuse and Neglect ... 305
Patient/Personnel Incident Reporting ... 308
Adverse Drug Reactions ... 310
Medication Errors ... 315
Adverse Events ... 317
INFECTION PREVENTION AND CONTROL 320
Infection Management/Exposure Plan ... 321
Tuberculosis Exposure Control ... 326
Hepatitis B Prevention/Vaccination ... 330
Universal Precautions ... 332
Employee Protective Equipment ... 336
Employee Exposure to Bloodborne Pathogens ... 337
Disposal of Needles, Syringes, and Sharps ... 339
Hazardous Waste Disposal ... 341
Reporting of Communicable Diseases ... 343
Reporting of Outbreaks ... 344
SAFETY 346
Safety Management ... 347
Workplace Safety ... 350
Safe Medical Devices Act/Medical Device Tracking ... 351
Personnel Safety ... 353
Pets in the Home ... 355
Food Handling ... 356
Fall Prevention ... 358
Violence in the Workplace ... 359
Home Environment/Safety Assessment ... 363
OSHA 300/300A/301 Logs ... 364

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EMERGENCY/DISASTER PREPAREDNESS 365
Emergency/Disaster Preparedness Plan and Procedures ... 366
Staff and Patient Home Safety-Evacuation Planning ... 374
FINANCIAL POLICIES 375
Financial Management ... 376
Fee Setting and Collections ... 379
Liability Insurance ... 381
Budget Preparation ... 382
Strategic Plan ... 383
Financial Monitoring ... 384
Chart of Accounts ... 385
Claims Submission and Denied Claims Processes ... 386
Billing Audits and Annual Financial Review ... 389
Accounts Receivable and Payable ... 390
Transportation Reimbursement ... 392
Payroll Compensation and Benefits ... 393
Petty Cash ... 395
Inventory/Fixed Assets ... 396
RESOURCE TOOLKIT 397
Compliance Plan Education Elements ... 398
Home Health Aide Training (Optional) ... 400
Samples of Suspected Home Health Care Compliance Violations ... 403
Developing a Patient Bill of Rights ... 404
Sample: Individual Statement Regarding Conflict of Interest ... 405
Advanced Directive and POLST Form ... 406
Sample: Continuous Care Personnel Orientation ... 407
Sample: Physician Dentist, Podiatrist or Other Licensed and Legally Authorized Practitioner Within His or Her Scope of Practice License Verification Request Form ... 410
Sample: Complaint Form ... 411
Sample: Employee Complaint Form ... 413
Sample: Patient Medication Disposal Form ... 415
Sample: Incident (Occurence) Report ... 416
Sample: Home Health Quality Grid ... 418
OSHA Injury and Illness Recordkeeping and Reporting ... 420
Research Informed Consent Form ... 421
Research Documentation ... 422

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California Title 22 Definitions 424
California License Requirements Title 22/Division 5/Chapter 6 429
California Title 22 Division 5 Chapter 6 Plans of Correction Requirements 435
REVISION HISTORY 436

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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. The agency shall not refuse service to or employment to or in any way discriminate against any person and shall remain in compliance with all federal and state Equal Opportunity and Affirmative Action regulations.

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.
4. A written copy of the mission statement is available for patients or their representatives, referral sources, Department representatives, 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:

California Title 22/Division 5/ Chapter 6: δ74717; δ74721

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WRITTEN ADMINISTRATIVE POLICIES DEVELOPMENT AND IMPLEMENTATION OF POLICIES AND PROCEDURES

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

Administrative policies shall be established and implement by [AGENCY NAME].

[AGENCY NAME] follows an established process for the development, approval, implementation, and access to its policies and procedures. Policies will conform to local, state regulations and federal statues, established for California Licensed Home Health Agencies..

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

The Administrator or designee(s) may develop or amend policies and procedures on as as-needed 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. A. Policies and procedures shall be reviewed and revised as necessary.

