



Smarter Solutions.  
Better Outcomes.

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

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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:

[HOME CARE ORGANIZATION NAME] — Your agency's business name

[BUSINESS TYPE] — Your agency's business type

California — The state your agency is licensed in

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

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

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

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

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

[JOB TITLE] — Your agency's Administrator title

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

## To Find and Replace Text Placeholders:

1. On the Edit menu, click Replace.
2. In the Find what box, enter the placeholder text exactly as it is above that you want to search for.
3. In the Replace with box, enter the replacement text.
4. Click Find Next, Replace, or Replace All.
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/Governing Body as the policies and procedures that guide the practices and services for [AGENCY NAME]

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Owner/Administrator

Date

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STATE OF CALIFORNIA  
NON-SKILLED HOME CARE AGENCY  
ADMINISTRATIVE  
POLICIES AND PROCEDURES  
MANUAL

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UPDATED 2018

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## ORGANIZATION AND ADMINISTRATION

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## LICENSE

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### POLICY

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The [HOME CARE ORGANIZATION NAME] Owner/Governing Body understands that in the State of California, that it is required to obtain a license from the state and keep that license in compliance with all rules and regulations following the application process as stipulated in CAC 90-021. The Department does not discriminate per CAC 90-20 [no- discrimination against any individual, 18 years of age or older, may apply for a Home Care Organization license regardless of age, sex, race, religion, political affiliation, national origin, disability, marital status, actual or perceived sexual orientation or ancestry]

### PURPOSE

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To assure that the agency has a license to operate and is in compliance with the rules governing that license.

### PROCEDURE

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#### APPLICATION FOR INITIAL LICENSE

1. Any adult, firm, partnership, association, corporation, county, city, public agency or other governmental entity desiring to obtain a Home Care Organization license shall file with the Department an application, on forms furnished by the Department.
2. The Home Care Organization applicant shall sign the application acknowledging he or she has read and understands the statutes and written directives which pertain to Home Care Organizations prior to the issuance of a license.
3. The application package shall contain the following on forms furnished by the Department:
4. Application for a Home Care Organization:
  - a. Home Care Organization applicant name, mailing address and telephone number.
  - b. Type of application action requested.
  - c. Name of the individual or entity filing the application.
  - d. Name, email address, and telephone number of the Home Care Organization.
  - e. Physical address and county of the Home Care Organization.
  - f. Alternate telephone number, if applicable.
  - g. Mailing address of the Home Care Organization.
  - h. Name and title of designee or person in charge of the Home Care Organization.
    - i. Total number of aides as measured by the estimated number of Affiliated Home Care Aides to be employed, or if applying prior to January 1, 2016, the current number of individuals providing home care services.

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- j. Business office hours of Home Care Organization.
    - k. Property ownership status, and name, mailing address, and phone number of property owner if renting or leasing, if applicable.
    - l. If the Home Care Organization was previously licensed, provide the previous name and license number.
    - m. If currently operating any community care facility, residential care facility for the elderly, residential care facility for persons with chronic life-threatening illness, child day care facility, day care center, family day care home, employer-sponsored child care center, or Home Care Organization, provide the facility or Home Care Organization name and facility or Home Care Organization number.
    - n. Home Care Organization applicant or Home Care Organization licensee signature, title, county where signed, and date.
  5. If the Home Care Organization applicant is a partnership, the name, signature, and mailing address of each general partner shall be provided.
  6. If a general partner is a corporation or other business organization, the chief executive officer, or equivalent shall sign the application.
  7. All general partners shall be on the license and sign the application.
  8. If the member or managing member is a corporation or other business organization, the managing member or equivalent shall sign the application for a Home Care Organization.
  9. If the Home Care Organization applicant is a corporation the application shall be signed by the chief executive officer or equivalent.
  10. Any other information which may be required by the Department for the proper administration and enforcement of this directive
  11. Home Care Organization applicant required information:
    - a. Name and title within the Home Care Organization.
    - b. Sex of Home Care Organization applicant or Home Care Organization licensee.
    - c. Date of birth of the Home Care Organization applicant or Home Care Organization licensee.
    - d. The Home Care Organization applicant's or Home Care Organization licensee's home mailing address and home telephone number.
    - e. Other name(s) used by the Home Care Organization applicant or Home Care Organization licensee.
    - f. If the Home Care Organization applicant or Home Care Organization licensee has ever held or currently holds beneficial ownership interest of ten (10) percent or more in a Home Care Organization or a facility set forth in Health and Safety Code section 1796.17(b)(8), the following shall be provided: