Kenyon HomeCare Consulting

Smarter Solutions.
Better Outcomes.

Skilled Home Health Agency Administrative Policies *and* Procedures Manual

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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

[JOB TITLE] — Your agency's Administrator title

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1. On the Edit menu, click Replace.
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[AGENCY NAME]

[AGENCY LOGO]

SKILLED HOME HEALTH

ADMINISTRATIVE POLICIES & PROCEDURES MANUAL

Updated 2026-02-12

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 Owner/Governing Body as the policies and procedures that guide the practices and services for [AGENCY NAME]

Owner/Administrator Date

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ORGANIZATION AND ADMINISTRATION

POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION

DEFINITIONS

Policy: A Statement of principles formulated, approved, and enforced by the Owner/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 quality service, current and ethical standards of practice, client rights, and the agency's mission Statement.

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

Administrative policies and procedures delineate lines of authority and responsibilities for governance, planning, public communications, and financial control of the agency.

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

Agency client care policies and procedures are developed by the clinical management with staff input, reviewed, and approved by the Owner/Designees.

PURPOSE

1. To ensure accountability and responsibility in the oversight, review, and approval of policies and procedures that direct the services of the agency.
2. To delineate the authority for the approval process.

PROCEDURE

1. The home health agency is licensed in the State of STATE.
2. Policies and procedures will be written in a standardized format, approved by the Owner/designees, maintained on the Internet, and organized for efficient reference and access.
3. The Owner/designees will review annually all policies and procedures for needed changes.
4. The Clinical Supervisor may develop or amend policies and procedures and forward them to the Administrator for review. If the policy as amended or developed meets with the Administrator's approval, the Owner/Governing Body will be asked to approve it. Upon approval, the Administrator will sign and date the "Acceptance of the Administrative Policies and Procedures Manual." This form will appear at the front of the manual.
5. Once approved, the Administrator will implement the policy notifying affected persons and distributing related instructions (if needed) to related personnel education. If a policy or

procedure requires competency testing to confirm a 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 clients for continuity of care, clients or their representatives, and federal and State authorities upon request. Personnel will have access to all policies including personnel policies.

AGENCY RIGHTS AND RESPONSIBILITIES

POLICY

The [AGENCY NAME] Owner/Designees understands that as a licensed home health agency in the State of STATE it has certain rights and responsibilities and will adhere to those responsibilities.

PURPOSE

To ensure all responsibilities are met under State rules.

PROCEDURE

1. An applicant or licensee must:
    a. Comply with the provisions of the State rules.
    b. Maintain at least one in-State office location where records are kept, secured, and accessible.
    c. Display the license issued by the Department of Health in an area within the main office that is visible to the public, including branch office locations if applicable.
    d. Cooperate with the Department of Health during surveys which may include reviewing licensee records and conducting on-site visits with client or patient consent.
    e. Notify the Department of Health in writing within thirty days of any of the following:
        i. Changes of administrator, director of clinical services, or supervisor of direct care services.
        ii. Beginning or ceasing operation of any office location(s).
        iii. Ceasing operation of home care, home health, hospice, or hospice care centers services.
        iv. Decreasing home care, home health, or hospice service areas; and
        v. Survey or monitoring decisions and findings from a Department of Health approved accrediting organization, DSHS, or area agency on aging for agencies approved through substantial equivalency according to State rules.
    f. Request approval to expand State licensing home care, home health, or hospice service areas, by submitting an amended application, on forms provided by the Department of Health, which lists all service areas for which the agency is seeking approval and information based on the criteria in State rules.
    g. To request approval to expand services areas for home health or hospice agencies that are certified by the Centers for Medicare and Medicaid Services, a licensee must contact the Department of Health's certificate of need program and follow their separate application and approval process.
    h. Licensees must receive Department of Health approval for service area expansion prior to providing services in the proposed expanded service area(s).
3. [AGENCY NAME] understands that the Department of Health may:
    a. Conduct unannounced surveys at any time and at least once during a licensure period, except for agencies approved through substantial equivalency according to State rules.

b. Survey a licensee at any time if the Department of Health has reason to believe the licensee is providing unsafe, insufficient, inadequate, or inappropriate client or patient care.

c. Investigate any person suspected of advertising, operating, managing, conducting, opening, or maintaining an in-home service [AGENCY NAME] or providing in-home services, including hospice care center services, without a license unless exempt from licensure under State rules.

d. Investigate complaints against in-home services licensees that allege noncompliance with State rules.

e. Investigate allegations of noncompliance with State rules, and, when necessary, in consultation with law enforcement personnel.

f. Require the licensee to complete additional criminal history background checks and disclosure Statements for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable persons if the Department of Health has reason to believe that offenses specified under State rules have occurred since completion of the previous disclosure Statement and criminal background inquiry.

