Company Policy And Procedure Manual


For

The Home and Community Support Services Agency (HCSSA) Category of Service:

Personal Assistant Services (PAS)

Prepared By:
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Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Approval Date</th>
<th>Changes Made to Document</th>
</tr>
</thead>
<tbody>
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The following Policy and Procedures were last reviewed:

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These policy and procedures have been approved by:

_____________________________________        ________________
Kimberly Byrd, Agency Administrator                     Date

_____________________________________        ________________
Douglas Byrd Jr. Alternate Agency Administrator      Date
Table of Contents

Version History ......................................................................................................... 2
Acknowledgement & Consent To Company Policy & Procedures Manual ...................... 6
1.0 ORGANIZATION DESCRIPTION .......................................................................... 7
   1.1 About Us ....................................................................................................... 7
   1.2 Introductory Statement – Overview of the Procedural Manual ............................ 7
   1.3 Our Mission, Vision & Values ........................................................................ 8
   1.4 Code Of Ethics ............................................................................................ 8
   1.5 Rights of the Elderly .................................................................................... 9
   1.6 Clients Rights and Responsibilities ............................................................... 9
   1.7 Important Office Information ...................................................................... 10
   1.8 Emergency Closing ..................................................................................... 10
   1.9 Scope Of Services Statement ..................................................................... 11

2.0 ADMINISTRATIVE RULE “26 Texas Administrative Code (TAC) Chapter 558” .......... 11
   2.1 Administrative Rule Transfers .................................................................... 11
   2.2 Health and Human Services Rulemaking .................................................... 11
   2.3 Applicability .............................................................................................. 11
   2.4 HHS Handbooks ......................................................................................... 12
   2.5 40 TAC Chapter 97 vs 26 TAC Chapter 558 .................................................. 12

Division 2: Conditions of a License ........................................................................... 19
   §558.210 - Agency Operating Hours ................................................................... 20
   §558.217 - Agency Closure Procedures and Voluntary Suspension of Operations .... 22
   §558.220 - Service Areas .................................................................................. 24

Division 3: Agency Administration .............................................................................. 26
   §558.241 - Management ................................................................................... 27
   §558.242 - Organizational Structure and Lines of Authority ................................. 28
   §558.242 - Organizational Communication Tree ............................................... 29
   §558.243 - Administrative and Supervisory Responsibilities & §558.244 - Qualifications. 30
      A. Administrator §97.243(a)–(b) .................................................................. 30
      §558.243 - Alternate Administrator and Supervisory Responsibilities & §558.244 Qualifications .... 32
      B. Alternate Administrator §558.243(a)–(b) .................................................. 32
   §558.245 - Staffing/Personnel Policies ................................................................ 34
   §558.246 - Personnel Records .......................................................................... 41
§558.247 - Verification of Employability and Use of Unlicensed Persons.............................................. 47
§558.248 - Volunteers .......................................................................................................................... 52
§558.249 - Self-Reported Incidents of Abuse, Neglect, and Exploitation........................................... 53
§558.250 - Agency Investigations ...................................................................................................... 57
§558.251 - Peer Review ..................................................................................................................... 63
§558.252 & §558.254 - Financial Solvency and Business Records ...................................................... 64
§558.253 - Disclosure of Drug Testing Policy ..................................................................................... 65
§558.254 - Billing and Insurance Claims ........................................................................................... 69
§558.255 - Prohibition of Solicitation of Patients/Clients ................................................................... 70
§558.256 - Emergency Preparedness Planning and Implementation .................................................. 71
§558.259 & §558.260 - Training in Administration of Agencies ............................................................. 74

Division 4.  Provision and Coordination of Treatment Services .......................................................... 76

§558.281 - Client Care ....................................................................................................................... 77
§558.282 - Client Conduct, Responsibility and Client Rights ................................................................ 79
§558.284 - Laboratory Services ........................................................................................................ 83
§558.285 - Infection Control Precautions ........................................................................................... 84

H&S Code Chapter 81 – Communicable Diseases ............................................................................... 88
H&S Code Chapter 85 - Acquired Immune Deficiency Syndrome And Human Immunodeficiency Virus Infection ........................................................................................................... 89
Hepatitis B Vaccination ..................................................................................................................... 89

§558.286 – Disposal of Special or Medical Waste ................................................................................. 90
§558.287 - Quality Assessment and Performance Improvement ......................................................... 92
§558.288 – Coordination of Services .................................................................................................. 95
§558.289 – Independent Contractor and Arranged Services ............................................................... 97
§558.290 – Backup Services and After-Hours Care .......................................................................... 99
§558.291 - Agency Dissolution ........................................................................................................... 100
§558.293 - Client List and Service ..................................................................................................... 102
§558.294 - Timeframes for The Initiation Of Care ............................................................................ 103
§558.295 - Client Transfer of Discharge Notification Requirements ............................................... 104
§558.296 - Physician Delegation and Performance of Physician- Delegated Tasks ............................. 108
§558.297 - Receipt of Physician Orders ............................................................................................ 108
§558.298 - Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel and Tasks Not Requiring Delegation .................................................................................. 110
§558.299 - Nursing Education, Licensure and Practice .................................................................. 111
§558.300 - Medication Administration………………………………………………………………………………… 112
§558.301 - Client Records…………………………………………………………………………………………………… 114

Subchapter D. Additional Standards Specific to License Category and Specific to Special Services… 119

§558.404 - Standards Specific to Agencies Licensed to Provide Personal Assistance Services……… 120
Acknowledgement & Consent To Company Policy & Procedures Manual

I **acknowledge** that I have received a copy of the Cross Generational Home Health Care, LLC, d/b/a Home Helpers Home Care “Policy and Procedures Manual (“Manual”), specific to Health and Human Services”.

I understand and agree that I will read and comply with the policies contained in this Manual and any revisions, am bound by the provisions contained therein, and that my continued employment is contingent on following those policies.

I **understand** as a condition of my employment it is my obligation at all times during my employment to fully comply with all of the responsibilities set forth in the Manual.

I **understand** that if I have questions, at any time, regarding the Manual, I will consult with my immediate supervisor or the Agency Administrator.

I also understand

- That the Manual is a guide and not a contract.
- That as a guide this Manual does not represent all terms and conditions of employment applicable to me.
- That this Manual is not an employment agreement and I am employed at-will and either Cross Generational Home Health Care, LLC, d/b/a Home Helpers Home Care or I may terminate my employment at any time with or without cause and with or without notice.
- That the policies set forth in the Manual may, and probably will be updated or otherwise modified, amended, or canceled from time-to-time and that Cross Generational Home Health Care, LLC, d/b/a Home Helpers Home Care will attempt to provide me notice of such changes, but that I may not always get such notice.
- That the Cross Generational Home Health Care, LLC, Agency Administrator shall have sole authority to add, delete or adopt revisions to the policies in this Manual. Any written or oral statement by a supervisor or department director contrary to the personnel policy manual is invalid and should not be relied upon by any employee.
- That My signature below verifies that I understand company policies and procedures and that I agree to follow them.

________________________________________________________________________________________
Employee Name (Printed)

________________________________________________________________________________________
Employee Signature

________________________________________________________________________________________
Date

This signed copy of this agreement will be placed in your personnel file.
1.0 ORGANIZATION DESCRIPTION

1.1 About Us

Cross Generational Home Health Care, LLC d/b/a Home Helpers Home Care provides two distinct services, in home non-medical care which may include personal care, companion care, and respite care. We also use “Direct Link” to provide in home monitoring for both routine health screenings, emergencies, and telehealth. Although these are two separate services, a client may have one or both. Caregivers will assist individuals with activities such as hands on personal care, medication reminders, companionship, transportation to and from appointments or general shopping outings, light housekeeping, basic meal preparation, and concierge services. The duties that the caregivers perform and the hours of service are tailored to each Individual and can be performed in the client's home, a family member's home, or in the community at the direction of the Individual and or the payer source.

Direct Link offers a suite of personal emergency and routine monitoring services including Land Line PERS units, cellular PERS units, and Fall Sensor PERS units. Vital Sign monitoring systems including Blood Pressure, Weight, Glucose checks, Pulsox monitoring with results reporting directly to a Doctor, and a timed Pill Dispenser is available for those clients that need reminded when and what pills to take. All services offered are specifically tailored to each individual. Several services are also able to be configured in a mobile capacity allowing the services in the client's home, a family member's home, or in the community at the direction of the Individual and or the payer source.

Cross Generational Home Health Care, LLC d/b/a Home Helpers Home Care is primarily located at 1452 Hughes Road, Suite 200, Grapevine TX 76501; however, a second office is located at 15807 Tampke PL, San Antonio, TX 78247. The Agency was organized in May 2020 and the Managing Member, who owns 100% of the company independently, shall also work as an employee of the Agency. The geographical areas served encompass all of Colleyville, Grapevine, Euless, and Bedford.

Cross Generational Home Health Care LLC, dba Home Helpers Home Care is an agency that provides non-medical care services to individuals, primarily in their personal residence. In-home care services include, but are not limited to:

- **Companion Care:** non-medical, basic standby supervision to ensure a client’s safety, comfort and well-being.
- **Homemaking Services:** assistance with housecleaning, laundry, meal prep, respite, transportation for appointments, errands, shopping, and outings
- **Personal Care:** assistance with activities of daily living
- **Respite Care:** providing assistance and support to primary Caregivers, usually a family Caregiver.

1.2 Introductory Statement – Overview of the Procedural Manual

The Cross Generational Home Health Care, LLC d/b/a Home Helpers Home Care (“Company”) Policy and Procedures Manual (“Manual”) is a guide for the Company and ALL employees, contractors and volunteers providing Personal Assistant Services (“PAS”) to clients in the state of Texas.

- The Manual aligns with Texas Administrative Code (TAC), Title 26 (Health and Human Services), Part I (Health and Human Services Commission) and Chapter 558 (Licensing Standards For Home And Community Support Services Agencies) and it specifically identifies the policy/rules that ALL employees of the Company must follow when administering (PAS) and meeting the needs of clients.

- In contrast to the employee handbook, the “Manual” also provides detailed descriptions and instructions for how the Company will ensure compliance with 26 TAC 558 and perform certain tasks or supporting policies provided in the employee handbook.

- The procedure manual is more of a “How To” document or playbook to guide the steps to completing a job. There may be some overlapping information with the employee handbook, but its real purpose is to outline Standard Operating Procedures (SOPs) and be a step-by-step guide. For example, there may be a section on Requesting a Leave of Absence in both, but the employee handbook would outline the guidelines for the policy and include any legal parameters, while the procedure manual would go into more detail about how an employee requests the leave, what forms they need to fill out, who they send them to, who approves the leave, and what other documentation they may need.

- Some of the policies might be HR-related, however, there may also be some SOPs which are more job-specific or the company may have multiple procedure manuals based on the content. Note that the Policy manual is available via, paper documents and/or virtual documents, which are stored electronically.
1.3 Our Mission, Vision & Values

We will support individuals with various physical, mental, or developmental debilitations to achieve greater independence, choice, and opportunities in their lives. We will continuously improve our system of accessible services to be innovative and people centered.

Cross Generational Home Health Care, LLC d/b/a Home Helpers Home Care is committed to the fiscally responsible provision of non-medical personal care to the residents of the communities we serve. We embrace the communities we live and serve in, and are committed to a philosophy of caring, quality, and reliability. This mission can only be accomplished through a deep partnership with our Caregivers.

Our Mission
Become the most TRUSTED and RESPECTED provider of comprehensive home care services and support for individuals who choose to remain independent wherever they call home.

Our Vision
We are the extended family when the family can’t be there. Our goal is to make life easier by delivering the same exceptional care we would expect for ourselves and our families. We will provide services to support any individual wherever they call home.

Our Values
Care, Service, Trust, Respect, Accountability

1.4 Code Of Ethics

Employees Shall Respect The Rights of Our Clients.

Employees shall not:

(1). Consume the client’s food and/or drinks or use the client’s personal property without the client’s offering and consent.

(2). Bring children, pets, friends, relatives, or anyone else to the client’s home.

(3). Take the client to the Caregiver’s place of residence.

(4). Consume alcoholic beverages or use medicines, drugs, or other chemical substances not in accordance with the legal, valid, prescribed use/or in any way that impairs the Caregiver in the delivery of services to the client.

(5). Discuss personal issues or religious or political beliefs with our clients and others in the care setting.
(6). Accept, obtain, or attempt to obtain money, or anything of value, including gifts or tips from our clients, household members or family members of the client.

(7). Engage with the client in sexual conduct or in conduct that may be reasonably interpreted as sexual in nature, regardless of whether or not the contact is consensual.

(8). Leave the home for a purpose not related to the provision of services without notifying the supervisor, the client’s emergency contact person, any identified caregiver, and/or the client’s case manager; or, for client-directed services, leave the home without consent and/or knowledge of the client.

(9). Engage in activities that may distract the Caregiver from responsibilities, including, but not limited to:

(10). Watching television or playing computer or video games.

(11). Making or receiving personal telephone calls. Emergency calls must come through the office, and you will be notified.

(12). Engaging in non-care related socialization with persons other than the client.

(13). Providing care to individuals other than the client.

(14). Smoking without the consent of the client (never in client’s home, even with permission).

(15). Engage in behavior that causes or may cause physical, verbal, mental, or emotional distress or abuse to the client.

(16). Engage in behavior that may reasonably be interpreted as inappropriate involvement in the client’s personal relationships.

(17). Sell or purchase consumer products or personal items from the client.

(18). Use the client’s vehicle or transport a client while providing Passport services unless prior authorization is received from the case manager via the Home Helpers Office.

(19). Engage in behavior that constitutes a conflict of interest, takes advantage of or manipulates certified services resulting in unintended advantage for personal gain that has detrimental results for the client, the client’s family or caregivers, or another provider.

1.5 Rights of the Elderly
In addition to the protections enjoyed by all Texans, state law provides special rights and protections for elderly individuals, including anyone 60 and over. Section 102.003 of the Texas Human Resources Code explains these rights. Refer to Rights of the Elderly

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company) recognizes that all clients have fundamental, overarching rights to information, fair treatment and autonomy over medical decisions, among other rights. These include the rights to receive effective communication, to participate in care decisions, to give informed consent, to know care providers and to participate in end-of-life decisions. It also includes considerate care that safeguards their personal dignity and safety, provides for the confidentiality of and access to their medical information and respects their cultural, psychological and spiritual values. When clients understand and accept their rights and responsibilities, they become partners in care with the health care team, Company, and the caregivers. The Company informs all clients and their representatives of their rights and responsibilities while receiving Personal Assistant Services from the Company. All Company employees, volunteers, and contractors are held accountable for supporting and upholding those rights.

1.6 Clients Rights and Responsibilities
The basic rights of human beings for independence of expression, decision, and action, and concern for personal dignity and human relationships are always of great importance. During sickness, or the inability of a personal to perform his/her Activities of Daily Living (ADL) or Individual Activities of Daily Living (IADL), the presence or absence of these rights becomes a vital, deciding factor in survival and recovery. Thus, it becomes a prime responsibility for Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company) to endeavor to assure that these rights are preserved for its clients.

In providing personal assistant services, Cross Generational Home Health Care LLC, d/b/a Home Helpers Home Care (Company) also have the right to expect behavior on the part of clients and their relatives and friends. The following basic rights and responsibilities of clients are considered reasonably applicable to the Company. Refer to Clients Rights and Responsibilities
1.7 Important Office Information

- Address: Grapevine Vineyard Center II
  1452 Hughes Road, Suite 200
  Grapevine TX 76501
- Business hours: 8am – 5pm (CST) but available 24/7
- Phone number Caregivers and staff should call/text – after hours & daily
  o (817) 873-5102 work, call between the hours of 8am – 5pm (CST)
  o (817) 600-5393 mobile, call after 5pm and on Weekends
  o If you’re unable to get ahold of the office, call the Agency Administrator at (210) 313-8567 mobile
  o In case of emergency, call 911 before calling the office.

If the agency is closed during the agency’s operating hours or between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, the person in charge to include the (Administrator. Alternate Administrator or Designated Agency Representative) shall:

1. Post a notice, a visible location outside the agency that will provide information regarding how to contact the person in charge,
   and;
2. Leave a message on an answering machine or similar electronic mechanism that will provide information regarding how to contact the person in charge

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1.8 Emergency Closing

In case of a natural or man-made disaster, pandemic etc., the Agency Administrator of Cross Generational Home Health Care shall refer to its Emergency Preparedness And Response Plan (EPRP) that comprehensively describes its approach to a disaster that could affect the need for its services or its ability to provide those services to the clients. The EPRP is based on a risk assessment that identifies the disasters from natural and man-made causes that are likely to occur in the agency's service area and it specifies how clients will be triaged dependent of the assignment of degrees of urgency to wounds or illnesses that is used to decide the order of treatment of clients/casualties.

Responsibility: The Cross Generational Home Health Care, EPRP is the responsibility of the Agency Administrator and Alternate Administrator. The Agency Administrator, (Primary Disaster Coordinator) and Alternate Administrator, (Alternate Disaster Coordinator) are responsible for developing, maintaining, and implementing the Agency's EPRP during each phase.

Applicability: The Home Helpers Home Care EPRP applies to all clients, employees, and volunteers of Home Helpers Home Care. The scope of this plan is intended to encompass all hazards. This plan may be consulted when responding to any and all emergencies. When encountering a situation which has not been expressly addressed in this plan, use good judgment and the guiding principles outlined below.

Framework: The plan provides the framework, which includes conducting risk assessments that will assist the agency in addressing the needs of the client population, along with identifying the continuity of business operations which will provide support during an actual emergency. In addition, the EPRP supports, guides, and ensures the agency’s ability to collaborate with local emergency preparedness officials. This approach is specific to the location of the facility and considers hazards most likely to occur in the surrounding area. These include, but are not limited to:

- Natural disasters
• Man-made disasters,
• Facility-based disasters that include but are not limited to:
  o Care-related emergencies
  o Equipment and utility failures, including but not limited to power, water, gas, etc.
  o Interruptions in communication, including cyber-attacks
  o Loss of all or portion of a facility, and
  o Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking, and generators), and in some cases, medications, and medical supplies (including medical gases, if applicable).

1.9 Scope Of Services Statement

Service excellence is critical to Home Helpers Home Care (the agency) in fulfilling its Mission. It is important that each staff member possess a strong working knowledge of the services we provide.

The following is a list of core services provided by Home Helpers and will be identified on the Individualized Service Plan:

• Companionship Care
• Errand Services
• Laundry & Linen Service
• Light Housekeeping
• Meal Preparation
• Medicine Reminder ONLY
• Personal Care (ambulation, transfer, personal hygiene, dressing, toileting, eating) etc. Refer to 26 TAC 558.2 (87-88)
• Pet care – dog walking, etc
• Shopping for groceries or clothes or other items
• Transportation to doctor or therapy sessions

2.0 ADMINISTRATIVE RULE “26 Texas Administrative Code (TAC) Chapter 558”

2.1 Administrative Rule Transfers

As required by Texas Government Code §531.0202(b), the Department of Aging and Disability Services (DADS) was abolished effective September 1, 2017, after all of its functions were transferred to the Texas Health and Human Services Commission (HHSC) in accordance with Texas Government Code §531.0201 and §531.02011. So the information that was available on the DADS website moved to the HHS website or https://hhs.texas.gov/about-hhs

Rules of the former DADS were codified in Title 40, Part 1, and have been repealed or administratively transferred to Title 26, Health and Human Services, as appropriate. To accommodate the large volume of new and old rules, the Secretary of State created new Title 26, Health and Human Services.

2.2 Health and Human Services Rulemaking


Refer To: https://hhs.texas.gov/laws-regulations/policies-rules/health-human-services-rulemaking

Refer To: https://hhs.texas.gov/laws-regulations/policies-rules/health-human-services-rulemaking

2.3 Applicability

These are the Home Helpers Home Care Policies and Procedures that identify the day to day operations and defines the role it plays in the community. These policies follow the basic regulations and codes that govern this category of service, Personal Assistance Service).
Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care must maintain compliance with the following state regulations:

- Health and Safety Code, Chapter 142
- Title 26 Texas Administrative Code (TAC), Chapter 558 **
- Title 40 Texas Administrative Code, Chapter 99
- Title 22 Texas Administrative Code, Part 11, Chapter 225

NOTE:** PAS agencies must follow all sections of Subchapters A, B, C, E, F, G and the PAS-specific rule section in Subchapter D §558.404.

2.4 HHS Handbooks

HHS has many handbooks, which outline the rules employees and contracted providers are held accountable for when providing services to eligible Texans. They provide these for all Texans to view as part of our effort to be transparent in service delivery. Refer to https://hhs.texas.gov/laws-regulations/handbooks

2.5 40 TAC Chapter 97 vs 26 TAC Chapter 558

Refer to: https://hhs.texas.gov/laws-regulations/policies-rules/texas-administrative-code
<table>
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<th>Move to</th>
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<td>Title 40. Social Services and Assistance Part 1. Department of Aging and Disability Services</td>
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</tbody>
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**Subchapter A. General Provisions**

<table>
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<tr>
<th>Current Rule</th>
<th>Move to Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>§97.1. Purpose and Scope.</td>
<td>§558.1. Purpose and Scope.</td>
</tr>
<tr>
<td>§97.2. Definitions.</td>
<td>§558.2. Definitions.</td>
</tr>
<tr>
<td>§97.3. License Fees.</td>
<td>§558.3. License Fees.</td>
</tr>
</tbody>
</table>

**Subchapter B. Criteria and Eligibility, Application Procedures, and Issuance of a License**

<table>
<thead>
<tr>
<th>Current Rule</th>
<th>Move to Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>§97.11. Criteria and Eligibility for Licensing.</td>
<td>§558.11. Criteria and Eligibility for Licensing.</td>
</tr>
<tr>
<td>§97.15. Issuance of an Initial License.</td>
<td>§558.15. Issuance of an Initial License.</td>
</tr>
<tr>
<td>§97.21. Denial of an Application or a License.</td>
<td>§558.21. Denial of an Application or a License.</td>
</tr>
<tr>
<td>§97.27. Application and Issuance of a Branch Office License.</td>
<td>§558.27. Application and Issuance of a Branch Office License.</td>
</tr>
<tr>
<td>§97.29. Application and Issuance of an Alternate Delivery Site License.</td>
<td>§558.29. Application and Issuance of an Alternate Delivery Site License.</td>
</tr>
<tr>
<td>§97.31. Time Frames for Processing and Issuing a License.</td>
<td>§558.31. Time Frames for Processing and Issuing a License.</td>
</tr>
</tbody>
</table>

