OPERATIONS MANAGEMENT FOR HOME CARE AGENCIES

A Practical Operations Handbook for
Owners, Administrators, and Supervisors

Aricares Alliance

Empowering Care. Ensuring Quality.

Second edition | November 2026

About This Edition

Operations Management for Home Care Agencies: A Practical Operations Handbook for Owners, Administrators, and Supervisors

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This handbook provides general operational guidance. It is not legal, tax, accounting, or clinical advice, and it does not replace state regulations, legal counsel, or clinical judgment. Agencies must comply with all applicable federal, state, and local laws. Federal information was checked on November 5, 2026, and rules may have changed.

For all the caregivers who stand in the gap.

What changed in this edition

- Corrected statements about HIPAA, licensing, EVV, mandatory reporting, travel time, and record retention
- Added client preference and discrimination guidance, exclusion screening, classification, and AI safeguards
- Added a Federal Policy Watch chapter
- Rebuilt the templates, and added background check and safety steps to the process flows
- Fixed broken cross-references and policy language

About Aricares Alliance

Aricares Alliance dedicates itself to empowering families, caregivers, and home care agencies throughout the United States. Through education, guidance, advocacy, and resource development, Aricares Alliance works to strengthen home care systems, elevate caregiver support, and ensure that every senior receives safe, compassionate, and high-quality care.

Mission:

Aricares empowers families, caregivers, and home care agencies to provide safe, compassionate, and compliant care through education, guidance, and advocacy.

Vision:

A home care system in the U.S. where every caregiver is supported and every senior receives quality care.

Purpose of This Handbook

The home care industry is rapidly evolving. Agencies must meet increasing regulatory demands, rising client expectations, caregiver workforce challenges, and growing documentation requirements—all while ensuring compassionate, person- centered service.

This handbook was created to provide home care agencies with:

- A clear and accessible operational framework
- Practical tools, templates, forms, and SOPs
- Strategies for managing caregivers, clients, and compliance
- Guidance rooted in safety, dignity, and quality of care
- A ready-to-use management system that supports daily operations

Aricares Alliance proudly supports agencies in building ethical, compliant, and caregiver-centered operations that uplift the entire home care ecosystem.

How to Use This Handbook

This handbook is organized into eleven chapters covering every major operational domain:

1 Foundations of Home Care Operations
2 Licensing, Accreditation & Compliance
3 Human Resources & Workforce Development
4 Client Acquisition, Intake & Assessment
5 Caregiver Scheduling & Field Operations
6 Service Delivery & Care Quality
7 Financial Management & Billing
8 Technology & Digital Transformation
9 Growth, Strategy & Community Impact
10 Ethical Practice & Cultural Competence
11 Federal Policy Watch

The appendices provide ready-to-use tools, including:

- Templates
- Forms
- SOPs
- Checklists
- Orientation guides
- Policy samples

Agencies may adopt, modify, or integrate these documents into their internal systems after review by qualified legal, clinical, and compliance advisers. State rules control. Forms are samples, not government forms.

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CHAPTER 1—FOUNDATIONS OF HOME CARE OPERATIONS

Home care agencies operate in a dynamic, sensitive, and highly regulated environment. Administrators, caregivers, and support staff must balance regulatory compliance, safety, compassion, and efficiency—while navigating the unique complexities of caring for individuals in their homes.

1.1 Understanding the Home Care Industry

Home care allows individuals—primarily seniors and those with disabilities—to receive support in the comfort and dignity of their homes. Services range from basic companionship to personal care, homemaking tasks, and specialized dementia or chronic care support.

Home Care Trends Driving Industry Growth

- An aging population with increasing longevity
- Consumer preference to age in place
- Emphasis on reducing hospital readmissions
- Continued demand for Medicaid home- and community-based services, alongside state budget pressure
- A tight labor market. PHI reports nearly 3.2 million home care workers in 2024, more than 6.1 million projected job openings from 2024 to 2034, and a $16.77 median hourly wage
- Affordability pressure. In a 2026 survey of more than 300 agency leaders, 61% rated affordability and rising costs as a major obstacle to growth
- Greater acceptance of home-based support services

Home care agencies must deliver services that are safe, compassionate, and tailored to the client's needs while maintaining strong operational controls.