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2. B. Policies and procedures hall be made available upon request to patients or their representatives upon request.
3. C. Policies and procedures shall be made available upon request to the Department representative.
4. D. Written administrative policies may be captured in three aligning areas:
    a. a. Administrative policies and procedures delineate lines of authority and responsibilities for governance, planning, public communications, risk management, safety and security, and financial control of the agency.
    ~~b.~~ b. Operational policies and procedures define compliance with federal, state, and local personnel management and employment regulations, infection control, emergency preparedness and contingency planning with interruptions to patient care.
    c. c. Clinical policies and procedures are developed and implemented to ensure quality and safe care for patients. Agency patient care policies and procedures are developed by the clinical management with staff input, data analysis and approved by the Governing Body.
5. E . Policies include, and are not limited to the policy statement and agency procedures to ensure the intent of the policy statement:
    a. A plan to handle medical emergencies
    b. A statement that patients will be accepted for treatment or care on the basis of reasonable expectation that the patient's needs can be met by the agency;
    c. Reasons for patient termination;
    d. Clinical programs policies and procedures; infection
    e. Infection management plan including policies designed to prevent, identify, and control infections
    f. Provisions for a quality assessment and improvement program (QAPI);
    g. Written personnel policies shall include qualifications, responsibilities, and conditions of employment for each type of personnel and shall be available to all personnel
    h. Emergency/disaster preparedness plan; policies
    i. Policy and procedures regarding patient records and computerized patient records, data security, privacy and confidentiality, advanced directives.

Policy Develop and Implementation

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

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appropriate staff will be solicited during the development process. Outside consultants may be sought, when the policy involves greater subject expertise.

   a. A policy and procedure log or grid shall be maintained to capture changes and revisions and when applicable the date effective for regulatory compliance.

2. References should be cited in the development and revision of the policy and procedure and dated. Include the website or source of the reference, such as AFL, All Facilities Letter from , number date issued and effective date.

3. 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.

   a. Best Practice: Process flows, specific software instructions, agency u-tubs, references, etc. are encouraged to illustrate the intention of the policy and strengthen the procedure.

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.

   a. The date of review/revision should be entered on the policy.

   b. Best Practice: Date of distribution to the respective departments, staff, clinicians should be noted in the policy and procedure log.

   c. When the policy and procedure is provided in a staff/team meeting, attendance should be noted, the information filed.

      i. If attendee is late or absent a make-up should be scheduled to provide for accountability with the employee or services by agreement personnel or their supervisor for distribution. .

5. 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.

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

7. 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, state, and local authorities upon request. Personnel will have access to all policies including personnel policies.

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REFERENCES:

California Title 22/Division 5/Chapter 6 δ74721

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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 and ensure compliance with local, state regulations , and federal statues. 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, emergency preparedness plan, and performance improvement program.

The Governing Body shall ensure that the agency does not refuse service to or employment to or in any way discriminate against any person based on sex, race, color, religion, ancestry, national origin sexual orientation , disability, medical condition, marital status, veteran status, or registered domestic partner status.

PURPOSE

1. To ensure patients are provided with appropriate, quality services.
2. To ensure delineated lines of authority are established for effective agency management.
3. To ensure the agency is in compliance with local, state, and federal regulations.

PROCEDURE

As a legal entity in the state of California the **duties and responsibilities** of the Governing Body shall include:

1. Appoint a qualified Administrator delegated to have the authority and responsibility for the provision of services in accordance with local, state and federal regulations, and who is required to comply with the agency's bylaws, all other legal documents and mission statement. The responsibilities of the Administrator are defined in the Administrator's job description; the Administrator reports to the Governing Body.
2. Establish and periodically review no less frequently than every 36 months, the bylaws (or acceptable alternative), articles of incorporation, legal agreements, and [Agency business mission statement] that regulate the Governing Body conduct.
3. Assume responsibility for the management and fiscal affairs of the agency.
4. Define the business structure and clearly indicating lines of authority.
5. Develop and approve strategic and operational plans including community needs assessments, budget and capital expenditure requirements.
6. Designate an individual to serve in the absence of the Administrator.
7. Perform and approve an annual performance evaluation of the Administrator.

