

SAMPLE MANUAL

Put Company Name Here Private Home Care Provider

(Also Called Non-Medical Home Care Agency Provider)

Policy & Procedure Manual

COMPANY NAME

Address

Ph: #

Fx: #

Email: Address

Website: domain

COMPANY NAME

Policy and Procedure Manual

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(Table of Contents has 27 categories of information)

COMPANY NAME
Policy and Procedure Manual
Governing Body

290-5-54-.04 – Governing Body	
0401 – Governing Body	Page 1

Policy for the Administrative Governing Authority

The governing body assumes full legal authority and responsibility for the operation, management, Clients' right, privacy, and financial liability of Your Company Name Here. The governing body serves as the governing authority for the facility, which will function according to our rules and standards.

- No member of the governing body, administration, or staff associated with our agency will serve as a representative or legal guardian for a Client.

(Governing Body has 1 page)

Service Description

290-5-54-.09(1) – Administration and Organization	#7 – PHCP Checklist
0901 - Services Description	Page 1 of 6

Purpose: To define the scope of private home care services offered.

Policy: To provide services to Clients in their own environment based on Georgia rules, regulations, and laws.

Our service plan will include, but not be limited to the following:

Personal Care Services:

- Supervision of personal care: bathing, toileting, shaving, eating, dressing, transferring; laundry.
- Supervision of nutrition, meals, snacks, medication, and actual provision of supportive devices, as needed and required.
- Laundry assistance as needed and required.
- Dust, vacuum, change bed linens, mop floors, clean bathrooms, remove trash, set garbage cans out for pick-up, water plants, assist with paying bills, and other light cleaning as requested.
- Emergency transportation, transportation to/from medical appointments, therapy, personal shopping, recreating, and other community activities, if desired.

(Service Description has 6 pages)

COMPANY NAME
Policy and Procedure Manual
Service Agreement Form

90-5-54-.09(2) – Administration and Organization	#8 – PHCP Checklist
0902-17 – Service Agreement Form	Page 2 of 9

1. **Consent of Service.** Service Agency referred to herein as “Your Company Name Here.” I hereby give Your Company Name Here my consent to use or disclose any protected health information to carry out my treatment, to obtain payment from insurance companies and for health care operations like quality reviews. I further consent that protected health information may be received or released by Your Company Name Here by various means including but not limited to personal conversation, telephone, mail, e-mail, or facsimile. I have reviewed the Notice of Privacy Practices of Your Company Name Here prior to signing this Consent. I understand that Your Company Name Here has the right to change their privacy practices. I understand that I have the right to request a restriction of how my protected health information is used. However, I also understand the Your Company Name Here is not required to agree to this request. If Your Company Name Here agrees to my requested restrictions, they must follow those restrictions. I have not requested a restriction of how my protected health information is used. I also understand that I may revoke this consent at any time, by making a request in writing, except for information already used or disclosed.

(Service Agreement Form has 9 pages)

Retention and Confidentiality

290-5-54-.09(4)b – Administration and Organization	#11 – PHCP Checklist
0932-34 – Retention and Confidentiality	Page 1 of 5

Purpose: To have written records pertaining to how our agency maintains and secures our Clients’ records.

Policy: It is our agency’s policy to have each Client’s file maintained and secured. Each Client will have their own separate folder or binder with written records pertaining to each Client’s own personal care services. Our policy is to keep all our Client’s records locked in our agency’s office. Records will not be kept in the Client’s home, but will be offsite at our agency’s office in a locked room.

Maintenance and Security of Client Records

Our staff members who have completed the documentation training in their initial intake process, also known as the privileging process, authorized to write in the Client’s record. Reports will be signed off by the Director or Administrator. Client records will be retained for a minimum of five years from date service was last rendered.

(Retention and Confidentiality has 5 pages)

COMPANY NAME

Policy and Procedure Manual

Get More Information:

For additional information on getting licensed as a non-medical home care agency provider in your state contact the office of Care Enterprise, LLC at 770-966-5236, www.careenterprisellc.com, or contact@careenterprisellc.com.