



Smarter Solutions.  
Better Outcomes.

*Non-Skilled*  
**Home Care Agency  
Administrative  
Policies *and* Procedures  
Manual**

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POLICIES AND PROCEDURES MANUAL  
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# EDITING YOUR MANUAL

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This document's formatting is controlled by the use of Word styles. It is a Microsoft Word document and should operate on systems using Office 2007 software or higher. Kenyon HomeCare Consulting has done its best to ensure reformatting will be minimal for most agencies, but we do not assume liability for any formatting errors that may occur.

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

[AGENCY] — Your [AGENCY]'s business name

[BUSINESS TYPE] — Your [AGENCY]'s business type

[STATE] — The state your [AGENCY] is licensed in

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

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

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

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

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

[JOB TITLE] — Your [AGENCY]'s Owner/Administrator title

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

## To Find and Replace Text Placeholders:

1. On the Edit menu, click Replace.
2. In the Find what box, enter the placeholder text exactly as it is above that you want to search for.
3. In the Replace with box, enter the replacement text.
4. Click Find Next, Replace, or Replace All.
5. To cancel a search in progress, press ESC.

## To Update Table of Contents:

You can update either the whole table of contents or page numbers only.

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

## ACCEPTANCE OF THE ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL

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

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Owner/Owner/Administrator

Date

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NON-SKILLED HOME CARE AGENCY  
ADMINISTRATIVE POLICIES AND  
PROCEDURES MANUAL

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# ORGANIZATION AND ADMINISTRATION

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## MISSION STATEMENT

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### POLICY

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

### PURPOSE

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To serve as the guiding principles for the [AGENCY]'s policies, procedures, services, and programs.

### PROCEDURE

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1. The mission statement is established with appropriate, if applicable, and administrative personnel input and review, and approved by the Governing Body.
2. The mission statement is reviewed, revised (if needed), and approved at least every 36 months by the Owner/Governing Body.
3. The mission statement is included in all orientation.
4. A written copy of the mission statement is available for clients, referral sources, and other interested parties.

### EXAMPLE

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

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## POLICY AND PROCEDURE DEVELOPMENT AND IMPLEMENTATION

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### DEFINITIONS

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

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

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### POLICY

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[AGENCY] follows an established process for the development, approval, implementation, and access to its policies and procedures. [AGENCY] policies and procedures reflect an emphasis of quality service, current and ethical standards of practice, client rights, and the [AGENCY]'s mission statement.

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

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

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

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

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### PURPOSE

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1. To ensure accountability and responsibility in the oversight, review, and approval of policies and procedures which direct the services of the [AGENCY].
2. To delineate the authority for the approval process.

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### PROCEDURE

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1. The home care [AGENCY] is licensed in the state of [STATE]
2. Policies and procedures will be written in a standardized format, approved by the Owner, maintained on the Internet, and organized for efficient reference and access.