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~~8.~~ Evaluating the annual agency program evaluation, and the OSPHPD annual utilization report-ALIRTS.

~~9.~~ Assure qualified, competent professionals are available for patient services. Reviewing and approving the administrative personnel.

10. Arrange for professional advice as required for oversight of fiscal and/or operational affairs of the home health care agency.

11. Oversee, approve, and adopt the fiscal administration of the home health care agency including but not limited to financial statements, annual operating 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. Assure that new Governing Body members are oriented to the agency as appropriate to their responsibilities and are knowledgeable and responsive to key issues affecting the agency.

13. Approve new and/or revised policies and procedures [that are consistent with the mission statement] and assuring that a review of written administrative policies by qualified professionals occurs annually. Ensure timely implementation of new or revised policies and procedures.

14. Provide and maintain adequate resources and an office facility adequately equipped for efficient work and confidentiality of patient records.

15. Provide a safe working environment in compliance with local ordinances and regulations.

16. Provide access, not limited to: CDPH website, industry associations and websites, and other resources as necessary to remain current with home health care agency related regulations and practices and safety for all staff and patients.

17. Assure Governing Body and personnel complete an annual Disclosure Clause form, identifying professional and personal direct and indirect relationships, ownership, and controlling interests; maintaining these forms on file and assuring the Agency ~~must~~ shall furnish updated information to state agencies at intervals between recertification, or reenrollment, or contract renewals, within 30 days of a written request and assure any Report of Changes is submitted timely. Refer to 74665 for specifics of ownership or control interest of five percent or greater. Refer to 74667 for report of changes.

18. Ensure 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.

19. Approval of the Quality Management Program, organization of the program, effectiveness and documented evaluation of the overall agency functioning is presented to the Governing Body, a minimum of yearly. Evaluation includes accomplishments, status of approved goals, revisions, additions, not limited to the agency administrative, personnel, and clinical policies and procedures, infection

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control program, adequacy of management, supervision, and support performed on-site or by telecommunication, of paraprofessional and professionals. Adequacy of management supervision and support is based at a minimum oof the following considerations: total patient census, primary diagnosis/condition of patients, numbers/hours and types of visits conducted, services provided which require specialized training, , numbers, qualifications, experience and current competence of individuals providing care, level of care/service most often referred and required by the patient, service areas, how personnel provided care on the edge of the service area(s). Evaluation is not limited to personnel orientation, ongoing education, competency observation, and supervision; outcomes, incidents, occurrences and satisfaction of resolutions. The QA Program report includes dissatisfaction expressed by patients regarding the supervision of service and potential dissatisfaction of patient rights. Review and plans developed, implementation, and specified time frames shall be approved by the Governing Body.

Composition and Meeting Duties

1. The Governing Body is made up of individuals with relevant expertise to effectively govern the agency and follow its mission. 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.
2. The Governing Body will meet at least yearly and ad hoc 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.
3. 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.
4. The Governing Body may establish committees as deemed necessary. Such committees may meet ad hoc or regularly and may include:
    a. *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. Examples may be and are not limited to the following.
    b. *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.
    c. *Professional Advisory Committee (PAC):* The agency may establish and utilize 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. Duties may include review policies

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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.

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. The Clinical Record Review Committee may meet 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 analyzed by QAPI, and submitted to the Governing Body.

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. *Quality Assessment and Performance Improvement Program (QAPI) Committee*: As part of the agency's quality assessment and performance improvement program, a committee comprised of administrative, office and field staff will coordinate all QAPI activities. Written minutes of meetings are maintained in the agency's QAPI or Administrative office. A QAPI report shall be presented to the Governing Body.

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. Minutes will be kept and submitted to QAPI.

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~~.~~ and, as special issues arise, meetings can be called as frequently as necessary.

REFERENCES:

California Title 22/Division 5/Chapter 6: δ74717. δ74721; δ74742; δ74665; δ74667
Reference California Title 22/Division 5/Chapter 6: 74729; https://lfis.hcai.ca.gov/

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ORIENTATION FOR GOVERNING BODY MEMBERS

POLICY

[AGENCY NAME] provides a structured orientation for all new Governing Body members.