**Subchapter C. Minimum Standards for All Home and Community Support Services Agencies**

<table>
<thead>
<tr>
<th>Current Rule</th>
<th>Move to Rule</th>
</tr>
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<tbody>
<tr>
<td>§97.201. Applicability.</td>
<td>§558.201. Applicability.</td>
</tr>
<tr>
<td>§97.211. Display of License.</td>
<td>§558.211 Display of License.</td>
</tr>
<tr>
<td>§97.212. License Alteration Prohibited.</td>
<td>§558.212 License Alteration Prohibited.</td>
</tr>
<tr>
<td>§97.214. Notification Procedures for a Change in Agency Contact Information and Operating Hours.</td>
<td>§558.214 Notification Procedures for a Change in Agency Contact Information and Operating Hours.</td>
</tr>
<tr>
<td>§97.216. Change in Agency Certification Status.</td>
<td>§558.216 Change in Agency Certification Status.</td>
</tr>
<tr>
<td>§97.218. Agency Organizational Changes.</td>
<td>§558.218 Agency Organizational Changes.</td>
</tr>
<tr>
<td>§97.219. Procedures for Adding or Deleting a Category to the License.</td>
<td>§558.219 Procedures for Adding or Deleting a Category to the License.</td>
</tr>
<tr>
<td>§97.220. Service Areas.</td>
<td>§558.220 Service Areas.</td>
</tr>
<tr>
<td>§97.222. Compliance.</td>
<td>§558.222 Compliance.</td>
</tr>
<tr>
<td>Division 3. Agency Administration</td>
<td>Division 3. Agency Administration</td>
</tr>
<tr>
<td>§97.244. Administrator Qualifications and Conditions and Supervising Nurse Qualifications.</td>
<td>§558.244 Administrator Qualifications and Conditions and Supervising Nurse Qualifications.</td>
</tr>
<tr>
<td>§97.247. Verification of Employability and Use of Unlicensed Persons.</td>
<td>§558.247 Verification of Employability and Use of Unlicensed Persons.</td>
</tr>
<tr>
<td>§97.249. Self-Reported Incidents of Abuse, Neglect, and Exploitation.</td>
<td>§558.249 Self-Reported Incidents of Abuse, Neglect, and Exploitation.</td>
</tr>
<tr>
<td>§97.251. Peer Review.</td>
<td>§558.251 Peer Review.</td>
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<tr>
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<tr>
<td><strong>Division 4. Provision and Coordination of Treatment Services</strong></td>
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</tr>
<tr>
<td>§97.284. Laboratory Services.</td>
<td>§558.284. Laboratory Services.</td>
</tr>
<tr>
<td>§97.286. Disposal of Special or Medical Waste.</td>
<td>§558.286. Disposal of Special or Medical Waste.</td>
</tr>
<tr>
<td>§97.290. Backup Services and After Hours Care.</td>
<td>§558.290. Backup Services and After Hours Care.</td>
</tr>
<tr>
<td>§97.294. Time Frame(s) for the Initiation of Care or Services.</td>
<td>§558.294. Time Frame(s) for the Initiation of Care or Services.</td>
</tr>
<tr>
<td>§97.295. Client Transfer or Discharge Notification Requirements.</td>
<td>§558.295. Client Transfer or Discharge Notification Requirements.</td>
</tr>
<tr>
<td>§97.300. Medication Administration.</td>
<td>§558.300. Medication Administration.</td>
</tr>
<tr>
<td>§97.303. Standards for Possession of Sterile Water or Saline, Certain Vaccines or Tuberculin, and Certain Dangerous Drugs.</td>
<td>§558.303. Standards for Possession of Sterile Water or Saline, Certain Vaccines or Tuberculin, and Certain Dangerous Drugs.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
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</tr>
<tr>
<td>§97.321</td>
<td>Standards for Branch Offices.</td>
</tr>
<tr>
<td>§97.322</td>
<td>Standards for Alternate Delivery Sites.</td>
</tr>
<tr>
<td>Subchapter D. Additional Standards Specific to License Category and Specific to Special Services</td>
<td>Subchapter D. Additional Standards Specific to License Category and Specific to Special Services</td>
</tr>
<tr>
<td>§97.401</td>
<td>Standards Specific to Licensed Home Health Services.</td>
</tr>
<tr>
<td>§97.402</td>
<td>Standards Specific to Licensed and Certified Home Health Services.</td>
</tr>
<tr>
<td>§97.403</td>
<td>Safety Of Life And Protection Of Property</td>
</tr>
<tr>
<td>§97.404</td>
<td>Standards Specific to Agencies Licensed to Provide Personal Assistance Services.</td>
</tr>
<tr>
<td>§97.405</td>
<td>Standards Specific to Agencies Licensed to Provide Home Dialysis Services.</td>
</tr>
<tr>
<td>§97.407</td>
<td>Standards for Agencies Providing Home Intravenous Therapy.</td>
</tr>
<tr>
<td>Subchapter E. Licensure Surveys</td>
<td>Subchapter E. Licensure Surveys</td>
</tr>
<tr>
<td>Division 1. General</td>
<td>Division 1. General</td>
</tr>
<tr>
<td>§97.501</td>
<td>Survey and Investigation Frequency.</td>
</tr>
<tr>
<td>§97.503</td>
<td>Exemption From a Survey.</td>
</tr>
<tr>
<td>§97.505</td>
<td>Notice of a Survey.</td>
</tr>
<tr>
<td>§97.507</td>
<td>Agency Cooperation with a Survey.</td>
</tr>
<tr>
<td>§97.509</td>
<td>Survey of a Branch Office, Alternate Delivery Site, and Services Provided.</td>
</tr>
<tr>
<td>Division 2. The Survey Process</td>
<td>Division 2. The Survey Process</td>
</tr>
<tr>
<td>§97.521</td>
<td>Requirements for an Initial Survey.</td>
</tr>
<tr>
<td>§97.523</td>
<td>Personnel Requirements for a Survey.</td>
</tr>
<tr>
<td>§97.525</td>
<td>Survey Procedures.</td>
</tr>
<tr>
<td>§97.527</td>
<td>Post-Survey Procedures.</td>
</tr>
<tr>
<td>Subchapter F. Enforcement</td>
<td>Subchapter F. Enforcement</td>
</tr>
<tr>
<td>§97.601</td>
<td>Enforcement Actions.</td>
</tr>
<tr>
<td>§97.602</td>
<td>Administrative Penalties.</td>
</tr>
<tr>
<td>§97.603</td>
<td>Court Action.</td>
</tr>
<tr>
<td>§97.604</td>
<td>Surrender or Expiration of a License.</td>
</tr>
<tr>
<td>Subchapter G. Home Health Aides</td>
<td>Subchapter G. Home Health Aides</td>
</tr>
<tr>
<td>§97.701</td>
<td>Home Health Aides.</td>
</tr>
<tr>
<td>Subchapter H. Standards Specific to Agencies Licensed to Provide Hospice Services</td>
<td>Subchapter H. Standards Specific to Agencies Licensed to Provide Hospice Services</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Division 1. Hospice General Provisions</strong></td>
<td><strong>Division 1. Hospice General Provisions</strong></td>
</tr>
<tr>
<td>§97.801. Subchapter H Applicability.</td>
<td>§558.801 Subchapter H Applicability.</td>
</tr>
<tr>
<td><strong>Division 2. Initial and Comprehensive Assessment of a Hospice</strong></td>
<td><strong>Division 2. Initial and Comprehensive Assessment of a Hospice</strong></td>
</tr>
<tr>
<td>§97.810. Hospice Initial Assessment.</td>
<td>§558.810 Hospice Initial Assessment.</td>
</tr>
<tr>
<td>§97.811. Hospice Comprehensive Assessment.</td>
<td>§558.811 Hospice Comprehensive Assessment.</td>
</tr>
<tr>
<td>§97.813. Hospice Client Outcome Measures.</td>
<td>§558.813 Hospice Client Outcome Measures.</td>
</tr>
<tr>
<td><strong>Division 3. Hospice Interdisciplinary Team, Care Planning, and Coordination of Services</strong></td>
<td><strong>Division 3. Hospice Interdisciplinary Team, Care Planning, and Coordination of Services</strong></td>
</tr>
<tr>
<td>§97.820. Hospice Interdisciplinary Team.</td>
<td>§558.820 Hospice Interdisciplinary Team.</td>
</tr>
<tr>
<td>§97.823. Coordination of Services by the Hospice.</td>
<td>§558.823 Coordination of Services by the Hospice.</td>
</tr>
<tr>
<td><strong>Division 4. Hospice Core Services</strong></td>
<td><strong>Division 4. Hospice Core Services</strong></td>
</tr>
<tr>
<td>§97.832. Hospice Nursing Services.</td>
<td>§558.832 Hospice Nursing Services.</td>
</tr>
<tr>
<td>§97.833. Hospice Medical Social Services.</td>
<td>§558.833 Hospice Medical Social Services.</td>
</tr>
<tr>
<td><strong>Division 5. Hospice Non-Core Services</strong></td>
<td><strong>Division 5. Hospice Non-Core Services</strong></td>
</tr>
<tr>
<td>§97.843. Hospice Aide Qualifications.</td>
<td>§558.843 Hospice Aide Qualifications.</td>
</tr>
<tr>
<td>§97.846. Services Provided Under a State Medicaid Personal Care Benefit.</td>
<td>§558.846 Services Provided Under a State Medicaid Personal Care Benefit.</td>
</tr>
<tr>
<td><strong>Division 6. Hospice Organization and Administration of Services</strong></td>
<td><strong>Division 6. Hospice Organization and Administration of Services</strong></td>
</tr>
<tr>
<td>§97.851. Hospice Services Provided by a Licensed Person.</td>
<td>§558.851 Hospice Services Provided by a Licensed Person.</td>
</tr>
</tbody>
</table>

§558.852. Hospice Governing Body and Administrator.

§97.853. Hospice Infection Control Program.

§558.853. Hospice Infection Control Program.


§97.855. Criminal Background Checks.

§558.855. Criminal Background Checks.

§97.856. Hospice Alternate Delivery Sites.

§558.856. Hospice Alternate Delivery Sites.

§97.857. Hospice Staff Training.

§558.857. Hospice Staff Training.

§97.858. Hospice Medical Director.

§558.858. Hospice Medical Director.

§97.859. Hospice Discharge or Transfer of Care.

§558.859. Hospice Discharge or Transfer of Care.

§97.860. Provision of Drugs, Biologicals, Medical Supplies, and Durable Medical Equipment by a Hospice.

§558.860. Provision of Drugs, Biologicals, Medical Supplies, and Durable Medical Equipment by a Hospice.

§97.861. Hospice Short-term Inpatient Care.

§558.861. Hospice Short-term Inpatient Care.

Division 7. Hospice Inpatient Units

Division 7. Hospice Inpatient Units

§97.870. Staffing in a Hospice Inpatient Unit.

§558.870. Staffing in a Hospice Inpatient Unit.

§97.871. Physical Environment in a Hospice Inpatient Unit.

§558.871. Physical Environment in a Hospice Inpatient Unit.

Division 8. Hospices That Provide Hospice Care to Residents of a Skilled Nursing Facility, Nursing Facility, or Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions

Division 8. Hospices That Provide Hospice Care to Residents of a Skilled Nursing Facility, Nursing Facility, or Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions

§97.880. Providing Hospice Care to a Resident of a Skilled Nursing Facility, Nursing Facility, or Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions.

§558.880. Providing Hospice Care to a Resident of a Skilled Nursing Facility, Nursing Facility, or Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions.
## Division 2: Conditions of a License

| TITLE 26 | Health and Human Services |
| PART 1   | Health and Human Services Commission |
| CHAPTER 558 | Licensing Standards for Home and Community Support Services Agencies |
| SUBCHAPTER C | Minimum Standards for All Home and Community Support Services Agencies |
| DIVISION 2 | Conditions of A License |
§558.210 - Agency Operating Hours

I. PURPOSE

The purpose of this policy is to identify the agency's operating hours and the procedures that must be taken during after-hours.

II. APPLICABILITY

This policy applies to all employees, volunteers, and contactors of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care.

III. POLICY

A. Home Helpers operating hours are 8AM – 5PM, Monday through Friday, excluding the following holidays, when the Home Helpers office shall be closed.

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Date Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year's Day</td>
<td>January 1</td>
</tr>
<tr>
<td>Martin Luther King, Jr.'s Birthday</td>
<td>3rd Monday in January</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Last Monday in May</td>
</tr>
<tr>
<td>Independence Day</td>
<td>July 4</td>
</tr>
<tr>
<td>Labor Day</td>
<td>1st Monday in September</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>4th Thursday in November</td>
</tr>
<tr>
<td>Christmas Day</td>
<td>December 25</td>
</tr>
</tbody>
</table>

B. If the agency is closed during the agency’s operating hours or between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday, the person in charge to include the (Administrator, Alternate Administrator or Designated Agency Representative) shall:

(1). Post a notice, a visible location outside the agency that will provide information regarding how to contact the person in charge, and;

(2). Leave a message on an answering machine or similar electronic mechanism that will provide information regarding how to contact the person in charge

C. Designated Agent Representative

Douglas Byrd Jr. is the Designated Agency Representative that is responsible for providing Health and Human Services (HHS) Surveyors entry to the agency if the Administrator and Alternate Administrator are not available, and who will:

(1). Supervise to ensure implementation of agency policy and procedures.

(2). Ensure that the documentation of services provided is accurate and timely.

(3). Supervise and evaluate client satisfaction survey reports on all clients served.

D. During normal agency operating hours, if the Administrator and Alternate Administrator are not at the agency then Douglas Byrd Jr. may grant agency access to HHSC survey staff.
E. All Agency Personnel must sign/acknowledge the Agency Hours of Operation Notice.

- The Agency Administrator and or designated personnel shall ensure that the client receives appropriate notification of the Agency Hours of Operation.
- Written notice to the client or their representative of “Agency Hours of Operation” under this rule should be provided via hard copy unless the client requests that the document be provided electronically.
- If a client or his/her representative’s understanding of English is inadequate for the client’s comprehension of his/her rights and responsibilities, the information must be provided in a language or format familiar to the patient or his/her representative.
- Language assistance should be provided through the use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation, translation services, or technology and telephonic interpretation services.
- All agency staff should be trained to identify patients with any language barriers which may prevent effective communication of the rights and responsibilities. Staff that have on-going contact with patients who have language barriers, should be trained in effective communication techniques, including the effective use of an interpreter.

F. The Administrator and Alternate Administrator have read and adopted the agency policy and procedure manual.

**Administrator & Alternate Administrator’s Signature**

____________________________________________________________  ____________________
Administrator’s Signature                                                                                       Date

___________________________________________________________  ____________________
Alternate Administrator’s Signature                                                                        Date
§558.217 - Agency Closure Procedures and Voluntary Suspension of Operations

I. PURPOSE

The purpose of this policy is to identify the service areas applicable to this agency.

II. APPLICABILITY

This policy applies to the Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care Administrator and Alternate Administrator.

III. DEFINITIONS – Refer to §558.2

- **Administrative Support Site**: Means a facility or site where a home and community support services agency perform administrative and other support functions but does not provide direct home health, hospice, or personal assistance services.

- **Branch office**: Means a facility or site in the geographical area served by a home and community support agency where home health or personal assistance services are delivered, or active client records are maintained. agency’s licensed service area.

- **Department**: Means the Department of Aging and Disability Services.

- **Home And Community Support Services Agency (HCSSA)**: Means a person who provides home health, hospice, habilitation, or personal assistance services (PAS) for pay or other consideration in a client’s residence, an independent living environment, or another appropriate location.

- **HCSSA or Agency**: Refers to Cross Generational Home Care Services, LLC dba Home Helpers Home Care

- **Service Area**: Refers to the county and region where the applicable clients will receive assistance from Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care based on his/her health plan and where he/she lives. more.

- **A Policy defines a rule.**

- **A Procedure defines who is expected to do it and how they are expected to do it. Procedures answer questions like: How? When? Where? Who?**

IV. POLICY

A. Contingency Plan

The agency’s Contingency Plan in Event of Inability to Conduct Business is:

(a). Home Helpers will contact other PAS licensed agencies with whom a prior relationship has been established, and who can be relied upon to perform services at a high level to which our clients have become accustomed.

(b). Physical records will be transferred to another agency of the client’s choice to ensure continuity of care after consent in writing has been received from the client.

(c). Clients will be notified in writing of the agency’s inability to continue to operate and the option to seek care from another provider of their choice.

(d). Clients will also be notified that their records will be transferred to the next provider agency with the client’s consent.

B. Permanent Closure – §558.217(a)
The agency shall notify Health and Human Services (HHS) in writing within five days before the permanent closure of the agency, branch office, or alternate delivery site.

(a). The agency shall include in the written notice the reason for closing, the location of the client records (active and inactive), and the name and address of the client record custodian.

(b). If the agency closes with an active client roster, the agency shall transfer a copy of the active client record with the client to the receiving agency in order to ensure continuity of care and services to the client.

(c). The agency shall mail or return the initial license or renewal license to HHS at the end of the day that services ceased.

Mail to the address listed below:

Health and Human Services
Regulating Services Licensing and Credentialing
PO Box 149030
Austin, TX 78714-9030

(d). If the agency continues to operate after the closure date specified in the notice, HHS may take enforcement action against the agency.

C. Voluntary Suspension

Voluntary suspension of operations occurs when the agency voluntarily suspends its normal business operations for 10 or more consecutive days. A voluntary suspension of operations may not last longer than the licensure renewal period. If the agency voluntarily suspends operations, the agency must:

(a). Discharge or arrange for backup services for active clients.

(b). Provide written notification to the designated survey office at least five days before the voluntary suspension of operations or within two working days before the voluntary suspension of operations if an emergency occurs that is beyond the agency's control: and,

(c). Post a notice of voluntary suspension of operations on the entry door of the agency and leave a message on an answering machine or with an answering service that informs callers of the voluntary suspension of operations.

(d). Must notify the Home and Community Support Services Agencies (HCSSA) Licensing Unit in writing no later than seven days after resuming operations.
§558.220 - Service Areas

I. PURPOSE

The purpose of this policy is to identify the service areas applicable to this agency.

II. APPLICABILITY

This policy applies to all employees, volunteers, and contactors of this HCSSA.

III. DEFINITIONS – Refer to §558.2

Service Area: Refers to the county and region where the applicable Client receive Personal Assistance Services (“PAS”) from Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care based on his/her health plan and where he/she lives (PDF). Also Refer to https://hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/choosing-a-health-plan.

IV. POLICY STATEMENTS

A. Alternate Site

A branch office or alternate delivery site for this agency shall be located within the parent agency's licensed service area.

B. §558.220(b) - Adequate Staff

The agency shall maintain adequate staff to provide services and supervise the provision of services for each location.

C. §558.321(c) - Service Areas

1. The service area of a branch office shall be located within the parent agency's service area.
2. A branch office must not provide services outside its licensed service area.
3. Home Helpers Home Care must maintain adequate staff to provide services and to supervise the provision of services within the service area.
4. A branch office may expand its service area at any time during the licensure period.
5. Unless exempted, a branch office must submit to DADS a written notice to expand its service area at least 30 days before the expansion.

D. Reducing Service Areas

A branch office may reduce its service area at any time during the licensure period by sending DADS written notification of the reduction, revised boundaries of the branch office’s original service area, and the effective date of the reduction.

E. The Agency’s Licensed Service Areas Are Identified In Figure 2.
**Figure 2: Agency Service Areas**

<table>
<thead>
<tr>
<th>Licensed Service Areas</th>
<th>Region 8 Counties</th>
<th>Region 3 Counties</th>
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<tbody>
<tr>
<td>Bandera</td>
<td>Collin</td>
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<tr>
<td>Bexar</td>
<td>Cooke</td>
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<td>Comal</td>
<td>Dallas</td>
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<td>Guadalupe</td>
<td>Denton</td>
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<td>Kendall</td>
<td>Ellis</td>
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<tr>
<td>Medina</td>
<td>Erath</td>
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<td>Wilson</td>
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<td>Kaufman</td>
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<td>Somervell</td>
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<td>Tarrant</td>
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<td></td>
<td>Wise</td>
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</table>

Note: All counties for Region 3 will be served for Medicaid clients.

**F. §558.220(k)(1)-(3) - Information the agency must provide to a client if leaving the agency's service area.**

If a client notifies an agency that the client is leaving the agency's service area and the agency does not provide services in accordance with subsection (j), the agency shall inform the client that leaving its service area will require the agency to:

1. Place the client's services on hold in accordance with the agency's written policy required by §558.281 of this subchapter (relating to Client Care Policies) until the client returns to the agency’s service area;
2. Transfer and discharge the client in accordance with §558.295 of this subchapter (relating to Client Transfer or Discharge Notification Requirements) and the agency's written policy required by §558.281 of this subchapter; or
3. Discharge the client in accordance with §558.295 of this subchapter and the agency's written policy required by §558.281 of this subchapter.
## Division 3: Agency Administration

| TITLE 26 | Health and Human Services |
| PART 1   | Health and Human Services Commission |
| CHAPTER 558 | Licensing Standards for Home and Community Support Services Agencies |
| SUBCHAPTER C | Minimum Standards for All Home and Community Support Services Agencies |
| DIVISION 3 | Agency Administration |
§558.241 - Management

I. PURPOSE
This policy is intended to identify the expectations required of the senior leader, who rests the ultimate responsibility for enforcing and maintaining approved standards/policies for the personal assistance services (PAS) agency.

II. SCOPE
This policy applies to the Agency Administrator, Alternate Administrator and Designated Agency Representative.

I. POLICY

1. License Holder
   (a). Kimberly Byrd is the Agency Administrator and license holder for Cross Generational Home Health Care LLC dba Home Helpers Home Care.
   (b). The license holder is responsible for the conduct of the agency and for the adoption, implementation, enforcement, and monitoring of adherence to the written policies required throughout this policy manual.
   (c). The license holder is also responsible for ensuring that the policies comply with the statute and the applicable provisions of this chapter and are administered to provide safe, professional, quality health care.

2. Criminal Conviction
   The persons described in §558.11(g), (Administrator, Alternate Administrator and Chief Financial Officer) must not have been convicted of an offense described in Chapter 99, during the time frames described in that chapter.

3. Documentation
   The license holder shall ensure that all documents submitted to DADS or maintained by the agency pursuant to this chapter are accurate and do not misrepresent or conceal a material fact.

4. Compliance with enforcement orders
   The license holder must comply with an order of the DADS commissioner or other enforcement orders that may be imposed on the agency in accordance with the statute and this chapter.

5. Enforcement of Agency Policies
   The Administrator and/ or designated personnel shall initiate disciplinary action(s) for failure to adhere to the agency policies and procedures.
§558.242 - Organizational Structure and Lines of Authority

Scope of Services Provided By The Agency

Core services provided by Home Helpers:
- Companionship Care
- Shopping for groceries or clothes or other items
- Transportation to doctor or therapy sessions
- Errand Services
- Laundry & Linen Service
- Light Housekeeping
- Meal Preparation
- Pet care – dog walking, etc
- Personal Care (ambulation, transfer, personal hygiene, dressing, toileting,
  eating)
- Medicine Reminder ONLY

Roles & Responsibilities

- **Owner(s) – Douglas Byrd Jr. & Kimberly Byrd**
  Financial Support

- **President – Kimberly Byrd**
  Administrator
  Client Relations/Assessments
  Administration (payroll, billing, et. Al.)
  Marketing
  Community Relations
  Chief Financial Officer (CFO)

- **General Manager – Douglas Byrd Jr.**
  Alternate Administrator
  Caregiver Recruitment/Hiring
  Caregiver Management
  Designated Agency Representative
  Staffing Support
  Scheduling

- **Caregiver**
  Provide Personal Assistant Services
§558.242 - Organizational Communication Tree

- Agency Administrator
  - Designated Agency Representative
    - PSA Supervisor
    - Human Resources
    - Case Manager
      - Caregivers
§558.243 - Administrative and Supervisory Responsibilities & §558.244 - Qualifications

I. PURPOSE
The purpose of this policy is to describe the rules governing the agency’s administration found in Texas Administrative Code, Title 26, Part I, Chapter 558.

II. SCOPE
This policy applies to the Agency Administrator, Alternate Administrator and Designated Agency Representative.

II. POLICY
A. Administrator §97.243(a)–(b)

1. Position Description
The Administrator (is the license holder) and the qualified individual responsible for the overall fiscal and personnel management of the local office.

2. Duties
The administrator is also responsible for implementing and supervising the administrative policies of the agency and administratively supervising the provision of all services. At a minimum, the administrator shall be responsible for:

- Ensuring that he/she is available to agency personnel in person or by telephone during the agency’s operating hours and in accordance with the rules in §558.210, §558.404(h)(2), §558.523, and §558.527.
- Designating in writing an agency employee who must provide ACHC/HHS Surveyors entry to the agency if the Administrator and alternate Administrator are not available, and who will:
  i. Supervise to ensure implementation of agency policy and procedures.
  ii. Ensure that the documentation of services provided is accurate and timely.
  iii. Supervise and evaluate client satisfaction survey reports on all clients served.
- Employing and directing personnel qualified to carry out the policies and procedures of the local office;
- Ensuring adequate staff education and evaluations (refer to §558.245)
- Ensuring the accuracy of public information materials and activities;
- Ensuring the documentation of services provided is accurate and timely
- Establishing billing rates competitive with competition maintaining profitability.
- Establishing policies for all agency administrative functions;
- Implementing an effective budgeting and accounting system that promotes the health and safety of clients
- Maintaining a good public image within the general and health care community as a committed care provider.
- Maintaining ongoing liaison among the administrator, the staff and the care giving personnel;
- Marketing agency services to area resources using established marketing plan;
- Organizing and directing the agency’s ongoing functions
- Performing all payroll and billing processes;
- Planning, organizing, managing and controlling the local offices operations;
- Representing the agency at community functions and professional organizations;
- Responsible for meeting minimum standards for operation of the local office as set forth by the Home Helpers National Support Center and state and local agencies for homecare agencies;
- Responsible for the conduct of the agency and for the adoption, implementation, this manual, enforcement, and monitoring of adherence to the written policies required throughout
- Responsible for ensuring that the policies comply with the statute and the applicable provisions of this chapter and are administered to provide safe, professional, quality health care
- Responsible for ensuring that all documents submitted to Health and Human Services (HHS) or maintained by the agency pursuant to this chapter are accurate and do not misrepresent or conceal a material fact.
- Responsible for complying with an order of the HHS commissioner or other enforcement orders that may be imposed on the agency in accordance with the statute and this chapter.
- Supervising and evaluating client satisfaction reports on all clients served

3. **Qualifications §558.244(a)**
   (a). Must meet at least 1 of the below qualifications:
   (b). have a high school diploma or a GED with at least one-year experience or training in caring for individuals with functional disabilities.
   (c). have completed two years of full-time study at an accredited college or university in a health-related field.
   (d). Must have completed two years of full-time study at an accredited college or university in a health-related field;
   (e). Must complete the Initial and Continuing Educational Training in Administration of Agencies requirements described in the Texas Administrative Code, Title 26, Part 1, Chapter 97, §558.259 and §558.260;
   (f). Must possess good leadership, motivational, communication and organizational skills, as well as a well-adjusted attitude;
   (g). Marketing skills are desirable.

4. **Additional Qualifications §558.244(b)**
   These qualifications must be met before a person can be designated as the administrator or alternate administrator:
   (a). An administrator and alternate administrator must be able to read, write, and comprehend English.
   (b). An administrator and alternate administrator must meet the training requirements.
   (c). A person is not eligible to be the administrator or alternate administrator of any agency if the person was the administrator of an agency cited with a violation that resulted in DADS taking an enforcement actions specified in §558.244(b) against the agency while the person was the administrator of the cited agency.
   (d). An administrator and alternate administrator must not be convicted of an offense described in the THSC § 250.006, and 40 TAC Chapter 99 relating to Criminal Convictions Barring Facility Licensure during the time frames described in that chapter.

Reminder: Either party may terminate employment at their will without reason. This is not a contract of employment, but merely a statement of accountability expectations of the company.

Administrator’s Printed Name: ____________________________________________ Date: ________________

Administrator’s Signature: ____________________________________________ Date: ________________
§558.243 - Alternate Administrator and Supervisory Responsibilities & §558.244 Qualifications

B. Alternate Administrator §558.243(a)–(b)

1. Position Description

   The Alternate Administrator is responsible for the client service management, caregiver scheduling, and assisting with management of the local office daily operations.

2. Additional Duties

   (a). Assist in recruitment and retention of current and prospective employees and check references;
   (b). Assist with employee meeting planning and employee orientation.
   (c). Assist with orientations;
   (d). Conduct home consultations;
   (e). Develop Plan of Care from the required software;
   (f). Ensure all clients have their appropriate caregiver at their scheduled time;
   (g). Ensure background check has been requested and results verified;
   (h). Enter new clients match with caregivers in the required software;
   (i). Find replacement caregivers when regular staff is unavailable (vacations, illness, etc.) according to guidelines;
   (j). Maintain employee info in the required software;
   (k). Maintain updated client information in the required software – authorizations, address, phone numbers, contacts, etc.
   (l). Prepare caregiver/client schedules in the required software;
   (m). Responsible for meeting minimum standards for operation of the local office as set forth by the Home Helpers National Support Center and state and local agencies for homecare agencies;
   (n). Track employee training.

3. Qualifications §558.244(a)

   (a). Must meet at least 1 of the below qualifications:
      • Have a high school diploma or a GED with at least one-year experience or training in caring for individuals with functional disabilities.
      • Have completed two years of full-time study at an accredited college or university in a health-related field.
   (b). Must complete the Initial and Continuing Educational Training in Administration of Agencies requirements as described in the Texas Administrative Code, Title 26, Part 1, Chapter 97, §558.259 and §558.260.
   (c). Must possess good leadership, motivational, communication and organizational skills, as well as a well-adjusted attitude.
   (d). Good customer service, phone and computer skills are essential.

4. Additional Qualifications §558.243

   (a). Participate in activities relevant to services furnished, including the development of qualifications and assignment of agency personnel.
   (b). Ensure that a client’s plan of care or care plan is executed as written.
(c). Ensure that an appropriate healthcare professional performs a reassessment of a client’s needs: When there is a significant health status change in the client’s condition
   i. At the physician’s request; or
   ii. After hospital discharge

5. Additional Qualifications §558.244(b)

These qualifications must be met before a person can be designated as the administrator or alternate administrator:

(a). An administrator and alternate administrator must be able to read, write, and comprehend English.

(b). An administrator and alternate administrator must meet the training requirements.

(c). A person is not eligible to be the administrator or alternate administrator of any agency if the person was the administrator of an agency cited with a violation that resulted in DADS taking an enforcement actions specified in §97.244(b) against the agency while the person was the administrator of the cited agency.

(d). An administrator and alternate administrator must not be convicted of an offense described in the THSC §250.006. and 40 TAC Chapter 99 relating to Criminal Convictions Barring Facility Licensure during the time frames described in that chapter.

Reminder: Either party may terminate employment at their will without reason. This is not a contract of employment, but merely a statement of accountability expectations of the company.

Alternate Administrator’s Printed Name: ________________________________________________ Date: ______________

Alternate Administrator’s Signature: ________________________________________________ Date: ______________
§558.245 - Staffing/Personnel Policies

I. PURPOSE

The purpose of this policy is to identify the written staffing policies that govern all personnel employed and/or involved by the agency, including employees, volunteers, and contractors.