4. [AGENCY NAME] cooperates with the Department of Health during surveys which may include reviewing licensee records and conducting on-site visits with patient or client consent.

a. [AGENCY NAME] understands that to ensure compliance with State rules they will make available all documents and requested information at the request of the surveyors. If deficiencies are found the state is responsible to issue a statement of deficiencies. The Statement of deficiencies will include a brief Statement of what is required to achieve compliance, the date by which the Department of Health requires compliance to be achieved, contact information for any technical assistance services provided by the Department of Health and notice of the process and timeline for requesting an extension of time for good cause to achieve compliance.

i. Require licensee to submit a written plan of correction within ten working days of receipt of the Statement of deficiencies to address deficiencies that are determined too not be significant, broadly systemic, or recurring.

ii. Under this chapter, a "plan of correction" is a form developed by the Department of Health and completed by the licensee that de-scribes:

A. How each deficiency will be or was corrected.

B. What measures or monitors will be put in place to ensure the deficiencies do not recur?

C. Who is responsible for correcting each deficiency; and when each deficiency will be or has been corrected.

iii. The licensee must complete all corrections within sixty days unless the Department of Health authorizes a longer time frame for correction of some of the deficiencies. Implementation of the plan of correction is subject to verification by the Department of Health.

b. Issue a directed plan of correction following a survey which identifies deficiencies that are determined to be significant, broadly systemic, and are not in the categories specified in State rules. For which a licensee may be subject to a formal enforcement action.

i. The Department of Health may choose to issue a directed plan of correction if the Department of Health deems the plan of correction submitted by the licensee to be

unacceptable because the actions proposed will not correct the deficiencies, will take too long, or fails to protect the public health, safety, and welfare.

ii. Implementation, progression, and completion of the directed plan of correction may be verified by the Department of Health.

c. Deny, restrict, condition, modify, suspend, or revoke a li-cense and assess civil monetary penalties as authorized in State rules.

d. Summarily suspend or limit a license pending an enforcement action as authorized in State rules if deficiencies are identified that pose an imminent risk of harm to clients or patients.

e. The licensee shall sign and return the completed plan of correction or directed plan of correction to the Department of Health on or before the required date.

5. Neither the requirement to submit a plan of correction nor a directed plan of correction is an [AGENCY NAME] action for which an adjudicative hearing must be afforded to the licensee.

6. The failure to correct the deficiencies in the Statement of deficiencies or the failure to comply with the plan of correction or directed plan of correction may be grounds for an action against the license or a civil monetary penalty under State rules.

7. If the Department of Health initiates action to deny, restrict, condition, modify, suspend, or revoke a license or to assess civil monetary penalties as authorized in State rules, the applicant or licensee will be afforded an adjudicative hearing opportunity under State rules.

8. Responding to a "Directed plan of correction" developed by the Department of Health, based on a current Statement of deficiencies and a licensee's survey history, which specifies the corrective actions the licensee must take and time frames in which those actions are to be completed by submitting to the Department of Health within ten working days of receipt, a written plan of correction for each deficiency. It is further understood that all corrections will be completed within sixty days after the survey exit date, unless otherwise specified by the Department of Health; and no longer than ninety days after the survey exit date, a progress report describing corrections made and ongoing monitoring actions, unless otherwise specified by the Department of Health.

9. The Department of Health is responsible to provide a licensee with:

   a. a written Statement of deficiencies found during a survey; and

   b. a written service area approval or denial.

10. It is understood that the licensed Home Health [AGENCY NAME] may:

    a. Discuss findings observed during a survey with the surveyor, and

    b. Discuss the Statement of deficiencies, denial of service area under State rules, or denial of an exemption under State rules with the Department of Health's manager.

11. Further it is understood that the [AGENCY NAME] has the right to respond to and contest a Statement of charges according to the following provisions:

    a. The Department of Health has the authority for license approval, denial, restriction, conditioning, modification, suspension, and revocation.

DEPARTMENT OF HEALTH RESPONSIBILITIES.

1. The Department of Health may, in accordance with State rules:

a. Issue an initial license including the in-home services category(ies) and Department of Health approved service area(s), if applicable, for twelve months following submission of a completed application and appropriate fee and following a survey that documents the applicant meets all the requirements of this chapter.

b. Issue a renewal license including the in-home services category(ies) and Department of Health approved service area(s), if applicable, for a twenty-four-month period following submission of a completed application and appropriate fee.

2. Issue a license for change of ownership including the in-home services category(ies) and Department of Health approved service area(s), if applicable, to the new licensee for the remainder of the current license period following submission of the required information and appropriate fee, under State rules. The Department of Health may:

a. Conduct surveys at any time and at least once during a licensure period to determine compliance with State rules, except for agencies with deemed status under State rules.

b. Conduct one licensing survey inclusive of all in-home services categories.

c. Investigate any person suspected of:

i. Advertising, operating, managing, conducting, opening, or maintaining an in-home service [AGENCY NAME] or providing in-home services, including hospice care center services, without a license unless exempt from licensure under State rules; or

ii. Survey a licensee at any time if the Department of Health has reason to believe the licensee is providing unsafe, insufficient, inadequate, or inappropriate care.

d. Investigate allegations of noncompliance with State rules, when necessary, in consultation with law enforcement personnel.

e. Require licensees to complete additional disclosure Statements and background inquiries for an individual associated with the licensee or having direct contact with children under sixteen years of age, people with developmental disabilities, or vulnerable adults if the Department of Health has reason to believe that offenses specified under State rules have occurred since completion of the previous disclosure Statement and criminal background inquiry.

f. Approve, deny, or revoke requests by home health, hospice or home care agencies for initial service area or service area expansion based on:

i. The licensee's demonstrated ability or inability to comply with this chapter as illustrated by substantiated complaint history, survey outcomes or enforcement action; and

ii. Evidence of the licensee's ability or inability to manage and supervise services throughout the approved service area under criteria listed in State rules.

g. Approve, deny, restrict, condition, modify, suspend, or revoke a license under this chapter under State rules.

h. Issue a Statement of deficiencies following a survey which identifies noncompliance with State rules and this chapter; and

i. Prepare and serve upon the licensee or applicant at the earliest practical time a Statement of charges following a survey which identifies noncompliance with State rules. The Statement of charges shall be accompanied by a notice that the licensee or applicant may request a hearing to contest the charges.

SUBSTANTIAL EQUIVALENCY

According to State rules Substantial equivalency to the State survey requirement. To ensure compliance with State rules, the Department of Health has the following substantial equivalency options apply that satisfy the State survey requirement:

1. An in-home services licensee that is approved to provide home health or hospice services and is certified by the federal Medicare program is not subject to the STATE survey requirement when the following have been met:
    a. The Department of Health has determined that the applicable survey standards of the certification program are substantially equivalent to those required by State rules.
    b. Verification that an on-site Medicare survey has been conducted during the previous twenty-four months; and
    c. The licensee or the federal Medicare program submits to the Department of Health the information required in subsection (4) of this section.
2. An in-home services licensee that is approved to provide home health or hospice services and is accredited by a Department of Health approved certification or accrediting organization is not subject to the STATE survey requirement when the following have been met:
    a. The Department of Health has determined that the applicable survey standards of the certification or accrediting program are substantially equivalent to those required by State rules.
    b. Verification that an on-site accreditation survey has been conducted during the previous twenty-four months; and
    c. The licensee or the certification or accrediting program submits to the Department of Health the information required in subsection (4) of this section.
3. An in-home services licensee that is approved to provide home care services under contract with and monitored by DSHS or the AAA to provide home care services is not subject to the STATE survey requirement when the following have been met:
    a. The Department of Health has determined that the applicable survey standards of DSHS or the AAA are substantially equivalent to those required by State rules.
    b. Verification that an on-site DSHS or AAA monitoring has been conducted during the previous twenty-four (24) months.
    c. The licensee has submitted to the Department of Health a copy of the final executed contract; and
    d. DSHS or the AAA submits to the Department of Health copies of monitoring reports and other relevant reports or findings that indicate compliance with licensure requirements, and the monitoring reports include samples of private pay clients, if applicable.
4. An in-home services licensee that is approved to provide home health or hospice services and is accredited by a Department of Health approved accrediting organization or certified by the federal Medicare program, which wants to be exempt from the State survey requirement as authorized in State rules, must submit to the Department of Health:
    a. Verification of initial or ongoing accreditation or certification; and

b. A copy of the most recent decisions and findings of the ac-crediting organization or the federal Medicare program based on an on-site survey within the twenty-four-month period preceding the request for State survey exemption.