1.2 Mission, Vision, and Values Alignment

A clear mission and vision provide direction for every part of the organization.

Core Values:

- Compassion: Treat every person with dignity.
- Excellence: Model best practices in care delivery.
- Safety: Prioritize client and caregiver safety in all decisions.
- Integrity: Uphold ethical and transparent operations.
- Respect: Honor cultural and personal differences.
- Accountability: Ensure responsibility from leadership to field staff.

These values guide hiring, training, scheduling, care delivery, leadership decisions, client relationships, and operational choices.

1.3 Organizational Structure & Key Operational Roles

Successful home care agencies function through clear role definitions and communication pathways.

Typical Agency Organizational Structure

- Owner/Executive Director — Provides leadership and oversight.
- Administrator —Manages daily operations and regulatory compliance.
- Clinical Supervisor (RN) —Conducts assessments, trains caregivers, and supervises clinical care where a state, payer, or service line requires it.
- Scheduler/Care Coordinator —Manages caregiver-client matching and schedules.
- Human Resources Manager —Oversees hiring, training, personnel files, and workforce development.
- Quality Assurance Lead—Monitors documentation, incidents, and care quality.
- Caregivers/Direct Care Workers —Deliver in-home services according to the Plan of Care.

Clear role responsibilities reduce errors, streamline communication, and create accountability.

1.4 Federal & State Regulatory Framework

Home care is regulated primarily at the state level, but agencies must also comply with federal requirements.

Federal laws that often matter:

- **HIPAA:** Applies to covered health care providers and their business associates. Not every private-pay agency is covered, so confirm your status.
- **OSHA:** Requires employers to address recognized workplace hazards. Specific standards, such as bloodborne pathogens, may apply.
- **FLSA:** Governs minimum wage, overtime, and recordkeeping. See Sections 5.6 and 11.
- **EVV (21st Century Cures Act):** Requires states to use electronic visit verification for Medicaid personal care and home health services.
- **Title VII, the ADA, and the ADEA:** Prohibit employment discrimination. The EEOC enforces these laws. Coverage depends on employer size.
- **Section 1557, Title VI, and Section 504:** May apply to agencies receiving federal health funds, including Medicaid.

State-Level Requirements May Include:

- Agency licensure
- Mandatory training hours
- Background checks
- Supervisory visit frequency
- Emergency preparedness mandates
- Documentation standards

The responsible agency differs by state, and some states do not license non-medical home care. In California, for example, the Department of Social Services oversees home care organizations.

1.5 Risk Management in Home Care

Clients receiving home care are often vulnerable. Agencies must implement proactive risk management systems focused on:

- Preventing client injuries (falls, infections, medication errors)
- Supporting caregiver safety and well-being
- Ensuring regulatory compliance
- Reducing liability exposure
- Maintaining accurate documentation
- Identifying patterns through incident reporting

Core Components of a Risk Management Program

1. Written policies and procedures
2. Incident reporting and analysis
3. Supervisor field evaluations
4. Emergency preparedness planning
5. Quality Assessment and Performance Improvement (QAPI) reviews

A strong risk management system protects clients, staff, and the agency.

1.6 Communication Standards & Agency Culture

Communication is the backbone of home care operations. Clarity and consistency are crucial when delivering care remotely.

Effective Communication Practices

- Standard messaging templates for caregivers and clients
- Written guidance for reporting concerns
- Clear escalation pathways
- Regular team meetings or digital updates
- Documentation of all important conversations

Culture of Respect & Accountability

A caregiver-first culture improves retention, morale, and service quality.

Agencies should promote:

- Transparency
- Supportive leadership
- Recognition of caregiver achievements
- Ongoing feedback
- Professional development

Culture shapes the experience of clients and caregivers—and affects the agency's overall success.

CHAPTER 2—LICENSING, ACCREDITATION & COMPLIANCE

Licensing and compliance form the regulatory backbone of every home care agency. Whether an agency provides non-medical personal care, homemaker services, or skilled home health, it must operate within a framework designed to protect the rights, safety, and quality of care for clients.