II. SCOPE

Home Helper’s reputation and success is based on the level of care provided by our employees and volunteers representing us in the “field”. Therefore, the following requirements listed in this Policy shall apply to all Cross Generational Home Health Care d/b/a Home Helpers Home Care employees, volunteers and contractors regardless of tenure.

III. POLICY STATEMENTS

1. §558.222 - Compliance

The Agency Administrators and all employees of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care must maintain satisfactory compliance with all the provisions of the statute and the applicable policies in this Manual to maintain licensure.

2. §558.241 - Management of the Agency

The following persons must not have been convicted of an offense described in Chapter 99, “Criminal Convictions Barring Facility Licensure” during the specified time frames:

- **The Applicant:** The person who made the formal application for the HCSSA license.
- **A Controlling Person Of The Applicant:** A person directly or indirectly possessing control of an applicant or licensee.
- **A Person With A Disclosable Interest:** With respect to any person shall mean any direct or indirect pecuniary, economic or other interest of such person in any capital stock of the Corporation, including, without limitation, any derivative instrument, convertible security, stock appreciation right, swap, option, warrant, short interest, hedge or profit sharing arrangement, any other arrangement, agreement or understanding (including any borrowing or lending of shares) the effect or intent of which is to mitigate loss to or manage risk or benefit of share price changes for, or to increase or decrease the voting power of, or any fee or compensation based on any increase or decrease in value payable to, such person, with respect to any share of stock of the Corporation or any other such interest.
- **An Affiliate Of The Applicant:** A subsidiary group or a person to the applicant.
- **The Administrator:** Refer to §97.243. Administrative and Supervisory Responsibilities.
- **The Alternate Administrator:** Refer to §97.243. Administrative and Supervisory Responsibilities.
- **The Chief Financial Officer (CFO)**
- **Pre-Designated Agency Representative**

3. §558.210 – Designated Agency Representative

When the administrator is not available, the qualified, pre-designated agency representative/person, who is authorized in writing by the Administrator, assumes the same responsibilities and obligations as the Administrator.

“Pre-designation” means that the individual who is responsible for fulfilling the role of the administrator in his/her absence is established in advance and approved by the Administrator.
4. **The Employment Application & Work History Policy**

All applicants Must complete the Employment Application online, [https://hh58938.clearcareonline.com/apply/](https://hh58938.clearcareonline.com/apply/). The application Must be completed in its entirety. Incomplete applications will not be considered. Do not leave any question blank; use the abbreviation "NA" if a particular provision or section in the form is not applicable to you. Before completing the application, the applicant should read and review the applicable job description to ensure that he/she meets the job requirements. As part of this application the applicant shall be furnished a job description that will contain the essential functions of the job.

Beginning with the most current or recent position, Applicants MUST list the last four jobs and/or the last ten years of employment he/she has held. Be sure to also include all self-employment, internships/fellowships, home management, and full and part-time paid or unpaid work experience.

For each position entered, be sure to complete the name and address of the employer including: the organization's name, city and state where it is located, as well as your supervisor's name, email, and phone number. Under the job title and duties section, be sure to include the title that you held while working at that organization, all the duties you were responsible for while in that position, and if applicable, the reason for leaving that position. Then you must fill out the dates and times which you held such position. Be sure to enter your start date, your end date (if applicable), and the average number of hours worked per week. Once you have completed entering all required information, press "Add Another Job" located at the bottom of the page, to add additional employment experiences.

5. **The Phone Screen and the Face To Face Interview Policy**

All candidates shall be screened for minimum requirements. If the Agency chooses to conduct a Face-to-Face interview/Formal Meeting, the Human Resources (HR) Director or the Agency Representative shall:

- Contact the candidate either by email or telephone to arrange a mutually convenient time to conduct the interview.
- Let the candidate know the estimated length of the interview and confirm the best number to call. This courtesy allows the candidate time to research the position and operation and arrange the time for the interview adequately.
- Call the applicant at the confirmed time and initiate the interview.

6. **Pre-Screening – “Reference Check” Policy**

The Agency will obtain an investigative consumer report including information as to the character, general reputation, personal characteristics and attributes, quality and quantity of work performed, attendance, education, and other work-related information, and licensing and credentialing for All applicants.

All Applicants Must supply at least three references and at least two (2) of the references must be professional references. In addition, internal candidates will have their performance management records reviewed and internal references will be sought.

These reference reviews/checks will be executed prior to extending an offer of employment. This process will apply to all final candidates regardless of the position. This review is used to validate information on a candidate’s employment and will add clarity to the interview process. The Agency will utilize both:

- The professional reference Check can extend beyond the HR Department and could be a colleague, supervisor, or past co-worker from previous employers.
- The Personal Reference Check will provide information on what the applicant is like on a personal level and can verify their level of responsibility, good nature, communication style, and community involvement.
7. **Primary Source Verification / Licensing and Credentials Verification Policy**

The purpose of this policy is to confirm that all personnel are qualified and properly credentialed. This policy has been adopted to establish a process for verifying the applicable credentials of all applicants and employees directly from the organizations that originally conferred or issued the credential or certification to the employee.

(a). The Human Resource (HR) or Agency Administrator will be responsible for verifying all credentials reported by an individual prior to employment being finalized.

(b). Credential verification must be from the organization that originally issued the credential or certification.

(c). Primary source verification must occur for all licenses, certifications, and registries as reported by the applicant and employee member.

(d). Examples of primary source verification include, but are not limited to:
   - Direct written correspondence
   - Internet verification
   - Reports from the credentialing organization
   - Telephone verification

(e). Examples of sources for verification:
   - Licenses – Issuing state
   - Nurse’s Aide Registry
   - Medication Nurse’s Aide

(f). Falsification or misrepresentation of credentials shall be grounds for immediate termination of employment.

(g). Records of primary source verification will be retained as part of the individual’s permanent employment record. Documentation shall include:
   - Credential verified
   - Date of the verification
   - Name of personnel completing the verification
   - Status of the verification/check
   - Written documentation/proof

(h). Primary source verification is to be repeated annually.

Applicants and employees shall consent to the “Primary Source Verification / Licensing and Credentials Verification” by completing the Authorization to Verify License and Credentialing Consent Form.

8. **Education Verification Policy**

All employment positions with Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company”) require that an applicant has achieved a certain level of formal education. High school or college graduation are common requirements. Applicants are required to submit documents to show that they have achieved either a high school diploma or a college degree. Some jobs may require additional proof of education. Review the job announcement for specific requirements.

Applicants and employees shall consent to the “Reference Check” by completing the Reference Check and Authorization Consent Form.
Applicants may verify completion of high school or its equivalent by presenting the Company with one of the following:

- A High School diploma or a transcript showing high school graduation. In place of a diploma or transcript, a letter from a school official on school letterhead stationery indicating high school graduation and date is acceptable as proof of high school completion.

- GED (General Education Development) verification: The applicant must present verification of GED final scores. Each score must be at least 35. All five scores together must average 45 or more. To request a copy of your GED transcript or certificate visit [http://www.cde.ca.gov/ta/tg/gd/](http://www.cde.ca.gov/ta/tg/gd/).

Applicants may verify completion of college degree by presenting the Company with one of the following:

- Photocopy Of An Official Transcript: This is the preferred method and allows for the most accurate review of an applicant’s qualifications. Please use this method if possible.

9. **Joint Employment Disclaimer**

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“franchisee”) shall provide an explicit joint employer disclaimer to ALL employees and volunteers. Such a provision shall indicate that employees are solely employed by franchisees and that the parties do not intend to create a joint employer relationship. The effective disclaimer shall enumerate what rights are retained by the franchisee and what limitations are on the franchisor. The franchisee shall have the sole right to the hiring, firing, scheduling, assigning, training, promoting, disciplining, and compensating of employees.

All employees shall sign the “Joint Employment Disclaimer” Form.

10. **Employment Agreement**

The Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care “Employment Agreement” spells out the rules, rights and responsibilities for both the employer and the employee, and includes any special obligations undertaken that are unique in a specific hiring situation. Additionally, the employment agreement is active throughout the entire tenure of the signing employee.

All employees shall sign the “Employment Agreement” Form.

11. **Employee Handbook**

All Employees Must acknowledge receipt of the Employee Handbook.

All employees shall sign the “Acknowledgment & Receipt of Company Handbook” Form.

12. **Employee Confidentiality Agreement**

The “Employee Confidentiality Agreement”, is a contract that prevents the employee from revealing confidential information about the business.

All employees shall sign the “Employee Confidentiality Agreement”.

13. **Non-Solicitation and Nondisclosure Agreement**
The Non-Solicitation Agreement is, generally, an agreement not to solicit the Cross Generational Home Health Care d/b/a Home Helpers Home Care’s clients/customers or prospective customers within whom the employee worked.

All employees shall sign the “Non-Solicitation Agreement”.

14. **Company Policy and Procedures Manual**

All Employees must acknowledge receipt of and Compliance with the Agency’s Company Policy and Procedures Manual.

All employees shall sign the “Acknowledgement & Consent To Company Policy & Procedures Manual”.

15. **Work/Operate Within Scope of License and or Certification Policy**

Personnel may work only in the roles and responsibilities that are appropriate to his/her individual level of training, and/or specific license issued by the State of Texas. A licensed or Certified professional can work in a position that is below his/her level of license. However, the applicable person is held to the highest level of his or her education. Example, if a nurse is working in a position lower than the nurse's licensure and fails to act prudently based on education preparation, the nurse's license would be subject to sanction by the board.

16. **§558.246 - Personnel Records Policy**

Upon request by Human Resources (HR) and/or the Agency Administrator and before they begin work at Cross Generational Home Health Care LLC, d/b/a Home Helpers Home Care (“Company”):

- All applicants, employees, volunteers and contractors, Must properly download, and complete the required forms/documents, listed in §558.246 - Personnel Records Policy.
- All applicants, employees, volunteers and contractors, Must submit any/all required New Hire forms, verification documents and other documentation listed in §558.246 - Personnel Records Policy.
- All applicants, employees, volunteers and contractors, Must acknowledge receipt of the applicable documents listed in §558.246 - Personnel Records Policy to HR and/or the Agency Administrator.

17. **§558.248 - Use Of Volunteers**

Cross Generational does not currently use volunteers; however, if volunteers are used by the agency, the agency will update the policies and procedures manual to ensure the use of volunteers and the policy are in compliance with §97.248 (relating to Volunteers).

18. **Orientation To Policies, Procedures, And Objectives Of The Agency**

All employees must attend a new-hire orientation training session covering the policies, procedures and objectives of this agency and sign a statement that they have read, understand, and will comply with all applicable agency policies and procedures.

19. **All Personnel Must Participate In Job-Specific Training**

New Employee Orientation - After completion of all pre-employment steps and a job offer has been extended, the office must schedule a time for new employee orientation. All employees, volunteers and contractors Must complete the Mandatory Training prior to working a scheduled shift.

(a). Orientation Training shall include but is not limited to:

- Abuse, Neglect & Exploitation Competency Training And Exam (Online)
- Activities Of Daily Living

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Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
• Agency Personnel Policies
• Agency’s Policy On Client Rights And Responsibilities
• Applicable State Regulations Governing The Delivery Of Personal Assistance Services To Consumers.
• Clear Care – Time Sheet, Client Documentation
• Client’s/Consumer Rights
• Cardiopulmonary Resuscitation (CPR) and First Aide
• Bloodborne Pathogens & Diseases
• Confidentiality Of Client Information
• Don & Doff Personal Protective Equipment
• Duties And Responsibilities Of The Position Hired For
• Emergency Preparedness And Response Plan
• Expectations Regarding Client Care, Documentation, And Communication With Supervisor(S) Are Reviewed
• Introduction To Common Assistive Technology
• Items Requiring Referral To The Personal Assistance Services Agency, Including Changes In The Consumer’s Condition Or Family Situation
• Meal Planning, Food Purchasing And Preparation Of Meals, Including Special Diets
• Principles Of Body Mechanics
• Principles Of Good Nutrition
• Principles Of Infection Control And The Agency’s Infection Control Procedure
• Rights Of The Elderly
• Service Plan Specific Description
• The Client’s “Complaint Procedures

(b). All Care providers/Caregivers, who do not have direct care experience or certifications will complete a test documenting competency as a care provider. Personnel will also be informed of techniques, philosophies, goals, client rights, and other necessary information.

(c). All employees will receive additional training as needed for each client placement and be required to demonstrate competency for the tasks needed for each client prior to placement.

(d). There will be regular training for all employees which will include on-going updates and changes in techniques, philosophies, goals, and clients’ rights relating to client care. The training also covers field-related issues to include but not limited to the following subjects: HIPAA, OSHA, personal care, infection control, fall prevention, etc.

(e). Personnel other than field staff will participate in job-specific training through a training plan outlined in each individual’s annual review. This may take the form of formal workshops or seminars, self-study, online courses, one to one coaching, or other training methods.

20. All Personnel Must Participate In Appropriate Employee Development Programs

These programs may include leadership and team building activities, programs focused on enhancing each employee’s understanding of licensing and regulatory issues, and other programs as determined by management. Programs of this nature will be conducted at least semi-annually. These may be written, self-study, or in person seminar or meeting in structure, or some combination of the above as necessary.

21. Employees And Volunteers Working For The Agency Must Be Evaluated Annually

After a ninety (90) day probationary period, a formal job performance review may be scheduled by the employee. This performance review is designed to serve two purposes.
• An opportunity for the supervisor to evaluate performance and review the areas in which the caregiver has demonstrated ability and those areas in which the caregiver may have demonstrated opportunities for improvement. It is also an opportunity for the caregiver to discuss his or her feelings and observations regarding the Company, the schedule, clients, and anything else related to the job.

• This optional evaluation shall be documented in the personnel file.

An "ANNUAL" performance review is scheduled after one (1) year of service. Employees are responsible for scheduling their annual performance review. Employees will be evaluated on the following criteria: communication skills, client relations, professionalism, absenteeism, administrative proficiency and compliance, and productivity.

• A self-evaluation must be completed at a minimum for each employee annually.

• The agency may elect to utilize the supervisory visit as its annual evaluation.

• Documentation of agency staff performance evaluations must be in the personnel records of the agency, and a copy of the evaluation shall be placed in the personnel file.

22. Policy Changes and Modifications
The Agency shall inform all employees, volunteers and contractors of changes in techniques, philosophies, goals, client’s rights, and products relating to client’s care (within 1 business day) after the change is made.

23. Enforcement of the Agency’s Policies, Processes and Procedures
Anyone found to be violating these polices will be subject to disciplinary action, up to and including termination of employment.
§558.246 - Personnel Records

I. PURPOSE

The purpose of this policy is to identify the records that must be maintained in the “Personnel Folder” for each employee, and volunteer of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company”).

II. SCOPE

The provisions in this subsection apply to ALL unlicensed applicants for employment, unlicensed volunteers, and unlicensed employees, if the person’s duties would or do include face-to-face contact with a client.

III. POLICY STATEMENTS

(1). Types of Files For Company Employees

(a). Personnel Files

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company”) shall maintain a personnel record for each volunteer, contractor and individual who is employed by the agency and all information shall be kept current. There will be separate personnel files for each employee, volunteer and individual to ensure compliance with the American with Disability Act (ADA), Family and Medical Leave Act (FMLA) and Genetic Information Non-discrimination Act (GINA). All information shall be kept current. However, the agency may maintain all personnel financial records (in an individual folder).

(b). Confidential File

Any and All documents that contain information such as date of birth, marital status, dependent information, Social Security number, immigration status, national origin, race, gender, religion, sexual orientation and criminal history Will Not be accessible to managers and supervisors due to the sensitive nature of the information.

Only the Administrators, and Human Resources (HR) shall have access to these files.

(c). Benefit File

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care shall use a binder system for all employee benefit enrollment forms that do not contain any personal employee medical information and beneficiary forms.

(d). I-9 File

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care shall use a binder system for all employee I-9 forms maintained alphabetically and separated by current or terminated status. The I-9 forms shall be separate from all other records.

The I-9 File Will Not be accessible to managers and supervisors due to the sensitive nature of the information. Only the Administrators, and Human Resources shall have access to the files.

(e). Medical File

Any and All medical records shall be maintained separate from the personnel file. The Americans with Disabilities Act (ADA) prohibits employers from including medical information in an employee’s general personnel file. Records that relate to employee medical information, medical leave, reasonable accommodations, workers’ compensation claims, etc. shall be included in this file.

The Medical File Will Not be accessible to managers and supervisors due to the sensitive nature of the information. Only the Administrators, and Human Resources shall have access to the files.
(2). **Storage**

A personnel record may be maintained electronically, paper or both.

The Company may keep personnel records for employees and volunteers in any location but must provide them upon request of a Texas Department of Aging and Disability Services (DADS), Health and Human Services Commission (HHSC) or Accreditation Commission for Health Care (ACHC)/Health Human Service (ADHC/HHS) surveyor within eight working hours, as specified in §97.507(c).

Personnel records will be kept at the Home Helpers office at 1452 Hughes Rd Suite 200, Grapevine Texas 76501 unless otherwise designated by the Administrator. If taken offsite, records must be accessible and readily retrievable for inspection by DADS at the site of the survey.

(3). **Employee access**

Employees who would like to review their personnel file must make a written request and submit it to the office. Employees will be permitted to inspect their personnel file within two (2) weeks of the date that the Request Form is received.

(a). The inspection of a personnel file will take place either before or after the employee’s normal work hours at a location designated by the Agency Administrator and MUST be in the presence of the Agency Administrator and/or a HR representative.

(b). An employee may not photocopy any part of a personnel file; however, an employee may take notes on what is in the personnel file.

(c). Employees are NOT entitled to have any document inserted in their personnel file, including any response to anything the employee reads in their personnel file.

(d). Employees are NOT permitted to alter his/her personnel file.

(e). Only current employees can access these files.

(4). **Maintaining and Disposing of Background Records/Reports**

The agency will maintain/preserve any/all personnel or employment records (including all application forms, regardless of whether the applicant was hired, and other records related to hiring) for seven years after the records were made, or after a personnel action was taken.

The agency will dispose of all background reports and any information gathered from them securely. This includes, burning, pulverizing, or shredding paper documents and disposing of electronic information so that it can't be read or reconstructed.

(5). **Contents of the Employees Files**

Information that will be maintained in the official personnel file includes, but is not limited to the documents/records listed below:
<table>
<thead>
<tr>
<th>Type of Records</th>
<th>Applicable File Where Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>§558.246 Job Application for Employment or Volunteer Agreement</td>
<td>Personnel File</td>
</tr>
<tr>
<td>§558.246 Job Description</td>
<td>Personnel File</td>
</tr>
<tr>
<td>§558.246 Interview Form for Phone Screen &amp; Face To Face Interview</td>
<td>Personnel File</td>
</tr>
<tr>
<td>§558.246 Education &amp; Training Records and Certificates</td>
<td>Personnel File</td>
</tr>
<tr>
<td>College Diploma &amp; Transcript</td>
<td></td>
</tr>
<tr>
<td>High School Diploma &amp; Transcript</td>
<td></td>
</tr>
<tr>
<td>§558.246 Certifications &amp; Licenses (if applicable)</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Verification of Licensing Consent &amp; Results</td>
<td></td>
</tr>
<tr>
<td>Conditional Offer Letter</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Reference Check &amp; Authorization Consent Form</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Reference Check &amp; Authorization Consent Results</td>
<td></td>
</tr>
<tr>
<td>Licenses and or Permits Verification (if applicable)</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Reference Check &amp; Authorization Consent Results</td>
<td></td>
</tr>
<tr>
<td>§558.247 Motor Vehicle Record (MVR) Consent Form Results</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Motor Vehicle Record (MVR) Results</td>
<td></td>
</tr>
<tr>
<td>§558.247 Drug Screen Consent Form</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Drug Screen Results</td>
<td></td>
</tr>
<tr>
<td>§558.247 Criminal History Background Search and Fraud and Abuse Control Information System (FACIS) Check Consent Form</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Criminal History Background Search and Fraud and Abuse Control Information System (FACIS) Results</td>
<td></td>
</tr>
<tr>
<td>§558.247 Employee Misconduct Registry (EMR) and “Nurse Aide Registry (NAR) Check</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Employee Misconduct Registry (EMR) and Nurse Aide Registry (NAR) Results</td>
<td></td>
</tr>
<tr>
<td>§558.247 Information regarding the “Employee Misconduct Registry (EMR)” and “Nurse Aide Registry (NAR)”</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Employment Offer Letter</td>
<td>Confidential File</td>
</tr>
<tr>
<td>Company Policy and Procedures Manual Acknowledgement</td>
<td>Personnel File</td>
</tr>
<tr>
<td></td>
<td>Document Title</td>
</tr>
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<td>---</td>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>16.</td>
<td>Communicable Disease Acknowledgment</td>
</tr>
<tr>
<td>17.</td>
<td>Earned Income Tax Credit Notification Acknowledgment</td>
</tr>
<tr>
<td>18.</td>
<td>Employee Confidentiality Agreement</td>
</tr>
<tr>
<td>20.</td>
<td>Employment Agreements (noncompete, confidentiality agreements)</td>
</tr>
<tr>
<td>21.</td>
<td>Non-Solicitation and Nondisclosure Agreement</td>
</tr>
<tr>
<td>22.</td>
<td>Performance Evaluations</td>
</tr>
<tr>
<td>23.</td>
<td>Termination Notice &amp; Documentation</td>
</tr>
<tr>
<td>24.</td>
<td>Warnings, Counseling And Disciplinary Notices</td>
</tr>
<tr>
<td>25.</td>
<td>Workman’s Compensation New Employee Notice</td>
</tr>
<tr>
<td>26.</td>
<td>§558.245 Agency Job Description Acknowledgement</td>
</tr>
<tr>
<td>27.</td>
<td>§558.249 Self -Reported Incidents of Abuse, Neglect, and Exploitation Policy Acknowledgement</td>
</tr>
<tr>
<td>28.</td>
<td>§558.250 Agency Investigations Policy Acknowledgment</td>
</tr>
<tr>
<td>29.</td>
<td>§558.253 Drug Testing Policy Acknowledgment</td>
</tr>
<tr>
<td>30.</td>
<td>§558.282 Client' Rights &amp; Responsibility Policy Acknowledgement</td>
</tr>
<tr>
<td>31.</td>
<td>§558.282 Rights of the Elderly Acknowledgement</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>32.</td>
<td>§558.285 - Acknowledgment and Receipt For the Infection Control Precautions</td>
</tr>
<tr>
<td>33.</td>
<td>I (I-9), Employment Eligibility Verification Form</td>
</tr>
<tr>
<td>34.</td>
<td>Exit Interview Questionnaire</td>
</tr>
<tr>
<td>35.</td>
<td>W-4, Employee’s Withholding Certificate</td>
</tr>
<tr>
<td>36.</td>
<td>Active Proof of Automobile Insurance</td>
</tr>
<tr>
<td>37.</td>
<td>Child Support &amp; Other Garnishments</td>
</tr>
<tr>
<td>38.</td>
<td>Direct Deposit Form</td>
</tr>
<tr>
<td>39.</td>
<td>Driver’s License</td>
</tr>
<tr>
<td>40.</td>
<td>Employment Offer Letter</td>
</tr>
<tr>
<td>41.</td>
<td>Litigation documents</td>
</tr>
<tr>
<td>42.</td>
<td>Summary of Rights - How To Dispute Error</td>
</tr>
<tr>
<td>43.</td>
<td>Workplace investigation records (although relevant disciplinary action,</td>
</tr>
<tr>
<td></td>
<td>counseling or other direct communications are placed in the employee’s</td>
</tr>
<tr>
<td></td>
<td>personnel file)</td>
</tr>
<tr>
<td>44.</td>
<td>Hepatitis B Vaccination Agreement /Declination Form</td>
</tr>
<tr>
<td>45.</td>
<td>Medical records (medical questionnaires, benefit claims, doctor’s notes,</td>
</tr>
<tr>
<td></td>
<td>accommodation requests, medical leave records, workers’ compensation claims</td>
</tr>
<tr>
<td>46.</td>
<td>Benefit enrollment forms</td>
</tr>
<tr>
<td></td>
<td>Beneficiary designations</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------</td>
</tr>
<tr>
<td>47.</td>
<td><strong>Beneficiary designations</strong></td>
</tr>
<tr>
<td>48.</td>
<td><strong>Affirmative action self-identification of disability</strong></td>
</tr>
</tbody>
</table>
§558.247 - Verification of Employability and Use of Unlicensed Persons

I. PURPOSE

The purpose of this policy is to determine/verify employability, for an unlicensed employment applicant’s employability before hiring, if the employee’s duties would or do include face-to-face contact with a client.

II. SCOPE

The “policy” shall apply to all Home Helpers Home Care personnel to include, employees, contractors, and volunteers. The provisions in this subsection apply to an unlicensed applicant for employment, unlicensed volunteer, and unlicensed employee, if the person’s duties would or do include face-to-face contact with a client.

III. DEFINITIONS

(a). Employee Misconduct Registry (EMR): Contains the names of unlicensed personnel who have committed acts of abuse, neglect, exploitation, misappropriation or misconduct against residents and consumers to ensure they are denied employment in HHS-regulated facilities and by HHS-regulated agencies.

(b). Fraud and Abuse Control Information Systems (FAICS) Check: searches databases for records of adverse actions against individuals and entities in the healthcare field. These records may include information on disciplinary actions ranging from exclusions and debarments to letters of reprimand and probation. Check conducted by Checkr

(c). Checkr: An American technology company based in San Francisco, California, performs the background checks and screenings of workers.

(d). FACIS Level 3: is the gold standard of healthcare exclusion and debarment screening. This product includes all of the items contained in FACIS Level 1M plus 2,500 additional state sources; for example, the Illinois Department of Public Health, Alabama Board of Optometry, and Louisiana State Board of Dentistry. While this search exceeds minimum federal requirements, it offers full coverage for a high-level risk management policy.

(e). Nurse Aide Registry (NAR): All nurse aides and nurse aide candidates are required to register in the credential management system.

(f). Employability Status Check Search: This search returns results from both the Nurse Aide Registry and Employee Misconduct Registry. It is used when checking on the employability of nurse aides.

(g). Texas Department of Public Safety Crime Record Service: This system administers programs that include those used in pre-employment searches on people who work with people who are elderly or who have disabilities.

(h). Reportable Conduct - is a defined term that requires “a negligent act or omission” and consideration of circumstances, ordinary prudence, and the reasonableness of the worker’s conduct in light of foreseeable risks

IV. POLICY

1. Verification of Employability Check

(c). Pursuant to the Texas Health and Safety Code (THSC) Sec. 253.008, Cross Generational Home Health Care d/b/a Home Helpers Home Care, (“Company”) Must search the Employee Misconduct Registry (EMR) and the Nurse Aide Registry (NAR) maintained under Chapter 250 as required by the Omnibus Budget Reconciliation Act of 1987 (Pub. L. No. 100-203) before hiring an individual to determine whether the person is listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and is, therefore, unemployable.

(b). Currently, there is one method available to perform these required searches: Use the HHSC Employability Status Search https://emr.dads.state.tx.us/DadsEMRWeb/, which includes information from the Sanctions Database.

(c). A person is unemployable if he or she:
   • Is listed on the Employee Misconduct Registry (EMR),
   • Is revoked on the Nurse Aide Registry,
   • Is revoked on the Medication Aide Registry,
• Has a criminal conviction that is listed as an automatic bar to employment in Health and Safety Code, Chapter 250, or Additional automatic bars to employment pursuant to Texas Administrative Code, Title 40, Part I, Chapter 3, Subchapter B, Rule §3.201

(c). The Company shall conduct the “initial” search prior to hiring an individual or allowing an individual to volunteer.

(e). The Company shall conduct an “annual” EMR and NAR search to determine if an employee is listed on either registry as unemployable.

(f). The agency WILL NOT hire or continue to employ an applicant, or any persons listed as unemployable in the EMR or NAR or having been found to have committed an act of abuse, neglect or exploitation against a Home and Community Support Services Agency (HCSSA) client or facility resident. (refer to §97.246, §97.247, and §97.289), and,

2. Employability of Nurses’ Aides

The Health and Human Services Commission (HHSC) directs providers to verify employability of nurse aides using the Employability Status Check Search website. This website consolidates checks of the EMR, NAR, and other systems. Therefore, verifying a nurse aide’s status through the Employability Status Check Search system is the equivalent of using the NAR and is considered in compliance with all applicable federal regulations and state licensure laws. The Agency shall verify the employability of ALL nurse aides.

3. Licensed Health Professionals

The Company is not required to perform NAR or EMR searches on an employee who has a professional license or who is a licensed health professional. A licensed health professional is an individual who is authorized and holds a license issued by the State of Texas to practice in the health care field.

4. §558.289 Independent Contractors and Arranged Services

If the agency contracts with another agency or organization for an unlicensed person to provide home health services, hospice services, or personal assistance services under arrangement, then the agency will also comply with the requirements in §97.289(c) - (d) of this subchapter (relating to Independent Contractors and Arranged Services). The agency must ensure that the contracting agency or organization:

(a). Conducts a criminal history check before the unlicensed person’s first face-to-face contact with a client of the agency; and

(b). Verifies that there is no finding in unlicensed person’s criminal history information of a conviction that bars employment under the Texas Health and Safety Code §250.006.

5. Notification of The Verification of Employability Check

Upon application for employment, the applicant, volunteer and contractor shall be informed in writing of the need to conduct the “Verification Employability Checks” in both the EMR and the NAR.

Cross Generational Home Health Care d/b/a Home Helpers Home Care, (“Company”) shall (within 5 working days) after hiring an employee, provide written information to the employee regarding the verification of employability check.

6. Written Authorization Requirement

Home Helpers Home Care must obtain written authorization from ALL applicants, employees, and volunteers prior to conducting the check. If an outside private-sector agency or search engine will be used (the notice and the authorization can be on the same form). In addition, if the applicant is turned down, the agency must tell the applicant why, give the applicant a copy of the report, and let them know the name and address of the service that furnished the information.

7. Procedure “How To Conduct the Verification of Employability Check”

(a). Only the Company Human Resources (HR) or the Agency Administrator will conduct the Verification of Employability Check.
(b). The personnel conducting the check will verify and validate whether there is a signed “Personnel Screening, Consent and Authorization for the Verification of Employability Check” for the applicable applicant or employee.

(c). The check WILL NOT be conducted if there is not a signed “Personnel Screening, Consent and Authorization for the Verification of Employability Check” for the applicable applicant or employee.

(d). Use the HHSC Employability Status Search at https://emr.dads.state.tx.us/DadsEMRWeb/, which includes information from the Sanctions Database. If the Health and Human Services (HHS) EMR website is unavailable, the agency may contact HHS EMR and NAR Professional Credentialing Enforcement, Registry Branch at (512) 438-5495 for assistance.

(a). Select: “Employability Status Check Search”. This search will return consolidated results from DADS’ Nurse Aide Registry, Medication Aide Registry and Employee Misconduct Registry. Results will include subject’s status on the individual registries and determination if this status makes the subject unemployable in a regulated facility/agency. Results will not include information regarding criminal convictions. Information regarding criminal convictions may be obtained from the Texas Department of Public Safety

(b). Query by Social Security Number

(c). Enter SSN: (Format: All digits no dashes 123456789)

(d). Click the “Enter: button

(e). The system will out the Employability Status Check Search Results

(f). Scroll to: Export options: PDF

(g). Right Click on: Export options: PDF

(h). Print the PDF File. Do Not Save the File

(i). The Company WILL maintain the results of the initial and annual EMR and NAR checks in the personnel folder.

(j). The agency WILL NOT hire or continue to employ an applicant, or any persons listed as unemployable in the EMR or NAR or having been found to have committed an act of abuse, neglect or exploitation against a Home and Community Support Services Agency (HCSSA) client or facility resident. (refer to §97.246, §97.247, and §97.289).

8. Convictions That Prohibit Employment

The convictions that prohibit employment are outlined in THSC §250.006. The convictions listed in THSC §250.006(a) constitute a permanent bar to employment. The convictions listed in THSC §250.006(b) bar employment in a position involving direct contact with residents for a period of five years from the date of conviction, with the exception of burglary [Section 30.02 (burglary of a habitation or a building) of the Penal Code], which is a permanent bar to employment in nursing homes and assisted living facilities, as outlined in THSC §250.006(c). In the case of offenses that are not automatic bars to employment, facilities are to consider whether those offenses represent a “contraindication to employment,” per §250.003(a) and (c).

9. Results of The Verification of Employability Check and Consumer Reports Screenings

THSC §250.005(a) requires that if the Company believes that a conviction may bar a person from employment or may be a contraindication to employment, the Company must notify the applicant or employee. THSC §250.005(b) requires that DPS give a person notified under subsection (a) the opportunity to be heard concerning the accuracy of the criminal history record information and to notify the facility or individual employer if inaccurate information is discovered.

10. Facts and Questions Regarding the EMR

- Texas Administrative Code, Title 40, Part 1, Chapter 93, Employee Misconduct Registry
- Texas Health and Safety Code, Title 4, Chapter 253, Employee Misconduct Registry

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Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
11. Criminal Background Check, Motor Vehicle Record (MVR) and Drug Testing

In addition to the verification of employability screening conducted (above), Texas Health and Human Services, “Licensing, Credentialing, and Regulation” also require that Cross Generational Home Health Care LLC d/b/a Home Helpers conduct the employability checks listed below:

(a). The Company requires that all applicants be subject to a “Motor Vehicle Record (MVR)” screening. This check reports information provided by a state's Department of Motor Vehicles including license status, violations and infractions, accidents, suspensions or revocations, expiration date, endorsements and violations typically remain on the driving records report for three years. Convictions for serious offenses may be reported for longer, depending on the state. For additional information regarding the MVR screening more.

(b). The Company requires that all applicants be subject to a “5 or 10 Panel Drug Test” screening. For additional information regarding the drug screening more.

(c). The Company shall conduct a “Criminal History Check & Fraud and Abuse Control Information Systems (FAICS)” screening to determine whether an unlicensed applicant for employment has a conviction listed in the Texas Health and Safety Code (THSC) §250.006 or whether the applicant is listed in the EMR or the NAR registry as unemployable. For additional information regarding the Criminal Background screening more.

(i) Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care is authorized by THSC Chapter 250 and Texas Government Code (TGC) §411.1387(b-1) to obtain criminal history record information directly from the Texas Department of Public Safety (DPS). THSC Chapter 250 also allows the option of using a private agency to obtain DPS criminal history information. A private agency may offer search possibilities that exceed the minimum requirement, such as obtaining out-of-state crime record information that is ordinarily not contained in DPS' databases.

(ii) If an unlicensed employee's duties do or would include face-to-face contact with a client, §97.247(a)(3) requires that the agency also conduct a “Criminal History Check” to determine whether the unlicensed employee is unemployable before the employee’s first face-to-face contact with the client.

(iii) The agency shall conduct the same criminal history check and registry searches if the agency uses an unlicensed volunteer and the volunteer's duties do or would include face-to-face contact with a client.

(iv) If the background results are NEGATIVE for either screening, the agency shall rescind the “Conditional Offer Letter” and the employee will Not be hired.

(v) The agency WILL NOT hire or continue to employ an applicant, volunteer, or any persons listed in the Texas Health and Safety Code (THSC) §250.006 “convictions that bar employment”.

(vi) The agency WILL NOT employ a person or use a volunteer whose criminal history report includes a conviction that bars employment under THSC §250.006 or a conviction that the agency determines is a contraindication to employment. If an applicant's or employee's criminal history check includes a conviction of an offense that is not listed in HSC §250.006, the agency will document its review of the conviction and its determination of whether the conviction is a contraindication to employment.

(vii) The agency will immediately discharge a volunteer or an employee whose duties would or do include face-to-face contact with a client when the agency becomes aware that the criminal history information includes a conviction that bars employment under HSC §250.006 or a conviction the agency has determined is a contraindication to employment.

(viii) The Company shall conduct the “initial” consumer report screenings (listed above) prior to hiring an individual or allowing an individual to volunteer.

(ix) These consumer report screenings (listed above) will also be conducted Annually for ALL employees, volunteers and contractors.
(x) The Company WILL maintain the results of these consumer reports in the employee’s personnel files.

(xi) All criminal record information obtained from DPS is privileged information in accordance with THSC §250.007 and TGC §411.085. The information is for the exclusive use of the requesting HCSSA, the private agency on behalf of the HCSSA, and the applicant or employee who is the subject of the records search. The records may not be released or otherwise disclosed to any person or entity except on court order, or with the written consent of the person being investigated. THSC §250.008 makes it a Class A misdemeanor for the unauthorized release or disclosure of criminal history information.

12. **Procedure “How To Conduct the Employability Checks for the Criminal Background Check, MVR and Drug Test**

   (a). The Criminal Background, Motor Vehicle Record (MVR) and Drug Test Screening/checks will be conducted by Checkr.

   (b). The Criminal Background, Motor Vehicle Record (MVR) and Drug Test Screening/checks will be run as standalone Checks.

   (c). Applicants and employees will be asked to submit their name, date of birth, phone number, email address, and driver’s license number and state of issuance.

   (d). They will then be presented and asked to acknowledge receipt of applicable forms and notifications, including Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) and an Acknowledgment and Authorization for Background Check.

   (e). In some cases, candidates may also be asked to provide a copy of their driver’s license.

   (f). After the applicant or employee consents, Checkr will initiate the Search.

   (g). Applicants and employees can log into the Checkr Candidate Portal. To verify the status of the applicable screening/check.

13. **How To Check the Status of Your Reports**

   (a). The Applicant or employee will use “ClearCare Online” to obtain the “caregiver employment application”. Reference: [https://hh58938.clearcareonline.com/apply/](https://hh58938.clearcareonline.com/apply/) or [https://hh58938.clearcareonline.com/quick-apply/](https://hh58938.clearcareonline.com/quick-apply/)

   (b). Applicants or employees will be asked to provide their name, date of birth, SSN, zip code, contact information, addresses etc.

   (c). Applicants or employees will then be presented and asked to acknowledge receipt of applicable forms and notifications, including Summary of Your Rights Under the Fair Credit Reporting Act (FCRA) and an Acknowledgment and Authorization for Background Check.

   (d). After the Applicants or employee consents to the background check, Checkr will initiate the applicable screenings/Checks.

   (e). Applicants or employees, if you’ve applied for a job and/or you’re looking for more information on your background check’s status or progress, please log into the Checkr Candidate Portal.

   (f). To Determine the status of your Report. [more](#).

14. **Inaccurate Background Checks**

    If your background check report includes information that you believe is inaccurate, log into the Candidate Portal and “Report an Error” at the bottom of the page. Employees can also:

   - Submit an email request to the Checkr team and upload any supporting documents
   - Call Checkr at 844-824-3257
   - Mail the dispute with any supporting documents to: Checkr Inc. 1 Montgomery St. Suite 2400. San Francisco, CA. 94104

    Checkr will review and verify the contested information during a reinvestigation. If the information on your report is correct and you would like to provide more context or evidence of rehabilitation, please contact the Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care.
§558.248 - Volunteers

I. PURPOSE
The purpose of this policy is to describes the agency’s policy when using volunteers.

II. APPLICABILITY
This policy applies to all employees, volunteers, and contractors of this agency.

III. POLICY
(1). Initially, this agency will not use volunteers; however, this policy shall be updated when/if the agency decides to use volunteers.
(2). When the agency decides to use volunteers, they shall be used in defined roles only under the supervision of a designated agency employee.
(3). All volunteers must meet the same requirements and standards that apply to agency employees doing the same activities unless the volunteer is exempt from certain requirements or standards.
(4). Volunteers may be used in administrative and direct client care roles.
(5). The agency will document the level of volunteer activity.
(6). The agency will record expansion of care and services achieved by volunteers, including type of services and the time worked.
§558.249 - Self-Reported Incidents of Abuse, Neglect, and Exploitation

I. PURPOSE

This purpose of this policy is to establish a uniform policy and procedure for reporting and responding to allegations of abuse, neglect, exploitation and other reportable incidents at Cross Generational Home Health Care d/b/a Home Helpers Home Care ("Agency"/HCSSA).

II. SCOPE

All Home Helpers Home Care employees, volunteers and contractors are required to adhere to this policy.

III. DEFINITIONS

A. DEFINITIONS: Refer To 26 TAC §558.2


C. Regulatory Requirements:
   • Health and Safety Code Chapter §142.018
   • 26 TAC §558.249
   • Human Resource Code Chapter 48

D. The HCSSA licensing rule at 40 TAC §97.249 refers to the Texas Human Resources Code (THRC), §48.002. Moreover, §48.002 gives Texas Health and Human Services Commission Executive Commissioner authority to define ANE, in rule, for the purposes of investigating allegations of ANE perpetrated by employees of licensed HCSSAs against HCSSA clients. DFPS adopts those definitions in the TAC, Title 40, Part 19, Chapters 705 and 711.

IV. RESPONSIBILITIES

The Agency Administrator shall ensure that all employees (which includes owners/operators, contractors, subcontractors, and volunteers) are trained upon hire, and at least biennially thereafter, and are held responsible for carrying out the designated duties set forth in this policy.

The Agency must self-report all allegations of abuse, neglect and/or exploitation (ANE) to both the Texas Department of Family and Protective Services (DFPS) and the Texas Heath and Human Services (HHS) as required by Texas Health and Safety Code §142.018 and the Texas Administrative Code (TAC), Title 40, Part 1, Chapter 97, §97.249.

DFPS investigates allegations of ANE of HCSSA clients under Texas Human Resources Code (THRC) Chapter 48. When an allegation of ANE committed by a HCSSA employee is substantiated, DFPS refers the name of the HCSSA employee to the Employee Misconduct Registry. DADS conducts a survey or a desk review in response to reported incidents to determine if the HCSSA violated any licensing rules or federal certification requirements. Below are the definitions and the updated guidance for HCSSAs reporting ANE.

V. POLICY

1. Retaliation Prohibited
   (a). The agency will not retaliate against an employee, subcontractor, volunteer, individual, or other person because the employee, subcontractor, volunteer, individual, or other person files a complaint, presents a grievance, or otherwise provides good faith information relating to possible abuse, neglect, or exploitation of an individual; or
(b). The agency will not retaliate against an individual because someone on behalf of the individual files a complaint, presents a grievance, or otherwise provides good faith information relating to possible abuse, neglect, or exploitation of the individual. Filing a complaint, presenting a grievance, or providing in good faith information relating to services provided by the agency. The agency is not prohibited from terminating an employee for a reason other than retaliation.

2. **Compliance With Abuse, Neglect, and Exploitation (ANE) Policy**
   (a). The owners and executive team of Home Helpers will cooperate fully and assist with any investigation regarding reports of Elder Abuse of any kind.
   (b). All employees (which includes owners/operators, contractors, subcontractors and volunteers) of Home Helpers Home Care shall adhere to the standards set forth in this policy directive. Nothing in this policy directive precludes the agency’s responsibilities as outlined in HCSSA licensing rule at 26 TAC §558.249.

3. **Mandatory Reporters of Abuse, Neglect and Exploitation**
   (a). By law, everyone in Texas is a mandated reporter. Professionals may not delegate the duty to report to anyone else. The mandatory reporting requirement applies without exception to an individual whose personal communications may otherwise be privileged, including attorneys, clergy, medical professionals, social workers, and mental health professionals.
   (b). All Agency employees, volunteers, contractors are mandatory reporters of ANE; a mandatory reporter is one who is required by law to report reasonable suspicions of abuse, neglect and exploitation.
   (c). Any person/employee who suspects or has knowledge of ANE can report it directly; he or she should not request an intermediary, such as the Agency Administrator, or supervisor to make the report.
   (d). All professional staff will abide by their respective practice acts and will be required to report any known abuse, neglect, or exploitation of a client by anyone other than an agency employee, volunteer, or contractor to the Department of Family and Protective Services and appropriate law enforcement agency.
   (e). Any person/employee who suspects or has knowledge of ANE can report it directly; he or she should not request an intermediary, such as the Agency Administrator, or supervisor to make the report.
   (f). Any officer, contractor, volunteer or employee of Home Helpers Home Care who suspects Elder Abuse, Neglect and/or Exploitation of any kind must report the incident to the Department of Family and Protective Services (DFPS) hotline and the U.S. Department of Health and Human Services (HHS) Hotline, as required by the Texas Health and Safety Code (HSC) §142.018 and the Texas Administrative Code (TAC), Title 26, Part 1, Chapter 97, §558.249. For additional information, see PL #06-36.

4. **PROCEDURE – How to Report Abuse, Neglect and Exploitation to DFPS and DADS**
   If the Client alleges Abuse, Neglect or Exploitation, or if the agency has cause to believe” (as the term is defined in 40 TAC §97.249) that a client has been abused, neglected or exploited by an employee, volunteer or contractor of the agency, the Agency shall report the information immediately, meaning within 24 hours, to the following:
   (a). **If the person is in immediate danger, call 911 or local police first.** Then call the DFPS. Otherwise report the information to DFPS and HHS.
   (b). The **Department of Family and Protective Services (DFPS) Statewide Intake (SWI) at 1-800-252-5400.** DFPS staff is available 24 hours a day, seven days a week to receive ANE reports. An intake ID number will be provided to document the report. Reports to DFPS may also be made via the or through the DFPS secure website at www.txabusehotline.org; **Note: If Client is in immediate danger, don’t report online.**
   (b). The **U.S. Department of Health and Human Services (HHS) at 1-800-458-9858:** ANE incidents are to be reported to this telephone number regardless of the day or hour. After normal business hours, and on weekends and holidays, callers must leave a message. These messages are monitored, and timely contacts are initiated.
are made to obtain details and confirm receipt of the report. Reports to HHS may also be made online. If reading a hardcopy of policy refer to: (https://apps.hhs.texas.gov/services/crs/incidentforms/SRI/index.cfm).

When making a report to DADS, the Agency/HCSSA must provide as much of the following information as possible:

- The reporting person’s name and title.
- The Agency/HCSSA name, address, telephone number and license number.
- The name of the individual who reported the allegation.
- The date and time the HCSSA first became aware of the alleged reportable conduct.
- The name, date of birth, social security number and payment source (including DADS contracted services, if applicable) of the client involved.
- Services provided (type of services, number of hours).
- The client’s medical history, diagnoses, cognitive status and functional assistance needs status.
- The date, time and location of the reportable conduct.
- The type of reportable conduct (abuse, neglect, or exploitation).
- A detailed narrative as well as specifics of the allegation.
- The name of the alleged perpetrator and his or her contact information.
- The names of witnesses and others who may have relevant information.
- Any injury or adverse effect (including hospitalization), assessments made, treatment required or preliminary action taken.
- Any immediate actions taken by the agency to protect the health and safety of the client and to prevent recurrence.
- Verification that the incident was reported to DFPS (DFPS “Call ID No.”) prior to the oral report to HHS.

5. **Reporting Abuse, Neglect and Exploitation to Agency Administrator**

   All allegations of abuse, neglect, exploitation [ANE] or misappropriation MUST be immediately reported to the Administrator or Alternate Administrator, but no more than one hour after reporting the incident to DFPS and DADS.

6. **Criminal and Civil Liability**

   (a). All Home Helpers Home Care employees, contractors and volunteers that knowingly and willfully fail to report an incident of abuse, neglect and/or exploitation or delay reporting the incident face both employment termination, and legal and professional consequences

   (b). Civil Liability. In some states, a mandated reporter who fails to make a report when required by law may also be subject to civil liability.

   (c). Criminal Liability. Criminal law provides strong penalties for failing to make a report. In almost ALL states, there are criminal penalties for mandated reporters who willfully fail to make a report when required by law.

7. **Abuse, Neglect & Exploitation (ANE) Training For Employees**

   (a). The Agency Administrator shall ensure that all employees (which includes owners/operators, contractors, subcontractors and volunteers) are trained upon hire, and at least biennially thereafter, and are held responsible for carrying out the designated duties set forth in this policy.

   (b). All Home Helpers employees and volunteers must complete the [Health and Human Services Commission’s (HHSC’s) ANE Competency Training](https://hhs.texas.gov/laws-regulations/handbooks/hcs/appendices/appendix-xii-abuse-neglect-exploitation-training-competency-test).

   (c). All Home Helpers employees and volunteers must receive a score of at least 80 percent.

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(d). All Home Helpers employees and volunteers must provide the agency with a copy of the certificate generated
(e). The completion of the computer-based training meets the requirements to verify and validate that the employee or volunteer understands and is knowledgeable about the following:
   • Acts That Constitute Abuse, Neglect And Exploitation;
   • Methods To Prevent Abuse, Neglect And Exploitation;
   • Signs And Symptoms Of Abuse, Neglect And Exploitation;

**Note: To Access the HHSC ANE Competency Training**
1. Link to the Learning Portal homepage: [https://learningportal.dfps.state.tx.us/](https://learningportal.dfps.state.tx.us/)
2. Select the hyperlink titled: ANE Competency Training and Exam (online)

8. **Retention of ANE Training Records**
   (a). The agency must obtain and maintain a copy of the certificate generated from the HHSC’s ANE Competency Final Test for each staff employee and volunteer.
   (b). The record shall be maintained for seven years (7) years, in accordance with 40 TAC §49.307 Record Retention and Disposition.

9. **Initiate Investigation**
   The agency will initiate an investigation of known and alleged acts of ANE that (meet the following requirements (26 TAC §558.250) by agency employees, including volunteers and contractors, immediately upon witnessing the act or upon receipt of the allegation.

The Agency Administrator and/or Agency Alternate Administrator will begin investigating the complaint immediately upon witnessing the act or receipt of the allegation. (Reference Agency Investigations (§558.250)
§558.250 - Agency Investigations

I. PURPOSE

The purpose of this policy is to identify the procedures for that Home Helpers (“Home and Community Support Services Agency (HCSSA)”) will execute when investigating complaints and reports of abuse, neglect and exploitation.

II. REFERENCES

- Definitions. 26 TAC 558.2 DEFINITIONS
- Complaints Against A Service Provider: https://hhs.texas.gov/about-hhs/your-rights/complaint-incident-intake/how-do-i-make-a-complaint-about-hhs-service-provider
- Texas Health and Human Services(HHS), Provider Investigations. https://hhs.texas.gov/doing-business-hhs/provider-portals/protective-services-providers/provider-investigations
- Form 3613, Provider Investigation Report with Fax Cover Sheet. (Home Health, Hospice and Personal Assistance Services Provider Use Only). Refer to: https://hhs.texas.gov/laws-regulations/forms/3000-3999/form-3613-provider-investigation-report-fax-cover-sheet-home-health-hospice-personal-assistance

III. DEFINITIONS

Complaint: An allegation against an agency regulated by HHSC or against an employee of an agency regulated by HHSC that involves a violation of this chapter or the statute.

IV. POLICY

A. Retaliation Prohibited

The agency will not retaliate against an employee, subcontractor, volunteer, individual, Client, or other person for filing a complaint, presenting a grievance, or providing in good faith information relating to personal assistance services provided by the Agency.

B. All Clients Can File A Complaint

1. All Clients of Cross Generational Home Health Care LLC, d/b/a Home Helpers Home Care (‘Agency”) can file a complaint and/or participate in an investigation without fear of reprisal.

2. Clients shall be informed during the initial visit via the consent form regarding how to lodge a Complaint/Grievance. Clients shall also be informed at least every 2 months thereafter. Refer To Client Homebook.

3. When making a complaint, the Client and/or Others filing a complaint should make sure to include the following when filing a grievance/complaint:
   (a). Your name, address and daytime phone number
   (a). Your relationship to the person on whose behalf you are making a complaint
   (b). The names of person(s) involved
   (c). Briefly tell us your complaint
   (d). Please do not send documents, pictures or video tapes, but let us know if you have them.
A. A complaint against Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company”/“Agency”) can be directed to either:

(a). Cross Generational Home Health Care LLC, d/b/a Home Helpers Home Care
   Attn: Kimberly Byrd, Agency Administrator/President
   1452 Hughes Rd, Suite 200
   Grapevine Texas, 76501
   Email: kbyrd@homehelpershomecare.com
   Fax: 817-873-5001
   Office: (817) 600-5393 or cell: (210) 313-8567

(b). Texas Health and Human Services (HHS)
   Complaint and Incident Intake
   Mail Code E249
   P.O. Box 149030
   Austin, TX 78714-9030
   Fax: 512-438-2724 or 512-438-2722
   Toll Free: 1800-458-5898, Option 5
   To submit a complaint online, please visit the link (https://txhhs.force.com/complaint).

B. When To Initiate An Investigation

(a). Reports of ANE. Immediately upon witnessing the act or upon receipt of the allegation, the “Agency Administrator and/or Alternate Administrator” will initiate an investigation of known and alleged acts of abuse, neglect, and exploitation (ANE) by all agency employees, including volunteers and contractors.

(b). Agency Complaints. The Agency shall investigate complaints made by a client, a client’s family or guardian, or a client's health care provider, regarding:

   (a). Treatment or care that was furnished by the Agency.
   (b). Treatment or care that the Agency failed to furnish; or
   (c). A lack of respect for the client's property by anyone furnishing services on behalf of the agency.

Data collected regarding Client complaints shall be incorporated in the organizations Quality Assessment and Performance Improvement process

C. PROCEDURE - How To Investigate Agency Complaints

1. Make Timely Response to Patient Complaints

   (a). “Verbal Complaints” will receive a courteous response at the time they are presented. If possible, the applicable employee MUST move the conversation to a private location. The person making the complaint will be given ample opportunity to discuss concerns without interruption. Do not argue or be tempted to place blame on the Client or the Agency. The Agency Administrator or Employee MUST reassure the Client that the Agency appreciates the opportunity to hear him/her out, and that the Agency takes ALL concerns seriously and will promptly investigate the matter.

   (b). “Written Complaints” will be acknowledged by the Agency Administrator, and the response shall include a message that the complaint will be treated as an opportunity to collect more information and attempt to resolve the concern.

   (c). The Employee MUST notify the Agency Administrator immediately (within 1 hour after receipt of the Complaint) if he/she receives a complaint from a Client or the Legal Representative (LR).

   (d). The Agency Administrator will contact the Client and/or LR immediately (within 1 hour after receipt of the Complaint). The Agency Administrator shall

      • Treat the complaining Client with dignity, courtesy, and due regard for privacy during the complaint-handling process.
      • Adopt a listening posture, i.e. making eye contact, sitting if possible, arms relaxed and not folded.
2. **Document Receipt of Complaint & Initiate Investigation**
   (a). All discussions with the complainant will be documented and retained in a file separate from the medical record.
   (b). In taking prompt action, the Client will be asked to reduce their complaint to writing by filing out a complaint form. Non receipt of a “Complaint Form” does not preclude the Agency from conducting an investigation.
   (c). Once the patient submits a completed “Complaint Form”, the Agency Administrator shall take over to investigate the “Agency Complaint”.
   (d). All discussions with the complainant will be documented and retained in a file separate from the medical record.
   (e). The Agency shall also document receipt of the complaint on a “Complaint Log”.

3. **Inform Client That Current or Future Care Will Not Be Compromised**
   The CQI Team will ensure, in every complaint resolution, that the client’s care of services continues uninterrupted by the complaint resolution process.

4. **Initiate investigation within 10 days after the Agency’s receipt of the complaint.**
   (a). **Fully Investigate the Agency Complaint.**
      i. The Agency shall fully investigate the complaint by engaging in fact finding and root cause analysis to understand the depth of the incident. The Agency shall review internal policies and procedures to determine if there was a violation; personnel involved etc.
      ii. The Continuous Quality Improvement (CQI) Team will investigate the “Agency Complaints” to determine resolution. They are empowered to use whatever means necessary to resolve the issue (i.e.: obtaining outside help, conducting interviews, reporting to state authorities, etc.). Note: The CQI Team consists of the Agency Administrator, Alternate Administrator, Personal Assistance Service (PSA) Supervisor, and Human Resources (HR).
      iii. The agency’s investigation may include but not be limited to: interviews of family, client, perpetrator, and staff members; client physical assessment; and review of all pertinent records. All aspects/components of the investigation will be documented.
      iv. Accused persons and potential witnesses shall be called into the office immediately (within 24 hours after receiving notice of the complaint) and separated before providing written statements detailing what he or she knows about the alleged abuse/neglect or other incident. The statements must be written in a quiet and private location and be secured for delivery to the primary investigating entity. The person providing the statement may also be required to draw a diagram of the location of the allegation, identifying all persons present and the statement(s) shall be obtained immediately upon the report of an allegation.
   (b). **Correct and Mitigate Harmful Effects.**
      The Agency will conduct a ‘Root Cause Analysis” session with the CQI team to understand what caused the compliant and determine ways of preventing similar complaints in the future. Mitigation efforts may include updating policies and procedures, providing refresher compliance training for staff, and/or implementing new safeguards to prevent noncompliance.
   (c). **Document All aspects/components of the investigation**
      The CQI Team shall develop a narrative summary of the investigation which shall include:
i. A statement as to whether the findings of the investigation should be substantiated, unsubstantiated, or unfounded.

ii. For substantiated cases, mitigating and/or aggravating circumstances, if any; and

iii. Recommended Resolutions and any actions that should be taken by the Agency as a result of the complaint.

(d). Take Corrective Action

i. Involve HR to Determine Disciplinary Measures (if applicable). If applicable, the Agency shall apply appropriate sanctions against personnel if a policy was violated; the Agency shall collaborate with the human resources to identify the appropriate disciplinary measures to take, following human resources policies and any progressive disciplinary measures to be consistent with an employee’s past disciplinary history and to ensure consistency for similar violations. Disciplinary action can range from an oral warning, written warning, suspension and up to termination.

ii. Offer Additional Training. Process improvement opportunities and/or additional training may be offered if applicable; or

iii. If Allegation for ANE: The Agency shall take prompt and appropriate disciplinary action against an employee if DFPS confirms an allegation of ANE.

5. Complete Agency Complaints and documentation within 30 days of Receiving the Complaint

(a). Get ALL Documents in Order. The Agency shall document and record all the investigative efforts, which includes the Client complaint, the internal investigation and determination, documents reviewed, and witness statements obtained, actions taken to mitigate the complaint, and any disciplinary actions taken.

(a). Follow-Up With Client. After a thorough investigation, the Agency Administrator shall communicate the findings in an empathetic but concise manner to the Client and/or LAR. The complainant shall be provided with information regarding steps which will be taken with an expected timetable. The complainant should be advised when corrective action has been taken; however, any corrective action that involves staff performance Will Not be communicated to patients or family members.

6. Retain the Investigation Records

The Agency Administrator shall maintain a local investigative case file containing a copy of the investigative report and copies of all investigatory materials. This includes all evidence, such as photographs, interview statements, records and the "Narrative Statement". The file shall also include documentation of all corrective actions taken as a result of the case.

(a). Any allegation(s) or investigations of reports of abuse and neglect shall remain confidential until a final report is completed and approved by DFPS and HHS.

(b). All personal health-related information contained in investigative reports shall remain confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

(c). The identity of any person as the complainant shall remain confidential in accordance with the Freedom of Information Act or unless authorized by the complainant.

(d). Final reports of substantiated, unsubstantiated or unfounded allegations or complaints shall remain confidential and maintained/stored in the agency's files, including the Client's Confidential File and the Employees Confidential File.

7. Review Agency Complaints and Incidents of Confirmed ANE

At least annually, the Agency shall review ALL “Agency Complaints” and “incidents of confirmed ANE” of which the Agency is notified and identify program process improvements that will prevent the reoccurrence of such incidents and improve service delivery.
D. **PROCEDURE - How To Investigate Complaints of ANE**

1. **Initiate Investigation.**

   Immediately upon witnessing the act or upon receipt of the ANE allegation, the “Agency” shall initiate an investigation of known and alleged acts of abuse, neglect, and exploitation by All agency employees, including volunteers, contractors, Client(s), family members etc. (within 24 hours)

2. **Support to the Alleged Victim.**

   The Agency shall provide physical and/or emotional care to the alleged victim immediately but no later than one hour after learning of the alleged abuse, neglect or exploitation (ANE). The Agency shall protect the alleged victim and individual(s) from contact with the alleged perpetrator/employee.

   Immediately, but no later than 24 hours after reporting or learning of the alleged ANE, the Agency Administrator shall notify the alleged victim and the alleged victim’s legally authorized representative (LAR) in person or by phone of the allegation report and the actions that have been or will be taken.

3. **Ensure A Thorough Investigation.**

   The Agency must ensure a thorough investigation of the incident is conducted. The Agency shall execute “Initiate investigation within 10 days after the Agency’s receipt of the complaint.”

4. **Complete Form 3613- Provider Investigation Report**

   After reporting the alleged act to HHSC via an oral report to 1-800-458-9858 (Refer to 26 TAC §558.249), the Agency must obtain enough information to complete the Provider Investigation Report (Form 3613). The form MUST include the following:

   (a). Incident Date
   (b). The Alleged Victim
   (c). The Alleged Perpetrator
   (d). Any Witnesses
   (e). The Allegation
   (f). Any Injury Or Adverse Affect
   (g). Any Assessments Made
   (h). Any Treatment Required
   (i). The Investigation Summary
   (j). Any Action Taken

5. **Submit Form 3613- Provider Investigation Report to the Health and Human Services Commission (HHSC)**

   The Agency Must send the Provider Investigation Report (Form 3613), with statements and relevant documentation, no later than the 10th calendar day after making the oral report, to the HHSC. The Agency may forward any additional information discovered after the Provider Investigation Report is sent to DADS Consumer Rights and Services - Complaint Intake Unit.

   (a). The Agency will use the Form 3613 fax coversheet for any documents emailed, mailed or faxed as additional information.

   (b). The HHSC Intake ID No. MUST be marked on each page of the report, including the cover sheet and each page of any attachments.

   i. If Form 3613, with statements and other relevant documentation, is 15 pages or fewer, the Agency may email cliprovider@hhsc.state.tx.us or fax the report and attachments toll-free to HHSC at 1-877-438-5827.
ii. If the report is 16 pages or more, the Agency shall the report to the Texas Health and Human Services, Consumer Rights and Services, Complaint Intake Unit E-249, P.O. Box 149030, Austin, TX 78714-9030.

Note: If the HCSSA is emailing, mailing or faxing more than one provider investigation report to DADS, the reports may not be combined and sent as one report. One investigation report (Form 3613), including one fax cover sheet – must be used for each incident. Mark the DADS Intake ID Number on each page of the report, including the cover sheet and each page of every attachment. Direct any questions, to the Policy, Rules, and Curriculum Development section at (512) 438-3161.

6. **Complete Agency Complaints and documentation within 30 days of Receiving the Complaint**

   (a). **Get ALL Documents in Order.** The Agency shall document and record all the investigative efforts, which includes the Client complaint, the internal investigation and determination, documents reviewed, and witness statements obtained, actions taken to mitigate the complaint, and any disciplinary actions taken.

   (b). **Send Documentation To HHS.** The Agency shall mail all documentation to HHS. Refer to D(5), “Submit Form 3613- Provider Investigation Report to the Health and Human Services Commission (HHSC)”.

   (c). **Follow-Up With Client.** After a thorough investigation, the Agency Administrator shall communicate the findings in an empathetic but concise manner to the Client and/or LR. The complainant shall be provided with information regarding steps which will be taken with an expected timetable. The complainant should be advised when corrective action has been taken; however, any corrective action that involves staff performance Will Not be communicated to patients or family members.

7. **Retain the Investigation Records**

   The Agency Administrator shall maintain a local investigative case file containing a copy of the investigative report and copies of all investigatory materials. This includes all evidence, such as photographs, interview statements, records and the "Narrative Statement". The file shall also include documentation of all corrective actions taken as a result of the case.

   (e). Any allegation(s) or investigations of reports of abuse and neglect shall remain confidential until a final report is completed and approved by DFPS and HHS.

   (f). All personal health-related information contained in investigative reports shall remain confidential in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

   (g). The identity of any person as the complainant shall remain confidential in accordance with the Freedom of Information Act or unless authorized by the complainant.

   (h). Final reports of substantiated, unsubstantiated or unfounded allegations or complaints shall remain confidential and maintained/stored in the agency’s files, including the Client’s Confidential File and the Employees Confidential File.

8. **Review Agency Complaints and Incidents of Confirmed ANE**

   At least annually, the Agency shall review ALL “Agency Complaints” and “incidents of confirmed ANE” of which the Agency is notified and identify program process improvements that will prevent the reoccurrence of such incidents and improve service delivery.
§558.251 - Peer Review

I. PURPOSE

The purpose of this policy is to establish a written policy to ensure that the Agency Administrator and all professional disciplines comply with their respective professional practice acts or title acts relating to reporting and peer review.

II. APPLICABILITY

This policy applies to the Agency Administrator and all professional disciplines associated with the agency.

III. POLICY

A). All professional disciplines will comply with their respective professional practice acts or title acts relating to reporting and peer review.
   - Registered Nurses – Occupations Code Chapter 301
   - Occupational Therapists – Occupations Code Chapter 454
   - Physical Therapists – Occupations Code Chapter 453
   - Social Workers – Occupations Code Chapter 505
   - Speech Language Pathologists/Audiologists – Occupations Code Chapter 401
   - For other professional disciplines, see the Occupations Code

B). Questions on compliance should be directed to the Administrator or Alternate Administrator or to the appropriate licensing or certifying authority.

C). Failure to comply with the professional practice act or actions defined as detrimental to public health and welfare may result in disciplinary procedures up to and including termination. The agency will report non-compliance with the practice act to the appropriate state board.

D). The Administrator and/or Alternate Administrator will meet at least bi-annually with other agency administrators and alternate administrators (external to this agency) to review best practices and discuss other related issues, such as marketing, financial management, licensure compliance, human resources, etc.
§558.252 & §558.254 - Financial Solvency and Business Records

I. PURPOSE
The purpose of this policy is to identify the action of the agency to avoid a solvency risk.

II. DEFINITIONS
a. Solvency refers to the business’ long-term financial position, meaning the business has positive net worth and ability to meet long-term financial commitments.

b. Solvency risk is the risk that the business cannot meet its financial obligations as they come due for full value even after disposal of its assets.

III. APPLICABILITY
This policy applies to the Agency Administrator and all professional disciplines associated with the agency.

IV. POLICY
1. The agency will not intentionally or knowingly pay employees or contracted staff with checks from accounts with insufficient funds.

2. The agency shall ensure that sufficient funds are available to meet its payroll.

3. An agency shall make available to Health and Human Services (HHS) upon request, business records relating to its ability to carry out its functions. If there is a question relating to the accuracy of the records or the agency’s financial ability to carry out its functions, HHS or its designee may conduct a more extensive review of the records.
   a. The agency will maintain business records in their original state.
   b. Each entry must be accurate and dated with the date of entry.
   c. Correction fluid or tape may not be used in the record.
   d. Corrections must be made in accordance with standard accounting practices.
§558.253 - Disclosure of Drug Testing Policy

I. PURPOSE

In compliance with the Drug-Free Workplace Act of 1988, Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care has a longstanding commitment to provide a safe, quality-oriented, and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of Home Helpers Home Care clients, employees and to the security of the company's equipment and facilities. For these reasons, Home Helpers Home Care is committed to the elimination of drug and alcohol use and abuse in the workplace.

II. SCOPE

This policy applies to all employees, volunteers, and all applicants for employment of Home Helpers Home Care. The Agency Administrator and the human resource (HR) department is responsible for policy administration.

III. POLICY

Home Helpers Home Care, (The Agency”) shall provide a copy of this policy to anyone applying for services from the agency and any person who requests it.

B. All employees must certify that he/she received a copy of Home Helpers Home Care’s Drug Testing Policy. Refer to “Receipt and Acknowledgment of Employee Drug Testing Policy”.

C. Home Helpers Home Care will conduct drug testing of all employees and volunteers who have direct contact with clients.

D. Under Home Helpers Home Care’s drug testing policy, all current and prospective employees and volunteers must submit to the drug testing policy.

E. Employees and volunteers must report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications’ effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to his/her supervisor.

F. Whenever employees are working, are operating any Home Helpers Home Care vehicle, are present on Home Helpers Home Care premises or are conducting company-related work offsite, they are prohibited from:
   • Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
   • Being under the influence of alcohol or an illegal drug as defined in this policy.
   • Possessing or consuming alcohol.

G. The presence of any detectable amount of any illegal drug, illegal controlled substance or alcohol in an employee's body system, while performing company business or while in a company facility, is prohibited.

H. Home Helpers Home Care will not allow employees to perform their duties while taking prescribed drugs that are adversely affecting their ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in a container labeled by a licensed pharmacist or be prepared to produce the container if asked.

I. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.
J. Home Helpers Home Care’s policy is intended to comply with all state laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

K. It is at the agency’s discretion to select the type of drug tests that will be administered. For example, we may use choose hair sample tests over urine sample tests when possible.

L. Drug testing shall be conducted using the “Standard 5 Panel or 10 panel drug urine test”.

M. Employees may be required to provide evidence of a physician’s prescription to the laboratory for any positive drug test results.

N. **Required Drug Testing**

The Company will conduct drug and/or alcohol testing under any of the following circumstances:

1. **Pre-employment**

   Prospective employee’s will only be asked to submit to a test once a conditional offer of employment has been extended and accepted. An offer of employment by Home Helpers Home Care is conditioned on the prospective employee testing negative for illegal substances. Refusal to submit to testing will result in disqualification of further employment consideration.

2. **Reasonable Suspicion/For Cause Testing**

   The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee’s person or in the employee’s vicinity, unusual conduct on the employee’s part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.

   (a). When reasonable suspicion testing is warranted, the Agency Administrator/Alternate Administrator, Human Resources, and the Field Supervisor will meet with the employee to explain the observations and the requirement to undergo a drug and/or alcohol test within two hours. Refusal by an employee will be treated as a positive drug test result and will result in immediate termination of employment.

   (b). Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of management must transport the employee or arrange for a cab and arrange for the employee to be transported home.

   (c). If there is reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended [with or without] pay until the results of a drug test are made available to Home Helpers Home Care by a testing laboratory.

3. **Annual Drug Testing**

   All employees and contractors must participate in the agency’s “Annual Drug Testing” process.

4. **Post-Accident Testing**

   Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. “Involved in an on-the-job accident or injury” means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

5. **Hiring And Employee Retention Process**

   As part of our retention process, the agency conducts random drug testing of current employees or volunteers at the expense of the agency. The random drug testing will be done without notice to the employees or individuals selected and a refusal to take the drug test or failing the drug test will result in disciplinary action up to and including termination of employment.
(a) If there is reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended [with or without] pay until the results of a drug test are made available to Home Helpers Home Care by a testing laboratory.

(b) If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

O. Collection Procedures

1. Before being asked to submit to a drug test, the employee will receive written notice of the request or requirements.

2. Any drug testing required or requested by Home Helpers Home Care will be conducted by a laboratory licensed by the state. All expenses related to the test will be incurred by the company. The employee will be provided with the test time, date of test, name and location of the laboratory that will analyze the employee's test sample.

3. The laboratory will screen all specimens and confirm all positive screens to ensure that there must be a chain of custody from the time specimens are collected through testing and storage.

4. The laboratory will transmit all positive drug test results to the Agency Administrator.

5. If the employee receives notice that the employee's test results were confirmed positive, the Agency will offer individuals with positive results a reasonable opportunity to rebut or explain the results. In addition, the employee may have the same sample retested at the employee's expense.

P. Consequences

1. Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to reapply/retest in the future.

2. Employees who refuse to cooperate in required tests or who use, possess, buy, sell, manufacture, or dispense an illegal drug in violation of this policy will be terminated. If the employee refuses to be tested, yet the company believes he or she is impaired, under no circumstances will the employee be allowed to drive himself or herself home.

3. Employees who test positive, or otherwise violate this policy, will be subject to discipline, up to and including termination.

4. Depending on the circumstances, Home Helpers Home Care may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies determined by Home Helpers Home Care for a minimum of one year but not more than two years as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee tests positive again, the employee will be immediately discharged from employment.

Q. Confidentiality

Information and records relating to positive test results, drug and alcohol, and legitimate medical explanations provided to the Agency Administrator will be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and
may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.
§558.254 - Billing and Insurance Claims

I. PURPOSE

The purpose of this policy is to identify the measures taken to ensure that extreme care will be taken when creating invoices for clients so to avoid errors and omissions on the invoices and billing. At a minimum, some members of the CQI team will review three client files semi-annually; the review will insure completeness and accuracy of billing.

Note: The CQI Team responsible for the review SHALL include the Agency Administrator, Alternate Administrator, and Human Resource Director.

II. SCOPE

This policy applies to all clients of Home Helpers Home Care. The Agency Administrator and the human resource (HR) department is responsible for policy administration.

III. POLICY

A. Billing

1. Upon completion of the “Home Assessment”, the client will sign and date the applicable portions of the completed Proposal form

2. If the client has long term care insurance, the client will provide all applicable information (policy number, company name, etc.) to the Company so that claims processing can be initiated

3. The company will complete submission of any application or information to the insurance company that is necessary to become an approved provider, if the company is not already an approved provider upon admission.

4. The client will make payment of the security deposit (normally equal to two weeks of service). The Administrator will ensure these monies are deposited and documented in accounting software. The security deposit protects the agency from bad debt issues and avoids high accounts receivables.

5. Home Helpers will bill on a weekly basis. Billing periods begin on Saturday morning at midnight and go to Friday evening at midnight.

6. On the following Saturday morning after the service period, the Administrator or Alt. Administrator will review all timesheets and expense reports. The Administrator or Alt. Administrator will then prepare invoices for each client to be billed.

7. After all invoices are created, they are to be printed, and mailed no later than Monday of each week.

8. When invoices are mailed, they will also be submitted to the long-term care insurance company in accordance with their policies and with any additional documentation necessary (care notes, etc).

9. It is the client’s responsibility to notify Home Helpers if reimbursement is not being received by the applicable insurance policy, as Home Helpers has no way to know if reimbursement is received by the client.

B. Payment Receipt

Payments from clients will be processed promptly upon receipt. ACH & Credit Card payments will be processed the Wednesday following the week of services.

1. Payments are entered into the Accounting software “Receive Payments” function. There must be an invoice to assign the payment.

2. Deposit slips are completed to show the check number, amount and client’s last name.
§558.255 - Prohibition of Solicitation of Patients/Clients

I. PURPOSE

The purpose of this policy is to ensure that all employees, contractors, and volunteers of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Agency”) understand that

(a) Texas Health and Human Services Commission (HHSC) prohibits solicitation.

(b) Texas Occupations Code, Chapter 102 prohibits a person from securing or soliciting business or patients for, or from, an individual or entity licensed, certified or registered by a state health care regulatory agency under certain circumstances. An alleged violation of Chapter 102 is prosecuted by the Texas Attorney General or the appropriate county or district attorney, as provided by §102.009 and §102.010. Texas Government Code §531.02115 prohibits a Medicaid provider from engaging in certain marketing activities that are intended to influence a person’s choice of provider. HHSC’s rule at 1 Texas Administrative Code (TAC) §354.1452, Provider Marketing, describes prohibited and permissible marketing activities under §531.02115.

(c) HHSC’s rule at TAC, Title 1, §371.27, Prohibition against Solicitation of Medicaid or CHIP Recipients, requires a Medicaid provider to comply with Chapter 102. If a Medicaid provider violates Chapter 102, the rule allows for termination of the contract of the provider and exclusion of the provider from participation in the Medicaid program.

II. DEFINITIONS/ACRONYMS

- Reference 26 TAC 558.2 DEFINITIONS

III. SCOPE

This policy applies to all employees, contractors, and volunteers of this Home and Community Support Services Agency (HCSSA) Agency.

IV. POLICY

1. This agency prohibits solicitation and all Home Helpers Home Care employees, contractors and volunteers are required to ensure compliance with the Texas Occupations Code, Chapter 102 (relating to Solicitation of Patients).

2. Complaints Regarding Solicitation

A complaint alleging that a person has violated Texas Occupations Code Chapter 102, Solicitation of Patients, or Texas Government Code §531.02115, Marketing Activities by Providers Participating in Medicaid or Child Health Plan Program, shall be reported to and investigated by HHSC’s Office of Inspector General (OIG).

3. Reporting Solicitation

(a) If you have reason to believe that Chapter 102 or §531.02115 has been violated, report the alleged violation to the OIG at the following address:

(b) Texas Health and Human Services Commission
Office of Inspector General
Chief Counsel’s Office
P.O. Box 85200, Mail Code I-1350
Austin, Texas 78708

(c) You may also report the allegation without fear of reprisal to the OIG by telephone, toll-free, at 800-436-6184 or online at https://oig.hhsc.texas.gov/report-fraud.
§558.256 - Emergency Preparedness Planning and Implementation

I. PURPOSE

The purpose of this policy is to identify the Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care ("Company/Agency") Emergency Preparedness and Response Plan (EPRP) that will be initiated for any emergency that interferes with normal operations and disrupts service delivery. This policy also describes the process/steps the agency plans to take to maintain agency operations and /or mitigate service disruption during untoward or emergency situations that impacts the internal and external agency environment.

II. SCOPE

This policy applies to agency Administrator and Alternate Administrator responsible for implementation of this policy. This policy also applies to all employees and volunteers regardless of tenure.

III. REFERENCES

(a). Minimum TAC Requirements for Written Disaster Plans

The licensing rules give minimum requirements for the written disaster plan that each type of facility or agency must have. These requirements are identified in Section V, Policy.


(b). Home Helpers Emergency Preparedness Response Plan (EPRP)

IV. DEFINITIONS

A). Disaster - The occurrence or imminent threat of widespread or severe damage, injury, or loss of life or property resulting from a natural or man-made cause, such as fire, flood, earthquake, wind, storm, wave action, oil spill or other water contamination, epidemic, air contamination, infestation, explosion, riot, hostile military or paramilitary action, or energy emergency.

B). Mitigation - A process in which sustained actions are taken to reduce or eliminate long-term risk from natural and man-made hazards or disasters. Activities include coordinating with state agencies, private sector, and the public following disasters and emergencies.

C). Preparedness - Preparing for the potential of a disaster through education and training, integration with community resources, developing disaster response plans, organizing response and recovery activities, and conducting exercises.

D). Recovery - Activities implemented during and after a disaster designed to return an agency to its normal operations as quickly as possible.

E). Response - Actions taken immediately before, during or after an impending disaster to address the immediate and short-term effects of the disaster. These are the details of the plan given for others to follow in order for the emergency plan to be successful.

V. POLICY

1. The Agency will designate an employee by title, and at least one alternate by title, to act as the agency's disaster coordinator. This will be documented in the Emergency Preparedness Response and Plan Manual. The Agency Administrator shall be the Agency's Disaster Coordinator.

2. The Agency Administrator, supervising nurse (if applicable), Disaster Coordinator and the Alternate Disaster Coordinator will be involved with developing, maintaining and implementing the agency's emergency response plan.
preparedness and response plan.

3. The Agency will create a "Hazard Threat Analysis" to identify the potential disasters from natural and man-made causes most likely to occur in the agency's service area. These threats that may potentially create a risk include, but not limited to: tornados, flash floods, chemical spills or incidents, severe ice storms/blizzards, terrorism, lightening, nuclear power plant incidents, hurricane or tsunami and wild fires.

4. The Agency will develop a written Emergency Preparedness And Response Plan (EPRP), based on its risk assessment of most likely potential disasters from natural and man-made causes, that comprehensively describes its approach to a disaster that could affect the need for its services or its ability to provide those services.

5. The EPRP will identify the “Minimum TAC Requirements for Written Disaster Plans”, Refer to “References, Section III”, and a current list of contact information for staff, staff family members, vendors, emergency services, hospitals and other appropriate community resources will be maintained.

6. The Agency will utilize an Emergency Preparedness Plan in the event a situation occurs that could potentially affect the needs for its services or its ability to provide those services. Agency employees, volunteers and contractors will be educated regarding the emergency preparedness and response plan and their responsibilities in executing the plan upon hire and annually thereafter.

7. The effectiveness of the Emergency Preparedness Plan will be evaluated at least annually and after each actual disaster/emergency response. The annual internal review will consist of testing the response phase of the emergency preparedness and response plan in a planned drill, if not tested during an actual emergency response. A drill may be limited to the agency's procedures for communicating with staff.

8. Staff will follow the "Company's Emergency Preparedness Plan" in the event of a seen or unforeseen emergency.

9. The Agency will develop a "Continuity of Operations Plan" to ensure the needs of agency, staff and clients are met.


11. The Agency will make a good faith effort to comply with the policies during a disaster. If the agency is unable to comply with any of the policies, it will document attempts of staff to follow procedures outlined in the agency's emergency preparedness plan.

12. The Agency may not participate in community emergency preparedness plans or exercises but may utilize community resources as needed during an emergency or disaster.

13. The Agency will assist the client as necessary with registering for disaster evacuation assistance through 211 services provided by the Texas Information and Referral Network.

14. The Agency staff will counsel/educate a client on disaster preparedness during the admission process and as changes are noted.

15. The agency must make a good faith effort to comply with the requirements of this section during a disaster. If the agency is unable to comply with any of the requirements of this section, it must document in the agency's records attempts of staff to follow procedures outlined in the agency's emergency preparedness and response plan.

16. If written records are damaged during a disaster, the agency must not reproduce or recreate client records except from existing electronic records. Records reproduced from existing electronic records must include: The date the record was reproduced, the agency staff member who reproduced the record, and how the original record was damaged.

17. The Agency must notify and provide the following information to the DADS HCSSA licensing unit no later than five working days after any of the following temporary changes resulting from the effects of an emergency or disaster:

- If temporarily relocating, the agency must provide DADS with the license number, date of temporary relocation, the new physical address, phone number of the temporary location and the date an agency returns to a place of business after the temporary relocation.
• If temporarily expanding, the agency must provide DADS with the license number and revised boundaries of the service area, the date the expansion begins, and the date the expansion ends.

• The notice and information must be submitted by fax or e-mail. If fax and e-mail are unavailable, notifications can be provided by telephone, but must be provided in writing as soon as possible. If communication with the DADS licensing unit is not possible, an agency may fax, e-mail, or telephone the designated survey office to provide notification.
§558.259 & §558.260 - Training in Administration of Agencies

I. PURPOSE

The purpose of this policy is to identify the training requirements for the Administrator and Alternate Administrator of the Cross Generational Home Health Care LLC dba Home Helpers home Care LLC (“Company”).

II. POLICY APPLICATION

The Agency Administrator and Alternate Administrator must adhere to the policy requirements.

III. POLICY

A). Complete a Total of 24 hours of Training Before the End of 12 Months After Designation

The Agency First-time administrator and alternate administrator of the Agency shall each have completed a total of 24 clock hours of training in the administration of the agency as described below before the end of the 12 months after designation to the position.

- The 24-hours of training described above must be met through structured, formalized classes, correspondence courses, competency-based computer courses, training videos, distance learning programs, or off-site training courses.
- Subject matter that deals with the internal affairs of an organization does not qualify for credit.
- The training must be provided and produced by:
  - An academic institution
  - A recognized state or national organization or association
  - An approved independent contractor who consults with agencies; or
  - An approved agency

B). Complete 8 hours of Training Prior To Designation

The first-time administrator or alternate administrator will complete eight clock hours of educational training in the administration of any agency that includes information on the licensing standards for an agency and applicable state and federal laws.

C). Complete an Additional 16 hours Within The First 12 Months After Designation To The Position - §97.259(c).

The first-time administrator or alternate administrator shall each complete an additional 16 clock hours of educational training on the following subjects within the first 12 months after designation to the position. The 16 clock hours may be completed prior to designation if completed during the 12 months immediately preceding the date of designation. The additional 16 clock hours will include the following topics:

- Information regarding fraud and abuse detection and prevention
- Legal issues regarding advance directives
- Client rights, including the right to confidentiality
- Agency responsibilities
- Complaint investigation and resolution
- Emergency preparedness planning and implementation
- Abuse, neglect, and exploitation
- Infection control
- Nutrition for agencies licensed to provide inpatient hospice services
- The Outcome and Assessment Information Set (OASIS) for agencies licensed to provide licensed and certified home health services
D). Continuing Educational Training Within Each 12 Months After The Date Of Designation To The Position

The administrator or alternate administrator will complete 12 clock hours of continuing educational training within each 12 months after the date of designation to the position. The continuing education requirement must include at least two of the following topics:

- Any one of the educational training subjects listed above
- Development and interpretation of agency policies
- Basic principles of management in a licensed health-related setting
- Ethics
- Quality improvement
- Risk assessment and management
- Financial management
- Skills for working with clients, families, and other professional service providers
- Community resources
- Marketing

E). Additional Training Requirement

Since the Administrator or Alternate Administrator have not served as an administrator or alternate administrator for 180 days or more immediately preceding the date of designation, within the first 12 months after the date of designation, at least eight of the 12 clock hours of continuing education must include the topics listed in §97.259(c).

F). Documentation Of Administrator And Alternate Administrator Training

Documentation of administrator and alternate administrator training will be on file at the agency. The documentation will contain the name of the class or workshop, the course content, the hours and dates of the training, and the name and contact information of the entity and trainer who provided the training.
## Division 4. Provision and Coordination of Treatment Services

<table>
<thead>
<tr>
<th>TITLE 26</th>
<th>Health and Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART 1</td>
<td>Health and Human Services Commission</td>
</tr>
<tr>
<td>CHAPTER 558</td>
<td>Licensing Standards for Home and Community Support Services Agencies</td>
</tr>
<tr>
<td>SUBCHAPTER C</td>
<td>Minimum Standards for All Home and Community Support Services Agencies</td>
</tr>
<tr>
<td>DIVISION 4</td>
<td>Provision and Coordination of Treatment Services</td>
</tr>
</tbody>
</table>
§558.281 - Client Care

A. PURPOSE
The purpose of this policy is to identify the quality of care actions that all agency employees will implement to provide client-centered care which involves:

- Caring for clients in ways that are meaningful and valuable to the individual client
- It includes listening to, informing and involving patients in their care.
- Ensuring Client Safety: Avoiding injuries to clients from the care that is intended to help them.
- Being Effective: Providing services based on scientific knowledge and best practice.
- Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patients' values guide all clinical decisions.
- Being Timely: Reducing waits and sometimes harmful delays for both those who receive and provide care.
- Being Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- Being Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

B. SCOPE
All Home Helpers Home Care employees, volunteers and contractors are required to adhere to this policy.

C. DEFINITIONS
- Definitions. Refer to “Definitions” - 26 TAC 558.2
- Care Assessment. A “Care Assessment” is a meeting, consultation, appointment, session, orientation, or induction that involves the Administrator or a designated person and a client meeting to determine what the client wants/needs to achieve, and to discuss a plan of action.
- Home Assessment. A "Home Assessment" is an assessment of a Client's home living environment with a goal of increasing the safety of the home for the elderly person who resides there. It is an attempt to obtain the best "Client" and environmental match" to help minimize injury to the patient while in the home. The Administrator and/or Personal Assistance Services (PSA) Supervisor will assess the home, looking for aspects of the home that may be unsafe/less safe for the particular elderly individual. These aspects are identified and noted in a report to the patient/family and referring provider, with suggestions for changes in the home also reported.

D. POLICY
1. All Home Helpers Home Care employees will provide the highest quality service to Home Helpers Home Care clients regardless of the client’s color, race, religion, creed, sex, sexual orientation, age, marital status, status with regard to public assistance, national origin or ancestry, veteran’s status, disability and source or level of funding or any other category protected by federal, state or local law.

2. Home Helpers Home Care shall provide Personal Care Assistance services, (as described within this Manual). Accordingly, some clients may receive more than one service from Home Helpers Home Care.

3. The Agency will offer personal care services and shall employ qualified caregivers to perform those services.
4. The Agency's Client Care Policies shall include the applicable elements covered under the scope of services provided by this Agency.

5. **Admission – Start of Care**
   
   **1. Eligibility For Admission**
   
   Eligibility for admission will rely on the assessment completed by the Administrator or Alternate Administrator. The Administrator or Alternate Administrator will perform an initial assessment with the client and/or family to determine eligibility.

   **2. Admission of a client for services will rely on the following factors:**
   
   a. Home Helpers will not provide any services not mentioned in the Scope of Services in these policies.
   
   b. The agency will not be responsible for providing Durable Medical Equipment (DME) of any kind.

6. **Initial Assessment**

   **1.** When a potential client contacts the office, their information will be captured in writing using the “Client’s Need Assessment” to pre-qualify the potential client for care through our agency.

   **2.** After completion of the “Home Safety Assessment”, the Administrator or Alternate Administrator is to develop an Individualized Service Plan. The Administrator or Alternate administrator then determines which aide will be assigned, based on location, technical expertise, hours of requested services, etc.

   **3.** After completion of the home assessment, the Administrator or Alternate Administrator shall develop an Individualized Service Plan (ISP), aka Plan of Care or Care Plan. The Administrator or Alternate Administrator must approve all ISP(s).

   **4.** The Administrator or Alternate administrator shall determine which aide will be assigned, based on location, technical expertise, hours of requested services, etc.

   **5.** The Administrator or Alt. Administrator will create a "client file".

7. **Time Frame for Initiation of Care or Services**

   This agency will initiate care or services after the agency has had opportunity to conduct an initial consultation with the client and/or family and a needs assessment. After the client and this agency have signed a written agreement for services, care or services can begin usually within 24 to 48 hours, or at a time thereafter that is convenient to the client.

   Due to the COVID-19 Pandemic, the Agency may conduct the “Home Assessment” after the client starts receiving care.

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**E. Coordination of Services**

1. During the course of our responsibilities in providing services for our clients, there will be times that they may be also receiving services from other health care professionals or agencies.

2. When and if this occurs, it is the expectation of Home Helpers for all officers, and employees to work in coordination with the other health care professionals to provide the best of care for our mutual clients.

3. Documentation concerning the exchange of information, reporting and coordination of care with other health care professionals or agencies will be maintained in the client field.
§558.282 - Client Conduct, Responsibility and Client Rights

A. PURPOSE

The purpose of this policy is to identify the list of the individual's rights and responsibilities (of the elderly) that Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Agency”) is required implement and enforce and to provide that information to the client/legal guardians regarding their rights and responsibilities in the delivery of satisfactory home care services.

B. APPLICATION

This policy applies to the Agency Administrator, Alternate Administrator and all Home Helpers Home Staff, volunteers and contractors.

C. REFERENCES

A. HCSSA Statutes and Rules. Texas Human Resources Code, Title 6, Chapter 102: Rights of the Elderly

Refer To: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-support-services-agencies/hcssa-statutes-rules

B. How Do I Make a Complaint about an HHS Service Provider?


D. POLICY

1. In advance of furnishing care to a Client/ before the initiation of treatment, or during the initial evaluation, the Agency shall provide the Client or their legal representative with a written notice of all policies governing client conduct and responsibility and client rights.

   (a). Written notice/list to the patient or their representative of their rights and responsibilities under this rule should be provided via hard copy unless the patient requests that the document be provided electronically.

   (b). If a patient or his/her representative’s understanding of English is inadequate for the patient’s comprehension of his/her rights and responsibilities, the information must be provided in a language or format familiar to the patient or his/her representative.

   (c). Language assistance should be provided through the use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation, translation services, or technology and telephonic interpretation services.

   (d). All agency staff should be trained to identify patients with any language barriers which may prevent effective communication of the rights and responsibilities. Staff that have on-going contact with patients who have language barriers, should be trained in effective communication techniques, including the effective use of an interpreter.

2. Provide “Rights of the Elderly” To Clients

   (a). The Agency shall protect and promote the rights of all clients and comply with the provisions of the HRC Chapter 102, Rights of the Elderly, which applies to a client 60 years of age or older.

   (b). The Agency shall provide each individual with a written list of the individual’s rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible.

   (c). In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client’s behalf.

   (d). In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client’s rights to the extent permitted by law.
3. **Provide “Grievance Procedure” To Clients §558.250**

   (a). At the time of admission, the Agency shall provide each client a written statement specifying where to direct complaints against the agency.

   (b). The statement shall inform the client that a complaint against the agency may be directed to either: **Texas Health and Human Services**, Complaint and Incident Intake or the **Agency Administrator of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care**.

   (c). The written policy shall also include a grievance mechanism under which a client can participate without fear of reprisal.

4. **Inform Clients of Changes**

   The agency shall inform an elderly individual of changes or revisions in the list.

5. **Posting of the Rights**

   1. The Texas statute at HRC Chapter 102 Section 102.004(a) requires posting of the written list of rights, including each statutory provision of Section 102.003, in a conspicuous location.

   **Note:** Examples of acceptable conspicuous locations include an agency’s main office, a lobby of an inpatient hospice alternate delivery site, or a wall of an elderly client’s residence.

   2. The agency shall post the list of rights in a conspicuous location in the client’s home and shall obtain permission from the client prior to taking action.

   3. The agency must not coerce clients into posting the list of rights in their homes.
§558.283 - Advance Directive

I. PURPOSE
The purpose of this policy is to assure that clients are informed about their rights to formulate their wishes through an Advance Directive and additionally, to assure compliance with the Patient Self Determination Act (PSDA) and the Health and Safety Code (HSC) Chapter 166, Advance Directives Act, in such a manner as to expand the client’s, personnel, and community knowledge base regarding Advance Directives and the process by which client participation in the care, services and medical decision-making carried out by Home Helpers Home Care is in compliance with these Acts.

II. POLICY
1. Home Helpers Home Care shall provide written an “Advance Directive Notice” to an individual/client of the written policies regarding Advance Directives and the notice will be provided at one of the following times, depending on which is earlier:
   (a). The time the individual is admitted and start receiving services from the agency or,
   (b). The time the agency begins providing care to the individual

2. If the client is incompetent or otherwise incapacitated and unable to receive the notice at the time notice is provided, the agency shall provide the required written notice to others involved in the client’s care in the following order of preference:
   (a). The client’s legal guardian
   (b). A person responsible for the healthcare decisions of the client
   (c). The client’s spouse
   (d). The client’s adult child
   (e). The client’s parent; or
   (f). The person admitting the client

3. If the agency is unable, after a diligent search, to locate an individual listed above, the agency is not required to provide the notice.

4. If a client who was incompetent or otherwise incapacitated and unable to receive the notice at the time notice was to be provided later becomes able to receive the notice, the agency shall provide the written notice at the time the client becomes able to receive the notice.

5. Home Helpers Home Care does not participate in the withdrawal of life sustaining care. Life sustaining procedures that the agency is unable and/or willing to withhold in:
   (a). Accordance with a patient’s “Advance Directive and/or,
   (b). As discussed with patient (or designated representative), family, physical, and/or Agency’s governing body are:
      i. Mechanical Breathing Machine(s) (i.e., oxygen, ventilator, etc.)
      ii. CPR (unless patient has a standing DNR or meets other legal criteria for no CPR).

III. PROCEDURE
1. As part of the admission process, an inquiry will be made by the Agency Administrator or an authorized staff member as to whether or not the client has completed an Advance Directive.

2. Home Helpers Home Care will not discriminate against any individual based on whether or not the individual has executed an Advanced Directive.
3. A request of the client or client's representative to provide a copy of the Advance Directive for medical record entry will be made.

4. Authorized personnel will document in the medical record whether the client has completed/executed an Advance Directive and or that information concerning Advance Directives has been given to the client/client representative.

**Documentation of the client's executed advance directive must be maintained in a prominent part of the client's current medical record. The medical record shall also contain documentation on whether or not the member has executed an advance directive and the location of the Advance Directive.**

5. It is recommended that follow-up education and interaction with the patient/patient's representative be documented in the medical record by the individual designated to interact with the patient/patient's representative regarding their concerns surrounding Advance Directives.

6. In order to ensure that an opportunity for patient participation in medical decision-making is maximized, and that care provided is consistent with patient values and directives; educational information about advance directives will be provided periodically to staff.
§558.284 - Laboratory Services

This Rule Is Not Applicable To This Agency!

An agency that provides laboratory services must adopt and enforce a written policy to ensure that the agency meets the Clinical Laboratory Improvement Act, 42 United States Code Annotated, §263a, (CLIA 1988). CLIA 1988 applies to all agencies with laboratories that examine human specimens for the diagnosis, prevention, or treatment of any disease or impairment of, or the assessment of the health of, human beings.
§558.285 - Infection Control Precautions

I. PURPOSE

The purpose of this policy is to ensure that all employees, volunteers, and contractors are aware of and observe infection control precautions to prevent the transmission of the Human Immunodeficiency Virus, Hepatitis B Virus, and other blood borne pathogens. The agency could potentially provide services to clients with AIDS, Hepatitis, or other communicable diseases where recognized infection control measures can be utilized. Home Helpers employees and contractors (hereafter simply “providers”) will observe universal precautions as set forth in this policy as they carry out their employment and contractual duties.

II. SCOPE

All Home Helpers Home Care employees, volunteers and contractors must adhere to this policy and Observe the Infection Control Precautions.

III. REFERENCES

- Types of Infections: https://www.cdc.gov/hai/infectiontypes.html
- Diseases and Organisms in the Healthcare Industry: https://www.cdc.gov/hai/organisms/organisms.html
- Bloodborne Infectious Diseases: HIV/AIDS, Hepatitis B, Hepatitis C: https://www.cdc.gov/niosh/topics/bbp/genres.html
- Stop Sticks: https://www.cdc.gov/nora/councils/hcsa/stopsticks/bloodborne.html

IV. Training

- Personal Protective Equipment (PPE): PPE103 Training Frontline Health Care Professionals and Auditing Practices
- Hand Hygiene: HH101 Core Concepts for Hand Hygiene - Clean Hands for Health Care Personnel

V. POLICY

A. Ensure Compliance

The agency will ensure compliance of the agency, its employees, and its contractors with:

1. The Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81; the Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens; and

2. The Health and Safety Code, Chapter 85, Sub-chapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus.

B. Orient the Staff to Identify and Report Infections

The agency will orient the staff to the identification and reporting of infections in compliance with the OSHA standard for blood borne pathogens.

C. Provide Information and Training To Workers

The agency will ensure that all employees, volunteers and contractors receive regular training that covers all elements of the standard including, but not limited to:

1. Information on bloodborne pathogens and diseases,

2. Methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.
D. **Document and Track All Infections Acquired by Clients**

The agency requires documentation of infections that the client acquires while receiving services from the agency and documentation must include:

(a) The date that the infection was disclosed to the agency employee*,

(b) The client's name*,

(c) Treatment as disclosed by the client*.

(d) Other information although not mandatory includes (Primary diagnosis, Signs and symptoms, type of infection)

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E. **Establish an Exposure Control Plan (ECP)**

In an effort to identify any trends and take appropriate actions/precautions to ensure the prevention of the spread of infections between agency clients and staff, the agency will track all infections acquired by clients while on service/receiving care from the agency in the Quality Assurance (QA) and Performance Improvement (QAPI) Plan.

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**Home Helpers Home Care** is committed to providing a safe and healthy work environment for our entire staff and is responsible for the implementation of an Exposure Control Plan (ECP) in accordance with state and national standards as defined by Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC). In pursuit of this endeavor, the prevention of and treatment for occupational exposures to bloodborne pathogens will be executed in accordance with the directives and standards as defined by:

(a) Center For Disease Control (CDC),

(b) U.S. Public Health Service (USPHS),

(c) The Communicable Disease Prevention and Control Act,

(d) Health and Safety Code, Chapter 81;

(e) The Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 and Appendix A relating to Bloodborne Pathogens; and

(f) The Health and Safety Code, Chapter 85, Sub-chapter I, concerning the prevention of the transmission of human immunodeficiency virus and hepatitis B virus.

Reference the Home Helpers Exposure Control Plan

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F. **Update The ECP Annually**

(a) The agency will update the ECP annually to reflect changes in tasks, procedures, and positions that affect occupational exposure, and technological changes that eliminate or reduce occupational exposure.

(b) In addition, the agency shall annually document in the plan that it has considered and begun using appropriate, commercially available effective safer medical devices designed to eliminate or minimize occupational exposure.

(c) The agency shall document that it has solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.

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* Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
G. Infection Control Precautions

The Home Helpers policy is that all employees will observe infection control precautions to prevent the transmission of the Human Immunodeficiency Virus, Hepatitis B Virus, and other blood borne pathogens. The agency could potentially provide services to clients with AIDS, Hepatitis, or other communicable diseases where recognized infection control measures can be utilized. Home Helpers employees and contractors (hereafter simply “providers”) will observe universal precautions as set forth in this policy as they carry out their employment and contractual duties.

1. Hand washing is the single most important step in infection control. Hands must be washed before and after all client contact and after own hygiene. Hands shall be dried on disposable paper towels.

2. Hands must be washed immediately after gloves are removed.

3. All providers attempting resuscitation in order to minimize the need for emergency mouth-to-mouth contact must use CPR masks or other ventilation devices.

4. All providers must use appropriate personal protective equipment (PPE) to prevent skin and mucous membrane exposure when contact with blood or “other potentially infectious materials” (see below for definition) is anticipated.

5. All sharps are to be disposed of in an appropriate container.

6. All infectious waste shall be disposed of in double-bagged trash bags and 1 cup of 1:10 bleach/cold water solution. The bags may then be disposed of in regular household trash.

7. All providers must be free of infectious diseases as noted in the personnel policy.

8. Broken glassware, which may be contaminated, will not be picked up directly by hand; it will be cleaned up by using mechanical means such as a dustpan and brush, tongs, or forceps.

9. Disposable PPE is never to be reused.

10. Gloves must be changed after contact with each client.

11. Gowns or aprons must be worn when conditions of exposure include the potential for clothing to become contaminated with blood or other potentially infectious materials.

12. Hands must be washed immediately after gloves are removed.

13. Other potentially infectious material means any human body fluid or waste.

14. In all cases when a provider has a cut or mucous membrane contaminated with blood or other potentially infectious materials from a client, the contacted skin area must be immediately washed with soap and water and any contacted mucous membrane flushed with water. The provider’s supervisor must be notified immediately, an Incident Report completed, and confidential evaluation and medical follow-up, as needed, shall be obtained.

15. Non-disposable equipment that is soiled with blood or other potentially infectious materials must be washed with soap and water (gloves must be worn), rinsed in disinfectant, and boiled for at least ten minutes. If contaminated equipment is not washable or able to be boiled, the object must be wiped with disinfectant (gloves must be worn).

16. The standard disinfectant is household bleach and cold water in a 1:10 solution. Fresh solution must be prepared daily and metal containers must not be used.

17. Protective eyewear (non-disposable PPE) that is soiled with blood or other potentially infectious materials must be washed with soap and water (gloves must be worn) and rinsed in disinfectant.

18. Cloth items (including clothing) shall be laundered as usual except for items heavily soiled with blood or other potentially infectious materials.

19. Contaminated laundry must be handled as little as possible with a minimum of agitation. Gloves must be worn when handling contaminated laundry.

20. Contaminated items must be separated, kept in a plastic bag, and laundered utilizing ½ cup bleach per load of colorfast material and ¼ cup Lysol per non-colorfast material load.

21. Cloth material will be machine dried at high settings whenever possible.
22. Broken glassware, which may be contaminated, will not be picked up directly by hand; it will be cleaned up by using mechanical means such as a dustpan and brush, tongs, or forceps.

23. Implementation of universal precautions does not eliminate the need for other category or disease specific isolation precautions, such as enteric precautions for infectious diarrhea or isolations for pulmonary tuberculosis.

24. Health teaching/training for clients, family/significant other, and providers will be provided as appropriate and as needed. This training will include the following (as needed):

25. When and how to use universal precautions.

26. Environmental cleaning, including the client’s room, kitchen, and bathroom. These rooms will be cleaned with liquid household bleach (5.25% sodium hypochlorite), commonly referred to as Clorox. This can be prepared by mixing one part bleach to ten parts water. A fresh solution must be prepared daily. Gloves must be worn to protect the skin from this solution.

27. Paper towels must be used for cleaning. Sponges should not be used. The towels must be disposed of after use.

28. Spills of blood or other potentially infectious materials must be cleaned with the household bleach solution.

29. Cloth items must be cleaned following the procedures set forth above.

30. Others may share bathrooms. Toilet seats, fixtures, floors, showers, and tubs must be cleaned regularly with soap and water and then disinfected with Lysol or the household bleach solution.

31. Personal care items such as cosmetics, toothbrushes, razors, and razor blades must not be shared with others. Razors and razor blades must be handled in the same manner as needles and syringes.
H&S Code Chapter 81 – Communicable Diseases

All agency employees will adhere to the Communicable Disease Prevention and Control Act (Chapter 81) in terms of reporting communicable disease of employees, clients, or client family or support systems. Employees should contact the Home Helpers administrator or alternate administrator as soon as possible after receiving notification that an infection has occurred to make an initial report of infection as well as for assistance with the reporting process, if applicable.

A record will be kept in the infection control log of each reported infection. If available, the record will include the following (1) an infected person's city and county of residence, age, gender, race, ethnicity, and national origin; and (2) the method by which the disease was transmitted.

The following are general reporting instructions from the Department of Health and Human Services:

1. In addition to the Reportable Conditions List (included at the end of these policies) conditions, any outbreaks, exotic diseases, and unusual group expressions of disease must be reported. All diseases shall be reported by name, age, sex, race/ethnicity, DOB, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of physician.

2. WHEN: The Notifiable Conditions List indicates when to report each condition. Cases or suspected cases of illness considered to be public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the local health department or DSHS immediately. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the local health department or DSHS within one week.

3. HOW: Most notifiable conditions, or other illnesses that may be of public health significance, should be reported directly to:

   HEALTH SERVICE REGION 6/5 SOUTH – Houston
   Regional Headquarters: 5425 Polk, Suite J, Houston, Texas 77023, Mail Code 1906
   Phone: (713) 767-3000     FAX: (713) 767-3049

4. Paper reporting forms can be obtained by calling your local or health service region or by download Epi-2 for more detailed single case medical care provider reports or Epi-1 for less detailed multiple reports). As a last resort or in case of emergency, reports can be made by telephone to the state office at 800-252-8239 or 512-458-7111. Calling 512-458-7111 after hours will reach the physician/epidemiologist-on-call.
H&S Code Chapter 85 - Acquired Immune Deficiency Syndrome And Human Immunodeficiency Virus Infection

The agency will comply with Health and Safety Code Chapter 85. All employees will receive annual education about methods of transmission and prevention of HIV based on the model education programs developed by the Department of Health and Human Services. In addition:

- Accommodations will be made to keep individuals with HIV infection employed and productive as long as possible.
- As applicable, the confidentiality of employee medical records will be protected.
- HIV-related policies will be consistent with current information from public health authorities, such as the Centers for Disease Control of the United States Public Health Service, and with state and federal law and regulations.
- Persons with HIV infection are entitled to the same rights and opportunities as persons with other communicable diseases.
- The agency and its employees should not engage in discrimination against persons with HIV infection unless based on accurate scientific information.

Hepatitis B Vaccination

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care shall develop an exposure control plan and implement use of universal precautions and control measures, such as engineering controls, work practice controls, and personal protective equipment to protect all workers with occupational exposure.

In addition, the Company shall make hepatitis B vaccination available to these workers (Free of Charge). Hepatitis B vaccination is recognized as an effective defense against HBV infection.

- Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care shall ensure that all occupationally exposed workers are trained about the vaccine and vaccination, including efficacy, safety, method of administration, and the benefits of vaccination.
- The vaccine and vaccination is offered at no cost to the worker and at a reasonable time and place.
- The vaccination shall be offered after the worker is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons.

Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care shall ensure that workers who decline vaccination sign a declination form.