PURPOSE

1. To assure that new members are aware of their roles and responsibilities.
2. To assist new members' understanding of the agency, its mission, its goals and the regulations directing patient safety and operational compliance.

PROCEDURE

The agency will provide effective orientation to members of the Governing Body. This orientation shall minimally include:

1. Agency mission, philosophy, ethics, and goals
2. Roles and responsibilities, including federal, state, and local guidelines
3. Regulations for of a California Licensed Home Health Agency-Title 22, Division 5, Chapter 6
4. Calendar for meetings
5. Orientation to the agency
    a. Historic background of agency and overview of current services provided
    b. Organizational structure and chart and responsibilities of staff and clinicians
    c. Confidentiality practices and signing of confidentiality agreement
    d. Disclosure Clause policy and signing of Disclosure Clause form
    e. Agency standard published rates
    f. Operating and capital budget/funding sources
    g. Understanding of current payer sources
    h. Policies and procedures including patient and personnel grievances
    i. Recent CDPH surveys, audits from insurance contracts
    j. Patient handbook and Employee handbook

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6. Planning Functions Related to Development, Outcomes and Strategy
    a. Plan for annual agency annual program evaluation utilization and report-ALIRTS to be submitted annually by March 15th to Health Care Access information Health and Human Services agency, California
    b. Demographic data compilation, data benchmarks
    c. Quality Assessment and Performance Improvement measures and activities
    d. Infection Prevention and Control Program and resources
    e. Emergency Preparedness Plan
    f. Anticipated Changes and Future of Licensed Home Health Agencies
    g. Preparing for making a home visit with interdisciplines, attend a case conference, a day in the life of a home care professional

REFERENCES:

California Title 22/Division 5/Chapter 6 §74729; https://lfis.hcai.ca.gov/

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ORGANIZATIONAL STRUCTURE, SERVICE LOCATIONS, AND HOURS OF OPERATION

POLICY

[AGENCY NAME] is a California Licensed Home Health Agency, governed by a Governing Body and operated by administrative personnel. The agency follows its bylaws and an established plan of authority and responsibility.

PURPOSE

1. To ensure accountability and responsibility in the provision of effective home health care services.
2. To delineate lines of authority.

PROCEDURE

1. The agency is a licensed home health care agency with articles of incorporation and legal authority to operate under the laws of the state of California.
2. The Governing Body is ultimately responsible for all aspects of home health care agency operations and appoints the Administrator to handle day-to-day activities.
3. The Administrator assumes responsibility for the daily operations of the agency.
4. The agency's hours of operation are as follows:
    a. The agency's business hours are Monday through Friday from [OPENING TIME] a.m. to [CLOSING TIME] p.m.
    b. The office will be closed on [OBSERVED HOLIDAYS].
    c. Agency services are accessible 24 hours per day, 7 days per week, including weekends and holidays.
    d. On-call services are available after regular business hours including weekends and holidays.
5. The agency serves [GEOGRAPHIC COVERAGE AREA].
6. The agency maintains a current organizational chart that reflects the lines of authority and accountability of all personnel. Amendments will be documented as changes in the agency occur.
7. In the absence of the Administrator, a similarly qualified designee is available and Director of Patient Care Services (DPCS) has been designated by the Governing Body to assume responsibility for the agency and the services provided. In the absence of both the Administrator and the Director of Professional Services a qualified, experienced RN may be designated to assume supervisory responsibilities on a temporary basis. (Refer to California Title 22/Division

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5/Chapter 6 δ74667 to report changes to the Department within 10 working days.)

8.

9. The patient care and selection of competent personnel are the responsibility of the Director of Patient Care Services.

10. Appropriately qualified personnel are employed and report to Director of Patient Care Services, or designee, to deliver patient services.

REFERENCES:

California Title 22/Division 5/Chapter 6: δ74718; δ74667

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