5. Nothing in this section shall prevent the Department of Health from:

a. Conducting validation surveys of agencies consistent with State rules.

b. Conducting initial surveys for applicants applying for initial licensure or licensees applying to add a new service category to their existing license under this chapter.

c. Surveying in-home services licensees who have service categories that are not Medicare certified, accredited, or monitored by DSHS or the AAA; and

d. Investigating complaints against in-home services licensees approved through substantial equivalency.

PLAN OF OPERATIONS

POLICY

[AGENCY NAME] has an established plan of operations for agency and has a system in place to assure updates the plan of operation that reflect current practice, and services provided by the [AGENCY NAME], and State and local laws.

PURPOSE

1. To ensure accountability and responsibility for compliance with State requirements.
2. To delineate the authority for the approval process.

PROCEDURE

[AGENCY NAME] has established and implemented policies and procedures which include a written plan of operation identifying:

1. A description of the organizational structure.
2. Personnel job descriptions.
3. Responsibilities of contractors and volunteers.
4. Services to be provided.
5. The days and hours of [AGENCY NAME] operation; and
6. Criteria for management and supervision of services throughout the service area(s) which include:
    a. How the initial assessment and development of the plan of care will be completed per State rules.
    b. How patient needs will be met when assigned personnel, volunteers, or contractors are unable to serve the patient.
    c. How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of State rules.
    d. How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per State rules; and
    e. How the quality improvement program required in State rules will be applied throughout the approved service area.
7. A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's needs.
8. A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to State rules.
9. Time frames for filing documents in patient records.
10. Emergency preparedness that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal agency operations. Include, at

minimum: Risk assessment and emergency planning, communication plan, informing local officials of patients in need of evacuation, and staff training and drills to test emergency plan.

11. Have an identified Administrator who is responsible for:

    a. Overseeing the day-to-day operation and fiscal affairs of the [AGENCY NAME].

    b. Implementing the provisions of this section.

    c. Designating in writing an alternate to act in the administrator's absence.

    d. Providing management and supervision of services throughout all approved service areas according to State rules.

    e. Arranging necessary services.

    f. Keeping contracts current and consistent with State rules.

    g. Serving as a liaison between the licensee, personnel, contractors, and volunteers.

    h. Ensuring personnel, contractors and volunteers are currently credentialed by the State of STATE, when appropriate, according to applicable practice acts and consistent with State rules.

    i. Ensuring personnel, contractors and volunteers comply with the licensee's policies and procedures.

    j. Implementing a quality improvement process consistent with State rules.

    k. Managing recordkeeping according to State rules.

    l. Ensuring supplies and equipment necessary to patient care are available, maintained, and in working order.

    m. Ensuring the accuracy of public information materials; and

    n. Ensuring current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.

12. The licensee must continue to update its plan of operation to reflect current practice, services provided by the [AGENCY NAME] and State and local laws.

ORGANIZATIONAL STRUCTURE

POLICY

[AGENCY NAME] is a [LEGAL TYPE; LLC, S CORP] owned and operated by the owners and administrative staff and follows an established plan of authority and responsibility.

PURPOSE

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

PROCEDURE

1. [AGENCY NAME] is a licensed Home Health agency operating under the laws of the State of STATE.
2. Responsibility for the daily operations of the agency is assumed by the Owner/Administrator.
3. The client care and personnel operations of the agency are the responsibility of the Owner/Administrator.
4. [AGENCY NAME] hours of operation are as follows:
    a. [AGENCY NAME] hours are Monday through Friday from [START TIME] a.m. to [END TIME] p.m.
    b. The office will be closed on [HOLIDAYS OBSERVED]
    c. [AGENCY NAME] services are accessible 24 hours per day, 7 days per week, including weekends and holidays.
    d. On-call services are available after regular home health agency hours including weekends and holidays.
5. Agency serves [COUNTIES] in STATE.
6. The client service and personnel operations of the agency are the responsibility of the Clinical Supervisor. In the absence of the Administrator, the Clinical Supervisor acts as the alternate and 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 Clinical Supervisor, an RN with the required experience may be designated to assume supervisory responsibilities on a temporary basis.
7. The governing body/owner is responsible for reviewing and making recommendations on proposed policies and procedures for approval.
8. 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.
9. Appropriately qualified personnel are employed and report to the Clinical Supervisor to deliver client services.

10. In the absence of the Owner/Administrator, the Supervisor shall assume responsibility for the organization and the services provided.
11. In the absence of both the Owner/Administrator and the Supervisor, an RN with the required experience may be designated to assume supervisory responsibilities.
12. Home Health services are delivered by appropriately qualified staff reporting to the Supervisor.