- The purpose the “Vaccine Declination Form” is to encourage greater participation in the vaccination program by stating that a worker declining the vaccination remains at risk of acquiring hepatitis B.
- The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.
§558.286 – Disposal of Special or Medical Waste

I. PURPOSE

The purpose of this policy is to promote awareness of personnel and responsibility in the safe management/handling and disposal of sharps.

II. SCOPE

All clients and agency staff (to include employees, volunteers and contractors are required to adhere to this policy.

III. REFERENCES

A. Safe Needle Disposal
For more information about proper disposal methods for sharps used outside of health care settings visit this website or call (800) 643-1643


IV. DEFINITIONS

A. The Environmental Protection Agency (EPA), and the Occupational Safety and Health Administration (OSHA), identify medical waste as healthcare waste that is potentially contaminated by blood, body fluids, and other potentially infectious materials, commonly abbreviated OPIM. It is also called regulated medical waste.

B. Medical waste can be any of the following:
   • Blood
   • Body fluids contaminated with infectious material
   • Contaminated items that would release blood or other potentially infectious materials if compressed
   • Items caked with dried blood or other potentially infectious materials that are capable of being released during handling
   • Contaminated sharps
   • Pathological and microbiological waste contaminated with blood or other potentially infectious materials

V. POLICY

1. The agency shall provide written facts to the clients regarding examples of medical waste that might be encountered in the home. Examples of medical waste that a client might encounter in the home include discarded:
   (a) Bandages and dressings soiled with blood and/or body fluids
   (b) Used gloves and other PPE
   (c) Needles
   (d) Lancets and glucose strips
   (e) Sharps containers
   (f) Urinary catheter sets
   (g) Intravenous, or IV catheters
   (h) Cotton swabs used for wound care
   (i) Tongue depressors
(j). Tissues with sputum or other body fluids
(k). Filled biohazard bags
(l). Specimen containers and bags, such as lab vials

2. The agency shall provide both verbal and written instructions to the agency's clients regarding the proper procedure for disposing of sharps. Refer To: "What To do With Used Sharps In Texas"
Note: For purposes of this policy, sharps include hypodermic needles, hypodermic syringes with attached needles, scalpel blades, razor blades, disposable razors, disposable scissors used in medical procedures, and intravenous stylets and rigid introducers.
§558.287 - Quality Assessment and Performance Improvement

I. PURPOSE

The purpose of this policy is to identify the Improvement methods include the identification and selection of data for analysis with the intent to create new processes or improve existing processes in order to improve the overall quality of the program procedures.

II. DEFINITIONS

QAPI is the merger of two complementary approaches to quality management, Quality Assurance (QA) and Performance Improvement (PI). Both use quality-based information but differ in key ways. QA is a process of meeting quality standards and assuring that care reaches an acceptable level.

QA is a reactive, retrospective effort to examine why a facility fails to meet certain standards. QA activities do improve quality, but efforts frequently end once the standard is met. QA refers to the strategies seeking to prevent, detect, and correct problems in the quality of services delivered to residents.

PI (also called Quality Improvement - QI) is a pro-active, continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems. PI refers to the strategies that attempt to improve quality through continuous study, modification and improvement of services provided.

III. POLICY

A. The Quality Assessment and Performance Improvement (QAPI) Program shall be implemented by the QAPI Committee.

B. The QAPI Committee shall review and update or revise the QAPI Plan of implementation at least once within a calendar year, or more often if needed.

C. The Agency Administrator shall ensure that any/all identified problems that directly or potentially threaten client care and safety are immediately corrected.

D. QAPI documents must be kept confidential and be made available to Health and Human Services Staff (HHS) staff upon request.

E. At a minimum, the QAPI Committee shall consist of the:
   (1). Agency Administrator *
   (2). Alternate Administrator *
   (3). Supervising nurse or therapist, or the supervisor of an agency licensed to provide personal assistance services*; and
   (4). An individual representing the scope of services provided by the agency *
   (5). Caregivers
   (6). Designated Agency Representative*
   (7). Human Resources Director*

F. The QAPI Committee must meet twice a year or more often if needed.

IV. Continuous Quality Improvement Procedures
It shall be the policy of Home Helpers to utilize an agency-wide approach to quality assurance by measuring, assessing, and improving performance and service delivery. Continuous Quality Improvement will assess:

- Any variations of planned care from that which is delivered.
- Completeness and accuracy of records
- Compliance with licensing regulations
- Compliance with accepted standards of care
- Compliance with agency policies
- Client participation in and satisfaction with the process of care

**A1. The Client Record Review Process will assess:**

- Any variations of planned care from that which is delivered
- Completeness and accuracy of records
- Compliance with licensing regulations
- Compliance with accepted standards of care
- Compliance with agency policies
- Client participation in and satisfaction with the process of care

**A2. The Client Record Review Procedure:**

1. On at least a semi-annual basis or more often as needed (determined by the Administrator), the CQI team, utilizing the quality review checklist will review a minimum of three active client records and one discharged client record.

2. The CQI team will review the records selected and will sign completed checklists. The completed original record review checklist will be returned to file storage after any deficiencies are resolved. Should any deficiencies exist, the Administrative Assistant will have 10 working days or 2 weeks to correct the deficiencies and report back to the CQI team. The Administrative Assistant will file the original record review.

   - Evaluation of data will focus on
   - Possible improvements for existing services
   - The effectiveness and efficiency with which resources were utilized
   - What opportunities for improvement were discovered?
   - What changes or needs for new services were identified by customer feedback?
   - In what way are current services not meeting expectations?

**B1. Personnel Record Reviews**

Personnel records will be kept on file for a minimum of six after the employee’s termination. The Personnel Record Review Process will assess only active personnel for the following:

- Completeness and accuracy of records
- Compliance with state and federal licensing regulations
- Compliance with agency policies

**B2. Personnel Record Reviews Procedure**

1. On at least a semi-annual basis or more often as needed (determined by the Administrator), the CQI team, utilizing the personnel record review checklist will review a minimum of three active personnel records.

2. The CQI team will review the selected records and will sign completed checklists. The completed original record review checklist will be returned to file storage after any deficiencies are resolved. Should any deficiencies exist, the Administrative Assistant will have 10 working days or 2 weeks to correct the deficiencies and report back to the CQI team. The Administrator or Alternate Administrator will file the original record review.

**C2. In compliance with §558.288 – Coordination of Services (Reference Section III, #5 and #6)**

(1) The Agency will measure the long-term outcome of care coordination.
(2) The Agency will measure the intermediate outcome of care coordination.
§558.288 – Coordination of Services

I. PURPOSE

The purpose of this policy is to identify the action adopted by Home Helpers Home Care (the agency) to ensure the effective interchange, reporting, and coordination of care provided by the agency and other providers of health care services involved in the care of our clients.

II. SCOPE

All Home Helpers Home Care employees, volunteers and contractor must adhere to this policy.

III. POLICY

1. Home Helpers Home Care shall assure effective communication and coordination of care with all service providers involved in the care of a client, including the case manager, physicians, contracted healthcare professionals, and other agencies.

   If applicable, Home Helpers Home Care shall integrate orders from all physicians/providers of health care services involved in the client’s plan of care to services to ensure the effective exchange of information, reporting, and coordination of client services among all agency personnel providing care and services, whether the care and services are provided directly or under arrangement; among the agency and other providers of health care services involved in the care of a client, if known by the agency; and all agency personnel providing care and services, whether the care and services are provided directly or under arrangement of the agency and other providers of health care services involved in the care of a client, if known by the agency;

2. The agency shall include documentation in the client record of coordination of services of all known services and significant events.

3. Other providers of health care services involved in the care of a client may include:

   (a). Case manager,
   (b). A physician;
   (c). Another agency;
   (d). An adult day care center;
   (e). An outpatient facility; and
   (f). A managed care organization.

4. **The Agency will measure the long-term outcome of care coordination.** The long-term outcomes the agency hopes to achieve by measuring and improving care coordination include

   Improve patient experience; Improve family experience; Decrease family caregiving burden; Improve provider experience; Maintain or improve functional status, independence, and community participation; Maintain or improve health status; and prevent secondary complications.

5. **The Agency will measure the intermediate outcome of care coordination.** The intermediate outcomes the agency hopes to achieve by measuring and improving care coordination include

   (a). Increased patient and family participation in maintenance and improvement of their own health. For example: health-related behaviors move in the right direction; adherence to treatment regimens increases; missed visits and failed follow-up of referrals by patients decline; patient and family self-advocacy increases.

   (b). Patients receive all medical care services specified in their treatment plan. 3. Patients receive services in the least restrictive medically appropriate setting.

   (c). Delays in the receipt of services (especially services needed in crisis situations) are reduced or eliminated.
(d). All providers caring for a particular patient have current information about the health and functioning of the patient, critical life events, services being provided and the patient's response to the services.

(e). Prescriptions for and delivery of treatments (including medications) that are inappropriate given other conditions and treatments being received by the patient are reduced or eliminated. 7. Duplication of services is reduced or eliminated.

(f). Preventable use of costly services (e.g., emergency room visits, hospitalizations, nursing home placements, services for preventable complications and sequelae) is reduced or eliminated.

(g). Complaints, grievances and incidence reports for this population are reduced.

(h). Negative medical and psycho-social sequelae of transitions from one care setting to another are reduced.
§558.289 – Independent Contractor and Arranged Services

I. PURPOSE

The purpose of this policy is to identify the action adopted by Home Helpers Home Care (the agency) if independent contractors are hired to perform services for the agency.

II. SCOPE

All Home Helpers Home Care employees, volunteers and contractor must adhere to this policy.

III. REFERENCE

Forms & Guides: Client Service Agreement

IV. POLICY

A. The Agency will draw up a written agreement when arranging for services to be provided by personnel/others, who are not directly employed by the local office

B. The Agency WILL NOT contract to non-employees any direct caregiving services. All caregivers must be direct employees or employees through an employee leasing agreement

C. If the agency contracts with another agency or organization for an unlicensed person to provide home health services, hospice services, or personal assistance services under arrangement, the agency must ensure that either it or the contracting agency or organization:

1. Searches the nurse aide registry (NAR) and the employee misconduct registry (EMR) before the unlicensed person’s first face-to-face contact with a client of the agency using the HHS website to confirm that the unlicensed person is not listed in either registry as unemployable.

2. Provides written information to the unlicensed person about the EMR that complies with the requirements of §93.3(c); and

3. Searches the NAR and the EMR at least every 12 months using the HHS website to confirm that the person is not listed in either registry as unemployable.

D. If the agency contracts with another agency or organization for an unlicensed person to provide home health services, hospice services, or personal assistance services under arrangement, the agency must ensure that the contracting agency or organization:

1. Conducts a criminal history check before the unlicensed person’s first face-to-face contact with a client of the agency, and

2. Verifies that there is no finding in unlicensed person’s criminal history information of a conviction that bars employment under the Texas Health and Safety Code §250.006.

E. The agency is not required to maintain a personnel record for independent contractors or staff who provide services under arrangement with another agency or organization. Upon request by HHS, an agency must provide documentation at the site of a survey within eight working hours of the request to demonstrate:

1. That independent contractors or staff under arrangement meets the agency’s written job qualifications for the position and duties performed.

2. The agency ensures compliance with subsection (c) of this section for unlicensed staff providing services to the agency’s clients under arrangement; and
3. The agency complies with subsection (d) of this section for unlicensed staff providing services to the agency’s clients under arrangement by providing a written statement that is signed by a person authorized to make decisions on personnel matters for the contracting agency or organization attesting that a criminal history check was conducted before an unlicensed person’s first face-to-face contact with a client, and that there is no finding of a conviction barring employment under Texas Health and Safety Code §250.006.

V. PROCEDURE

1. Contracted services will be defined in a “Client Services Agreement” before individuals and the agency will be permitted to provide services on behalf of the local office.

2. The written agreement, for contracted services, will include, but not be limited to, the following criteria:

3. Contracted individuals and/or agencies will provide verification of current licensure/certification of personnel, as appropriate. Documentation of this verification will be maintained in the local office.

4. Contracted individuals and/or agencies will conform to all applicable local office policies.

5. Contracted individuals and/or agencies will meet the same requirements that local office’s employees must meet.

6. The local office will be responsible for all activities conducted by the contractor, including administration, supervision, and client care.

7. The local office will be responsible for development, review, and revision of the service plan.

8. The method in which services will be controlled, coordinated, evaluated, and supervised by the local office will be specified.

9. The local office will maintain client records.

10. The procedures for submitting progress notes or other care entries to the client’s record will be specified.

11. A statement will be given to confirm which party will be responsible for liability insurance and bonding.

12. An outline of the services to be delivered will be provided.

13. Procedures for determining charges and reimbursements will be outlined.

14. The process for scheduling visits and/or hours will be specified.
§558.290 – Backup Services and After-Hours Care

I. PURPOSE
The agency adopts this policy for to identify the actions that the agency shall execute for “Backup Services And After Hour Care” to ensure continuity of client services when an agency employee is not available to deliver the services.

II. SCOPE
All agency employees, contractors and volunteers must adhere to this policy.

III. POLICY
1. Introduction of the Caregiver
It is the intention of this agency to always introduce the primary caregiver(s) who will be providing services and any caregiver who is designated to provide services thereafter. In this way our clients will always know the Home Helpers personnel that will be providing their services.

2. Back-Up Services
   (a). In the event of an illness, injury or other emergency where the primary caregiver is not available, a backup caregiver, or one of the supervisors will be available to provide the services needed by our client.

   (b). In the event of an illness, injury or other emergency where the primary caregiver, a backup caregiver, or one of the supervisors is unable to provide the services needed by our client (at the scheduled time), the client may designate a designee who is willing and able to provide the necessary services until personnel from the agency arrives at the client’s home.

   (c). If the client's designee agrees to provide backup services required by paragraph 2(b), the designee must sign a written agreement to be the backup service provider and the agency shall keep the agreement in the client's file.

   (d). The agency will not coerce a client to accept backup services or appoint a personal designee to provide backup services.

3. How To access care from the agency after regular business hours
   If After hours, clients may call the Administrator or Alternate Administrator on-call at (817) 600-5393 or (210) 313-8567. These numbers shall be provided to all clients during the admissions process.
§558.291 - Agency Dissolution

I. PURPOSE

The purpose of this policy is to describe the agency's written contingency plan and how the agency will implement the plan in the event of dissolution/closure of the agency to assure continuity of client care.

II. APPLICABILITY

The policy applies to all employees of this home and community support services agency (HCSSA).

III. POLICY

1. This plan shall be implemented in the event of dissolution of the agency to assure continuity of client care.

2. The agency shall also comply with §97.217(a)(2) of this chapter (relating to Agency Closure Procedures and Voluntary Suspension of Operations).

3. This plan shall be consistent with §97.295 of this title (relating to Client Transfer or Discharge Notification Requirements) and include procedures for:

   (a) Notifying The Client Of The Agency’s Dissolution - Procedure

     In the event of agency closure or dissolution, the agency will adhere to the following contingency plan

     i. All Agency clients who are presently receiving services will be notified in writing at least within five days of the permanent closure stating the last date of service. Notification will be documented by making a list of all patients and marking those that have been notified.

     ii. The responsible physician for each patient and the patient’s family, spouse, significant other or legal representative will also be notified in writing at least within five days prior to closure. The letter will include the last date of service and the Agency to which the patient and his/her records are being transferred.

     iii. All current (open) clients at the time of Agency closure will be transferred to an appropriately licensed home and community support service agency of their choice within their geographical area in compliance with 26 TAC §558.295. Copies of patient records will be transferred to that Agency to assure continuity of care and services to the patient.

     iv. For agencies located in Texas, the agency will also adhere to Texas Administrative code §97.217).

        • In the event of permanent closure, the Texas agency must notify DADS in writing within 5 days before the permanent closure of the agency, branch office, or alternate delivery site.

        • The agency must include in the written notice the reason for closing, the location of the client records (active and inactive), and the name and address of the client record custodian.

        • If the agency closes with an active client roster, the agency must transfer a copy of the active client record with the client to the receiving agency in order to ensure continuity of care and services to the client. The agency must mail or return the initial license or renewal license to DADS at the end of the day that services ceased.

     v. Patient records will be retained for a minimum of six (6) years following the month the Agency cost report is filed. In the case of patients who are minor children, records will be retained until two years following the year in which the client reaches majority age.

     vi. Employee records will be stored according to law if the employee has been discharged or sent to the appropriate Parent Agency if the employee is retained.

   (b) Documenting the Notification - Procedure

     Refer to §558.295 - Client Transfer of Discharge Notification Requirements, section 7.
(c) Carrying Out The Notification - Procedure

Refer to §558.295 - Client Transfer of Discharge Notification Requirements, section 8.
§558.293 - Client List and Service

I. PURPOSE
The purpose of this policy is to identify all clients and the category of services that each is receiving from Cross Generational Home Health Care LLC, dba Home Helpers Home Care.

II. SCOPE
The Agency Administrator, Alternate Administrator, and Designated Agency Representative must adhere to this policy.

III. POLICY
1. The agency shall maintain a current list of clients for each category of service licensed.
2. The list must include:
   a. All services being delivered by the agency and services being delivered under contract.
   b. The Client's name
   c. Identification or clinical record number
   d. Certification period (if applicable)
   e. Diagnosis or functional assessment (as appropriate), and the disciplines that are providing services.

<table>
<thead>
<tr>
<th>Home Helpers Home Care Client List</th>
<th>Category of Service – “Personal Assistance Services”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client’s Name</td>
<td>Identification (Clinical Record Nmbr)</td>
</tr>
<tr>
<td>Start of Care Date (Admission Date)</td>
<td>Certification Period (If Applicable)</td>
</tr>
<tr>
<td>Functional Assessment</td>
<td>Disciplines That Are Providing Services</td>
</tr>
</tbody>
</table>

Texas Administrative Code (TAC), Title 40, Part 1, Chapter 97, §97.219 (relating to Procedures for Adding or Deleting a Category to the License), requires a HCSSA to provide written notification to HHS at least 30 days prior to adding or deleting a category of service to its license.

HHS approves or denies the addition of a category within 30 days after receipt of the written notification. HCSSA must not provide the services under the category the HCSSA is adding until the HCSSA receives written notice of approval from DADS.
§558.294 - Timeframes for The Initiation Of Care

I. PURPOSE

The purpose of this policy is to identify the timely initiation of care to the client in order to prevent gaps in care that may lead to exacerbations and potentially, hospital readmissions.

II. SCOPE

All Home Helpers Home Care Staff are required to adhere to the agency's policy regarding Timeframes for the Initiation of Care.

III. POLICY

1. This agency cannot initiate care or services for any client until the Agency Administrator or designated staff has conducted an initial consultation and a needs assessment with the Care Coordinator/Case Manager or the client and/or family.

2. After the client and the Agency Administrator has signed a written agreement for services/care, services can begin usually within 24 to 48 hours, or at a time thereafter that is convenient to the client.
§558.295 - Client Transfer of Discharge Notification Requirements

I. PURPOSE

The purpose of this policy is to delineate the processes by which services are reduced or clients are transferred, referred, or discharged.

II. SCOPE

All employees, volunteers, and contractors must adhere to this policy.

III. DEFINITIONS

- **Termination or Discharge** - Discontinuance of all organization services by the organization.
- **Reduction of Services** - A change in the client’s service delivery plan in which the quantity of services is reduced.
- **Transfer or Referral** - Clients whose needs or requests change significantly and who are transferred or referred to another organization.

IV. POLICY

1. If the organization is making the decision to reduce or terminate services for a client, the Agency Administrator will be responsible for the decision. The decision will be documented in the client record, citing the circumstances and notification of the client. The Administrator or Alternate Administrator will be responsible for documenting the discharge.

2. A client may only be discharged or transferred as determined by the Agency Administrator Services or designated Agency Representative in compliance with this policy.

3. A copy of the transfer/discharge instructions will be provided to the client/client representative.

4. ALL Clients will be given immediate notice and assistance in selecting other services appropriate to his/her needs.

5. **The Agency will Discharge or Reduce client’s services for the following reasons, (“Discharge or Reduction of Services Criteria”)**

   Client services will be terminated or reduced when the client meets one or more of the following discharge criteria:
   (a). A change in the client’s status requires services other than those provided by the organization
   (b). The Plan of Care goals have been attained or are no longer attainable and/or there is no longer a payer for services
   (c). The client refuses or discontinues services
   (d). The client refuses to cooperate in attaining the objectives of service and/or refuses to pay for further services
   (e). Situation at the site of services is no longer safe for the client and/or organization personnel
   (f). A caregiver is prepared and capable of assuming responsibility for services and there is no longer a payer for services or the client requests services to be discontinued
   (g). The client moves away from the geographic area served by the organization
   (h). The client’s financial situation has deteriorated and he/she or caregiver cannot pay for requested services
   (i). The organization is discontinuing a service or all services
   (j). The client expires

6. **The Agency will Transfer or Discharge a client Without Prior Notice for the following reasons, (“Transfer or Referral Criteria Without Notice Criteria”)**
A client may be transferred or referred for the following reasons which will be documented in the client record and a Discharge Summary Will Be Completed. A copy of the “Discharge Summary” instructions shall be provided to the Client.

(a). Upon the client’s request
(b). When services are discontinued by the client.
(c). If the client’s medical needs require transfer, such as a medical emergency
(d). In the event of a disaster when the client’s health and safety are at risk in accordance with provisions of §97.256, (relating to Emergency Preparedness Planning and Implementation)
(e). For the protection of staff or a client after the agency has made a documented reasonable effort to notify the client, the client’s family and physician, and appropriate state or local authorities of the agency’s concerns for staff or client safety, and in accordance with agency policy
(f). According to physician orders; or
(g). If the client fails to pay for services, except as prohibited by federal law

7. **A Client Will Be Arbitrarily Be Transferred Or Referred If The Following Occurs, (Transfer or Referral Criteria With Notice Criteria”)**

A client may be transferred or referred for the following reasons which will be documented in the client record:

1. A client requests a transfer or referral to another provider
2. Medical reasons, necessitating care beyond the scope of the organization
3. A determination of the inappropriateness of continuing organization services
4. A change in the client’s medical or care program that the organization cannot accommodate as a non-medical provider

8. **Procedure – How To Transfer/Discharge Client**

If the agency intends to transfer or discharge a client, the following tasks must be executed:

a. **Provide “Prior” Written Notification To the Client**

The Agency Administrator shall provide prior notification (immediately) to the client or the client’s parent, family, spouse, significant other, or legal representative.

b. **Communicate With Client Again (verbally and prior to last shift)**

The Administrator will verbally notify the client of the need to terminate or reduce services prior to the last scheduled shift.

c. **Provide Financial Obligations to Clients (if applicable)**

If Client is referred to another organization, service or individual, the Client shall be informed of any financial benefit to the referring organization

d. **Assist Clients Requiring Continuing Care**

Note: Prior notice is not necessary when services are discontinued by the client. However, actions will be documented in the client record and a discharge summary will be completed. A copy of the discharge instructions will be provided to the client, if appropriate.
For clients requiring continuing care not available through Home Helpers, assistance will be given to clients in order to transfer to another organization or facility that can meet the client’s ongoing needs. Discharge instructions will be provided, if appropriate. Discharge planning will identify a client’s continuing needs. Additionally, arrangements for such services may be coordinated by the organization.

e. **Provide “Prior” Written Notification to The Physician**

Also provide “Prior” Written Notification to the client’s attending physician or practitioner if he or she is involved in the agency’s care of the client.

f. **Complete the Discharge/Transfer Form – “Transfer & Discharge Documentation”**

The Administrator shall obtain and complete the “Client Discharge/Transfer Form”. Documentation includes, but is not limited to the following (as applicable) to care and services provided:

<table>
<thead>
<tr>
<th>Discharge Documentation</th>
<th>Transfer Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any instructions given to client/client caregiver</td>
<td>Any instructions given to client/client caregiver</td>
</tr>
<tr>
<td>Client identifying information and emergency contact information</td>
<td>Client identifying information and emergency contact information</td>
</tr>
<tr>
<td>Date of discharge</td>
<td>Date of transfer</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Destination of Client</td>
</tr>
<tr>
<td>Discharge Instructions</td>
<td>Diagnosis related to transfer</td>
</tr>
<tr>
<td>Physician’s name and phone number</td>
<td>Name of Person /organization receiving report</td>
</tr>
<tr>
<td>Reason For Discharge</td>
<td>Physician’s name and phone number</td>
</tr>
<tr>
<td>Significant Health History</td>
<td>Reason for Transfer</td>
</tr>
<tr>
<td>Status of client at the time of discharge</td>
<td>Significant Health History</td>
</tr>
<tr>
<td>Summary of services provided by the organization and ongoing needs that cannot be met</td>
<td>Status of client at the time of Transfer</td>
</tr>
<tr>
<td></td>
<td>Summary of services provided by the organization and ongoing needs that cannot be met</td>
</tr>
<tr>
<td></td>
<td>Transfer Orders and Instructions</td>
</tr>
</tbody>
</table>

9. **Maintain Records For Transfer/Discharge**

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Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
The Agency will maintain the following in the client’s file:

- A copy of the written notification provided to the client or the client’s parent, family, spouse, significant other or legal representative; and
- Documentation of the personal contact with the client if the required notice was delivered by mail
- Documentation that the Client’s attending physician or practitioner was notified of the date of discharge

10. **Review of File**

    The Client record will be reviewed by the Agency Administrator and completed within thirty (30) days of discharge. The Client record will then be removed from the “Active File”.

11. **Discharge and transfer agency documentation will include the following additional documentation**

    (a). Evidence that the client no longer qualifies for home care services or there is no payer source for ongoing services.
    (b). If there are unmet needs and the agency is no longer able to meet those needs, documentation will demonstrate that appropriate notice was given (verbal and written) and referrals made as indicated.
    (c). Documentation of all communications with the client and the client’s physician or other providers; including the rationale for discharge or transfer.
    (d). Evidence of efforts to resolve conflicts, unless the safety of the staff is placed at an immediate risk.
    (e). In the event that a discharge or transfer is due to lack of staff, evidence that ongoing efforts were made to recruit staff or place the client with an alternate agency.
§558.296 - Physician Delegation and Performance of Physician-Delegated Tasks

I. PURPOSE
The purpose of this policy is to verify whether or not Home Helpers Home Care will accept physician delegated tasks.

II. SCOPE
The Agency Administrator, Alternate Administrator and Designated Agency Representative must adhere to this policy. All agency personnel are also required to adhere to this policy if the agency accepts delegation from a physician.

III. DEFINITION
1. A role is the set of behaviors an organizational member is expected to perform and that he/she is obligated to perform, while
2. Tasks are specific activities used to carry out a major domain of activity, or function, lying within that role.
3. Delegation is the transfer of authority from a licensed, professional health care provider to an individual not licensed to perform the delegated tasks, within a specified situation. Although delegation is not restricted to home and community-based service settings and, indeed, often takes place in hospital and other acute care settings, the symposium focused only on home and community-based services, including group homes and foster homes. Nurses are the primary professional group involved in this form of delegation, because the types of services that are delegated in home and community-based settings tend to be those services that nurses are licensed to perform, such as medication administration, skin care, bowel programs, and, arguably, even ventilator care.

IV. POLICY STATEMENT
1. This agency generally performs personal assistance services and non-medical personal care. However, at the discretion of the Agency Administrator and on a case-by-case evaluation, the Agency may coordinate and accept physician-delegated tasks to assist our clients. If the Agency does accept a physician-delegated task for a client, the Agency will comply with the Medical Practice Act, Occupations Code, Chapter 157, concerning physician delegation.
2. The agency may accept delegation from a physician only if the agency and the Agency Administrator receives the following from the physician:
   (a). The name of the client
   (b). The name of the delegating physician
   (c). The task(s) to be performed
   (d). The name of the individual(s) to perform the task(s)
   (e). The time frame for the delegation order
   (f). If the task is medication administration, the medication to be given, route, dose and frequency must be provided.
   (g). Under the code of federal requirements for long-term care facilities, the regulations at 42 C.F.R. 483.40(e) state, "A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies.

§558.297 - Receipt of Physician Orders

I. PURPOSE
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Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care
The purpose of this policy is to describe the protocols and procedures Cross Generational Home Health Care LLC, d/b/a Home Helpers Home Care ("Agency") staff must follow when receiving physician orders.

II. SCOPE

The Agency Administrator, Alternate Administrator and Designated Agency Representative must adhere to this policy. All agency personnel are also required to adhere to this policy if the agency accepts receipt of physician orders.

III. POLICY

1. When there is an occasion for the administrator of this agency to accept "Physician Delegation – Delegated Tasks", there must be written documentation detailing the task and procedures to be followed; and must be signed by the delegating physician.

2. This agency will not act upon verbal or facsimile transmitted orders from a physician until receiving and verifying with original written documentation and communication with the physician to ensure the validity.

3. The Agency Administrator is responsible for integrating orders from all relevant physicians involved into the plan of care and ensuring the orders are approved by the responsible physician.
§558.298 - Delegation of Nursing Tasks by Registered Professional Nurses to Unlicensed Personnel and Tasks Not Requiring Delegation

I. PURPOSE

This policy identifies the decisions made at the administrative level of the agency and extends to the Registered Nurse (RN) responsible for delegating and overseeing this essential nursing skill to maximize the nursing care that clients receive.

II. SCOPE

The Agency Administrator, Alternate and designated Agency Representative Rep must adhere to this policy.

III. DEFINITIONS

1. **Delegation** is defined as “authorizing an unlicensed person to provide nursing services while retaining accountability for how the unlicensed person performs the task. It does not include situations in which an unlicensed person is directly assisting a RN by carrying out nursing tasks in the presence of a RN.”

2. **Unlicensed assistive personnel (UAP).** An umbrella term to describe a job class of paraprofessionals who assist individuals with physical disabilities, mental impairments, and other healthcare needs with their activities of daily living and provide care—including basic nursing procedures—all under the supervision of a registered nurse, licensed practical nurse, or other healthcare professionals. They provide care for healthcare consumers in need of their services in hospitals, long-term care facilities, outpatient clinics, schools, private homes, and other settings. UAP by definition do not hold a license or other mandatory professional requirements for practice, though many hold various certifications.

IV. POLICY

1. As previously stated, Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company/Agency”) is licensed to provide personal assistance services and non-medical personal care ONLY. When there is a need for other tasks for a client that require delegation by a registered nurse or task outside the scope of our normal services, these must be approved on an individual basis by the administrator of this agency.

2. This agency will ensure compliance with the standards set forth by the Board of Nurse Examiners for the State of Texas, 22 TAC, Chapter 224 and Chapter 225.

3. All Registered Nurses (RN) MUST be licensed by the State of Texas AND MUST be employable.

4. Nurses may work only in the roles and responsibilities that are appropriate to his/her individual level of training, and/or specific license issued by the State of Texas. A licensed or Certified professional can work in a position that is below his/her level of license. However, the applicable person is held to the highest level of his or her education. Example, if a nurse is working in a position lower than the nurse’s licensure and fails to act prudently based on education preparation, the nurse’s license would be subject to sanction by the board.

5. RNs may be involved in patient/family teaching and this is not delegation.

Note: Requirements for RN delegation for personal assistance service clients are in §558.404, relating to Standards Specific to Agencies Licensed to Provide Personal Assistance Services.

6. We shall partner with Hospice Agencies

   The Agency Administrator shall obtain instructions from the Hospice RN (if client is receiving hospice care)

   a. The hospice agency will leave instructions on what to do in case of emergency, oftentimes:

   b. **DO NOT CALL 911**

   c. **CALL THE HOSPICE AGENCY**
§558.299 - Nursing Education, Licensure and Practice

This Rule Is Not Applicable To This Agency!
§558.300 - Medication Administration

I. PURPOSE

The purpose of this policy is to establish guidelines to promote the health and safety of clients served by ensuring the safe assistance and medication reminders or other necessary procedures.

II. SCOPE

All agency employees, volunteers and contractors must adhere to the policy.

III. POLICY

1. What Caregivers ARE NOT ALLOWED TO DO

   • Caregivers and Employees of this agency MUST NOT administer any medication to a client.
   • Caregivers and Employees of this agency MUST NOT touch the client’s medication.
   • Caregivers and Employees of this agency MUST NOT assist client with setting up a pill box or pill organization system.
   • A Caregiver may not take medications from prescription bottles or directly hand medications to a client.
   • Reference 26 Tex. Admin. Code § 557.128, Part 1

In compliance with HSC §142.021 (Subchapter B, Permits To Administer Medication), all Home Helpers Home Care employees, volunteers and contractors MUST not administer ANY medication to a client of this agency.

2. What Caregivers Can Do

   Caregivers and Employees of this agency can
   • Verbally prompt/encourage the client to take his/her medication
   • Verbally prompt /encourage the client to maintain a current medication record in compliance with 26 TAC §558.300(b).
   • Assist the client with maintaining a current medication list to help increase medication adherence and medication safety. “An up-to-date medication list provides real-time information to health care providers at the point of both prescribing and dispensing to support informed, shared decision making about adding an additional medicine to a patients’ existing medicine regimen,”.
   • Provide timely medication reminders by ensuring medication is being taken in the appropriate dosage and at the appropriate time to ensure compliance with the prescribed plan from a doctor. The caregiver is trained to follow the prescribed medication schedule that doctors give, guaranteeing the client and family members that the client is following the plan given.
   • Keep an eye on the client to watch out for signs of serious medication/adverse drug side effects that can cause the individual to be hospitalized.

3. Responsibilities For the Client, Family Member or Nurse

   • The client, a family member or nurse must place medications into the medication dispenser.
   • The medication dispenser must be labeled as to the day of the week and time of day that each medication should be given.

4. Report Adverse Reactions Immediately

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- Any and ALL caregivers, employees etc. delivering care to a client must report any adverse reaction to the Agency Administrator and the Field Supervisor (immediately/as soon as it is observed) via phone (817) 600-5393 or (210) 313-8567.

- The incident must be documented this in the client’s record on the day of occurrence.

- If the adverse reaction occurs after regular business hours, the individual delivering care must report the adverse reaction as soon as it is observed or when the client discloses it to you.

- If the client does experience negative side effects or a serious medical emergency, the caregiver will call (911 immediately) and notify a medical professional if there is a need for medical attention due to side effects from medications.

5. §558.404 - Standards Specific to Agencies Licensed to Provide Personal Assistance Services

- Refer to 26 TAC §558.404 if ever applicable, all communication and authorization will be provided by the Agency Administrator.
§558.301 - Client Records

I. PURPOSE

The purpose of this policy is to identify the records that must be maintained in the “Client Folder” for each Client of Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company” / “Agency”).

II. SCOPE

The provisions in this subsection apply to ALL unlicensed applicants for employment, unlicensed volunteers, and unlicensed employees, if the person’s duties would or do include face-to-face contact with a client.

III. POLICY STATEMENTS

A. Establish Individual Records

1. Cross Generational Home Health Care LLC d/b/a Home Helpers Home Care (“Company”) shall maintain a separate/individual Client record for each Client of the Company.

2. The Company shall keep a single file or separate files for each category of service provided to the client and the client’s family.

3. All information regarding the client’s care and services shall be centralized in the client’s record and be protected against loss or damage.

4. All clients’ records shall be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996.

5. Files shall be filed in alphabetical order

B. Types of Files For Client’s Records

1. Client File

   The file shall contain the “Plan of Care” and Weekly Shift Notes. In addition to the Agency Administrator, and Human Resources (HR) the Personal Assistance Services (PSA) supervisor shall have access to this file.

2. Confidential File

   Any and All documents that contain information such as date of birth, marital status, dependent information, Social Security number, immigration status, national origin, race, gender, religion, sexual orientation and criminal history Will Not be accessible to managers and supervisors due to the sensitive nature of the information. Only the Administrators, and HR shall have access to these files.

C. All agency records shall be available at all times for review by authorized representatives of the Department and to legally authorized persons; otherwise consumer records shall be held confidential.

   The consent of the client or his representative if the client is incapable of making decisions shall be obtained before any personal information is released from his records as authorized by these regulations

B. Client Access To Records

The Company will not release any portion of a client record to anyone other than the client except as allowed by law.

(a). If a client currently in care asks to see his/her record, the request will be referred to the Administrator or the Alt. Administrator. The Administrator or Alt. Administrator will then do one of two things within three working days of the client’s request:

   • Enter a note in the record indicating that there is no clear indication that such examination by the client would be harmful.

   • Enter a note in the record that there are clear reasons that such an examination would be harmful to the client at that particular time. These reasons will be documented and entered into the record. This decision will be made known to the client, the client’s
(b). If a former client asks to see his/her record, the Administrator or Alt. Administrator will take action as described for current clients above.

(c). If a former client is not known by the Administrator or Alt. Administrator and a decision cannot be appropriately made regarding the potential harm to the former client reviewing his/her record, arrangements will be made for the former client to be seen and evaluated by the Administrator for the express purpose of determining whether the former client should have access to his/her record.

(d). If a client or former client requests a copy of case record material, it will be the responsibility of the Field Supervisor or Administrator to provide such copies. There will be a nominal fee for this service to cover the cost of duplication.

(e). The client or former client will be notified regarding any material in their record that has been obtained from other sources and will be directed to obtain copies of this material from the other sources.

D. Entry and Accuracy to Client Records

1. All notes and reports in the consumer's record shall be legibly written in ink (or typewritten), dated and signed by the recording person with his full name and title.

2. A clinical record must be an original, a microfilmed copy, an optical disc imaging system, or a certified copy.

3. An original record is a signed paper record or an electronically signed computer record. A signed paper record may include a physician's stamped signature if the agency meets the following requirements: All entries regarding the delivery of care or services are not altered without providing evidence and an explanation of such alteration.

4. Each entry to the client record is current, accurate, signed, and dated with the date of entry by the individual entering the information.

5. The record must include all services, whether furnished directly or under arrangement.

6. Correction fluid or tape must not be used in the record. Corrections must be made by striking through the error with a single line and must include the date the correction was made and the initials of the person making the correction.

E. Storage

A Client record may be maintained electronically, paper or both; the Company may keep Client records for Clients in any location but must provide them upon request of a Texas Department of Aging and Disability Services (DADS), Health and Human Services Commission (HHSC) or Accreditation Commission for Health Care (ACHC)/Health Human Service (ADHC/HHS) surveyor within eight working hours, as specified in §97.507(c).

Client records will be kept at the Home Helpers office at 1452 Hughes Rd Suite 200, Grapevine Texas 76501 unless otherwise designated by the Administrator. If taken offsite, records must be accessible and readily retrievable for inspection by DADS at the site of the survey. Note: Client Records shall be maintained in hardcopy/Paper Format.

F. How to Maintain Client Records

1. Record Maintenance

   (a) Records shall be protected from loss, damage and unauthorized use.

   (b) Client records will be stored in a secure office.

   (c) Client records will be clearly marked with client name.

   (d) Automated record keeping systems (contact database management software, accounting software, etc.) will have restricted access through access codes or other automated security systems.

   (e) All automated record keeping systems will have a back-up system.

   (f) Records may only be removed from the secure storage area with the Administrator or Alternate Administrator’s approval for supervisory purposes.

   (g) Only authorized personnel may access client records. These personnel will include:
G. Retention & Disposal of Personal Assistance Services Records

(a). The Company/Personal Assistance Services Agency records shall be retained in a retrievable form until destroyed.

(b). The agency will maintain/preserve any/all Client records for a minimum of six (6) years after the discharge of the client.

(c). The agency will dispose of all background reports and any information gathered from them securely. This includes, burning, Records of minors (less than 18 years of age) shall be retained for a minimum of six (6) years after the consumer reaches eighteen (18) years of age.

(d). The agency shall retain original client records for a minimum of six (6) years after the discharge of the client.

(e). The agency may not destroy client records that relate to any matter that is involved in litigation if the agency knows the litigation has not been finally resolved.

(f). There must be an arrangement for the preservation of inactive records to ensure compliance with this subsection. Refer to Section F, Client Record Maintenance

(g). All records must be disposed of by shredding, burning, or other similar protective measure in order to preserve the consumers’ rights of confidentiality.

(h). Documentation of record destruction must be maintained by the personal assistance services agency.

H. Destruction Of Client Records

(a). All inactive and closed records will be screened annually and those records that have had inactivity for over seven years will be identified for the purpose of destruction or purging.

(b). When a case record is identified as closed and without contact for seven years the Administrator will compile a list of all case files consisting of client name, case number, birth date and date to be destroyed.

(c). The client database will be updated to include the information "Record Destroyed" and the date destroyed.

(d). The Administrator will then add a file card in the closed record card file.

(e). The case records will then be destroyed by shredding.

Any and All medical records shall be maintained separate from the Client file. The Medical File Will Not be accessible to managers and supervisors due to the sensitive nature of the information. Only the Administrators, and Human Resources shall have access to the files.

I. Contents of the Applicable Client Files

Information that will be maintained in the official Client file includes, but is not limited to the documents/records listed below:

<table>
<thead>
<tr>
<th>Type of Records</th>
<th>Applicable File Where Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Billing and Payment</td>
<td>Confidential File</td>
</tr>
<tr>
<td>2. HIPAA Notice of Privacy Practices</td>
<td>Confidential File</td>
</tr>
<tr>
<td>3. Home Helpers Advance Directive Policy</td>
<td>Confidential File</td>
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<tr>
<td></td>
<td>Document Title</td>
</tr>
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<td>--------------------------------------------------------------------------------</td>
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<tr>
<td>4</td>
<td>Infection Control Supervision of Staff (if requested)</td>
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<tr>
<td>5</td>
<td>Scheduling and Cancellation Notice</td>
</tr>
<tr>
<td>6</td>
<td><strong>Weekly Shift Notes</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
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<td></td>
<td>“Shift Notes” are a means for the caregivers/aides to communicate the client’s daily progress. They act as a record of shift activities, and they identify signs of problems over time. It is on the “Visit Notes” that any recordable events should be captured. Recordable events are, but are not limited to, the following:</td>
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<tr>
<td></td>
<td>(a) A client fall (whether aide present or not)</td>
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<td></td>
<td>(b) Any client swelling</td>
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<td></td>
<td>(c) Any medical emergency</td>
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<td></td>
<td>(d) Uncharacteristic behavior</td>
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<td></td>
<td>(e) Any new or previously unrecorded severe client contusions, abrasions/lacerations, ulcers, rashes, etc.</td>
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<td></td>
<td>(f) Any physician’s appointments</td>
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<tr>
<td>7</td>
<td>Records Of Supervisory Visits by Field Supervisors, Agency Administrator and Alternate Administrator</td>
</tr>
<tr>
<td>8</td>
<td>§558.210 - Agency Hours Of Operation Notice- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>9</td>
<td>§558.249 - Abuse, Neglect, Or Exploitation- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>10</td>
<td>§558.253 - Agency Drug Testing Policy- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>11</td>
<td>558.256 - Emergency Preparedness &amp; Disaster Planning Fact Sheet - Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>12</td>
<td>§558.256 - Clients Preparedness During An Emergency Event Or Disaster- Acknowledgement &amp; Receipt</td>
</tr>
<tr>
<td>13</td>
<td>§558.281 - Client Care Needs Assessment</td>
</tr>
<tr>
<td>14</td>
<td>§558.281 - Client Care: “Home Safety Assessment Checklist”</td>
</tr>
<tr>
<td>15</td>
<td>§558.282 – Client Conduct, Responsibilities &amp; Clients Rights- Acknowledgement &amp; Receipt</td>
</tr>
<tr>
<td>16</td>
<td>§558.282 - Rights Of The Elderly- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>17</td>
<td>§558.282 - How To File A Grievance/Complaint-Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>18</td>
<td>§558.283 - “Advance Directives Notice”- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>19</td>
<td>§558.285 - Infection Control Precautions-- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>20</td>
<td>What to Do with Used Sharps in Texas-- Acknowledgment &amp; Receipt</td>
</tr>
<tr>
<td>21</td>
<td>§558.290 - Home Helpers Back Up Care Policy”-- Acknowledgment &amp; Receipt</td>
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<tr>
<td></td>
<td>Description</td>
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<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>22.</td>
<td>§558.295 - Client Transfer of Discharge Notification Requirements&quot;- Acknowledgment &amp; Receipt</td>
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<tr>
<td>23.</td>
<td>§558.300 - Client’s Current List of Medications&quot;- Acknowledgment &amp; Receipt</td>
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<tr>
<td>24.</td>
<td>§558.404 - Plan of Care or Individualized Service Plan (ISP)</td>
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<td></td>
<td>The individualized service plan must include, but not be limited to the</td>
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<td></td>
<td>following:</td>
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<td></td>
<td>(a). Types of services, supplies, and equipment to be provided;</td>
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<td></td>
<td>(b). Locations of services;</td>
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<td></td>
<td>(c). Frequency and duration of services;</td>
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<td></td>
<td>(d). Planned date of service initiation;</td>
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<td>(e). Charges for services rendered if the charges will be paid in full or</td>
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<td></td>
<td>in part by the client or significant other(s), or on request; and</td>
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<td>(f). Plan of supervision; and</td>
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<td>(g). Documentation that the services have been provided according to the</td>
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<td>individualized service plan.</td>
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<td></td>
<td>(h). The care plan or the plan of care must include, as applicable,</td>
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<td>medication, dietary, treatment, and activities orders.</td>
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<td>25.</td>
<td>Client Services Agreement</td>
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<tr>
<td></td>
<td>Shall include full name; sex; date of birth; name, address, and telephone</td>
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<td>number of parent(s) of a minor child, or legal guardian, or other(s) as</td>
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<td>identified by the individual; physician’s name and telephone numbers,</td>
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<td>including emergency numbers; and services requested</td>
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<tr>
<td>26.</td>
<td>Consent to Release Information</td>
</tr>
<tr>
<td>27.</td>
<td>A Copy Of Any Correspondence Faxed, Mailed Or Delivered To Client</td>
</tr>
<tr>
<td>28.</td>
<td>Any correspondence from client’s insurance company or agent thereof</td>
</tr>
<tr>
<td>29.</td>
<td>Medical Records</td>
</tr>
<tr>
<td>30.</td>
<td>Texas Directive to Physicians and Family or Surrogates</td>
</tr>
<tr>
<td></td>
<td>(if requested)</td>
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<tr>
<td>31.</td>
<td>Texas Medical Power of Attorney</td>
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<td>(if requested)</td>
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<tr>
<td>32.</td>
<td>Texas Out of Hospital DNR Order Form</td>
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<td>(if requested)</td>
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<tr>
<td>33.</td>
<td>Texas Advance Directive Information Form</td>
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<td>(if requested)</td>
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</tbody>
</table>
Subchapter D. Additional Standards Specific to License Category and Specific to Special Services
§558.404 - Standards Specific to Agencies Licensed to Provide Personal Assistance Services

I. PURPOSE

The purpose of this policy is to identify the additional standards that Home Helpers Home Care ("Agency") is required to meet since the agency holds a license with the category of personal assistance services.

Note: This requirement is in addition to meeting the standards in Subchapter C of this chapter (relating to Minimum Standards for All Home and Community Support Services Agencies).

II. SCOPE

The policy applies to all volunteers, and employees of Cross Generational Home Health Care dba Home Helpers Home Care.

III. POLICY

A. §558.404(C) – Minimum Qualifications Of Agency Staff that Can Perform Personal Assistance Services.

1. In addition to meeting the standards in Subchapter C, Home Helpers Home Care shall also meet the standards of this section.

2. Home Helpers Home Care is licensed to provide personal assistance services in compliance with this chapter and may indicate or imply that the Agency is licensed to provide personal assistance services by the use of the words ‘personal assistance services’ or in any other manner.

3. Personal assistance services as defined in 26 TAC §558.2 shall be performed by an unlicensed person who is at least 18 years of age and has demonstrated competency, when competency cannot be determined through education and experience, to perform the tasks assigned by the supervisor. An unlicensed person who is under 18 years of age, is a high school graduate or is enrolled in a vocational educational program and has demonstrated competency to perform the tasks assigned by the supervisor, may perform personal assistance services.

4. Refer to: Agency Job Description for additional qualifications applicable to agency staff performing personal assistance services.

B. §558.404(d) - Tasks authorized under a personal assistance services license category.

The following tasks may be performed by this Agency:

1. Personal care as defined in 26 TAC §558.2;

2. Health-related tasks provided by unlicensed personnel that may be delegated by an RN or that an RN determines do not require delegation in accordance with the agency’s written policy adopted, implemented, and enforced to ensure compliance with the rules adopted by the Texas Board of Nursing (BON) in 22 TAC §225.14;

3. Health-related tasks that are not the practice of professional nursing under the memorandum of understanding between DADS and BON; and

4. Health-related tasks that are delegated by a physician under the Occupations Code, Chapter 157.

C. §558.404(g). Supervision Of Agency Personnel With Input From The Client Or Family On The Frequency Of Supervision.

1. Caregivers shall be supervised by the Agency personnel that have completed two years of full-time study at an accredited college or university or by an individual with a high school diploma or GED may substitute one year of full-time employment in a supervisory capacity in a health care facility, agency, or community-based agency for each required year of college.
2. The Agency Administrator will determine when a participant or representative is no longer certified to provide supervision for Caregivers.

3. Refer to the Agency Job Description for an overview of the responsibilities for the Personal Assistance Services (PAS) Supervisor.

D. §558.404(g)(1)-(2) - Conditions and qualifications for supervising agency personnel delivering personal assistance services.

1. Refer to the Agency Job Description for an overview of the qualifications and responsibilities for the Personal Assistance Services (PAS) Supervisor.

2. Supervising Agency Personnel or the attendant must:
   (a) not be a legal parent, foster parent, or spouse of the client who receives the service;
   (b) not be the spouse of the individual who receives the service, except for Family Care (FC) services; and
   (c) not be designated by a DADS case manager on DADS' authorization for community care services form as "Do not hire.

E. §97.404(h)(1)-(5) - Performance of gastrostomy tube feedings and medication administration for an agency that provides personal assistance services. Tube feedings and medication administration through a permanently placed gastrostomy tube (gtube) in accordance with subsection (d)(3) of this section may be performed by an unlicensed person only after successful completion of the training and competency program and procedures described in paragraphs (1) - (5) of this subsection.

(Section NOT APPLICABLE to this Agency as of 6/14/2020)

1. The training and competency program for the performance of g-tube feedings by an unlicensed person must be taught by an RN, physician, physician assistant (PA), or qualified trainer. A qualified trainer must:
   (a) Have successfully completed the training and competency program described in paragraphs (2) and (3) of this subsection taught by an RN, physician, or PA;
   (b) Have demonstrated upon return demonstration to an RN, physician, or PA the performance of the task and the ability to teach the task; and
   (c) Have been deemed competent by an RN, physician, or PA to train unlicensed personnel in these procedures. Documentation of competency to perform, train, and teach must be maintained in the employee's or contractor's file. Competency must be evaluated and documented by an RN, physician, or PA annually.

2. The minimum training program must include:
   (a) A description of the g-tube placement, including its purpose;
   (b) Infection control procedures and universal precautions to be utilized when performing g-tube feedings or medication administration through a g-tube;
   (c) A description of conditions that must be reported to the client or the primary caregiver, or in the absence of the primary caregiver, to the agency administrator, supervisor, or the client's physician. The description of conditions must include a plan to be effected if the g-tube comes out or is not positioned correctly to ensure medical attention is provided within one hour;
   (d) Review of a written procedure for g-tube feeding or medication administration through a gtube. The written procedure must be equivalent to current acceptable nursing standards of practice, including addressing the crushing of medications;
   (e) Conditions under which g-tube feeding or medication administration must not be performed; and
   (f) Demonstration of a g-tube feeding and medication administration to a client. If the trainee will become a qualified trainer, the demonstration must be done by the RN, PA, or physician. If the trainee will not become a qualified trainer, the demonstration may be done by an RN, PA, physician, or qualified trainer

3. The minimum competency evaluation must be documented and maintained in the employee's file and must include:
(a). A score of 100% on a written multiple choice test that consists of situational questions to include the criteria in paragraph (2)(A) - (E) of this subsection and an evaluation of the trainee’s judgment and understanding of the essential skills, risks, and possible complications of a g-tube feeding or medication administration through a g-tube;

(b). A skills checklist demonstrating that the trainee has successfully completed the necessary skills for a g-tube feeding and medication administration via g-tube, and if the trainee will become a qualified trainer, the skills checklist must also demonstrate the ability to teach another person to perform the task. The skills checklist must be completed by an RN, physician, or PA if the trainee will become a qualified trainer. The skills checklist for a trainee who will not become a qualified trainer may be completed by an RN, physician, PA, or qualified trainer; and

(c). Documentation of an accurate demonstration of the g-tube feeding and medication administration performed by the trainee as required by paragraph (2)(F) of this subsection. If the trainee will become a qualified trainer, documentation of competency to teach this task must be maintained in the file of the qualified trainer. The person responsible for the training of the trainee must document the successful demonstration of the g-tube feeding and medication administration via g-tube by the trainee and the trainee’s competency to perform this task in the trainee’s file.

4. The client or primary caregiver must provide information on the client’s g-tube feeding or medication administration to the agency supervisor.

If the client is not capable of directing his or her own care, the client’s primary caregiver must be present to instruct and orient the supervisor regarding the client’s g-tube feeding and medication regime. A copy of the current regime including unique conditions specific to the client must be placed in the client's file by the agency supervisor and provided to the respite caregiver. The respite caregiver must be oriented by the client, the client's primary caregiver, or the agency supervisor. The supervisor of the delivery of these services must have successfully completed a training and competency program outlined in paragraphs (2) and (3) of this subsection or be a qualified trainer.

5. Legend medications that are to be administered must be in a legally labeled container from a pharmacy that contains the name of the client.

Instructions for dosages according to weight or age for over-the-counter drugs commonly given to the client must be furnished by the primary caregiver to the respite caregiver performing the tube feeding or medication administration.