2.1 State Licensing Requirements

Home care licensure is determined by each state, with significant variation in:

- License types
- Required policies
- Caregiver training mandates
- Supervisory visit intervals
- Background check rules
- Documentation requirements
- Emergency preparedness policies

Depending on the state, rules may cover:

- Non-medical home care (personal care, homemaker, companion services)
- Home health/skilled care (nursing, therapy)
- Nurse registries (referral-based caregiver models)

Common State Requirements

- Completed license application
- Administrator qualifications
- RN supervision (where required)
- Emergency preparedness plan
- Policies & procedures manual
- Liability insurance and workers' compensation
- Infection control program
- Training and competency documentation
- Regular inspections or renewal cycles

Agencies should review the rules of their state licensing agency at least annually, and whenever a law changes.

2.2 Federal Requirements

Licensing is state-specific, and federal law applies differently depending on your services, payers, and size. Use this table to confirm what applies to your agency.

Law or rule	Who it applies to	What to do
HIPAA	Covered health care providers that conduct standard electronic transactions, and their business associates	Confirm your status. If covered, adopt privacy and security policies, sign business associate agreements, train staff, and follow breach rules. If not covered, still protect client information under state law and contracts.
OSHA	Most private employers	Identify and control hazards, including violence, lifting, and exposure. Follow the Bloodborne Pathogens Standard where staff have occupational exposure. Some states run their own OSHA plans.
FLSA	Most employers	Pay at least the applicable minimum wage and any required overtime, count compensable time, and keep records. See Section 5.6.
EVV	States and Medicaid personal care and home health providers	Capture service type, person receiving care, date, location, worker, and start and end times. Follow your state's system.
Title VII, ADA, ADEA, PWFA	Generally employers with 15 or more employees (20 for ADEA)	Prevent discrimination, harassment, and retaliation. State laws may cover smaller employers.
Section 1557, Title VI, Section 504	Recipients of federal health funds	Provide equal access, reasonable modifications, and meaningful language access.
Medicare Conditions of Participation (42 CFR Part 484)	Medicare-certified home health agencies	Follow requirements for QAPI, aide training and supervision, emergency preparedness, and patient rights.
Exclusion rules	Agencies billing federal health programs	Screen staff and vendors against the OIG exclusions list. See Section 3.2.
False Claims Act and overpayment rules	Agencies billing federal programs	Bill only for documented services. Report and return identified overpayments.
Fair Credit Reporting Act	Employers using consumer reports	Give notice, get authorization, and follow adverse action steps.
Form I-9	All U.S. employers	Complete Form I-9 for each new hire. Use E-Verify where required or chosen.
FMLA	Private employers with 50 or more employees	Provide eligible employees with up to 12 weeks of job-protected leave.

Federal compliance helps protect clients, caregivers, and the agency from legal and financial risk.

2.3 Accreditation Options

Accreditation is optional for many agencies, although some payers or states may require it. Medicare home health agencies may use an approved accreditor to show compliance.

Major Accrediting Bodies

● ACHC—Accreditation Commission for Health Care ● CHAP—Community Health Accreditation Partner ● The Joint Commission—Home Care Accreditation Benefits of Accreditation

- Enhanced credibility
- Streamlined policies and documentation
- Improved quality assurance
- Possible advantages with hospitals, payers, and referral partners
- A framework for long-term operational success

Accreditation audits typically evaluate:

- Governance
- Workforce competency
- Care planning
- Client rights and responsibilities
- Quality assessment and performance improvement (QAPI)
- Safety and emergency preparedness

Accreditation is a statement of dedication to quality.

2.4 Building a Comprehensive Compliance Program

A compliance program is more than a binder of policies—it is a living system that supports safe and effective operations.

Core Components of a Strong Compliance Program 1. Written Policies & Procedures

Detailed, accessible, and reviewed annually.

2. Training & Competency Validation

Covers:

- HIPAA
- Safety
- Documentation
- Emergency procedures
- Abuse and neglect reporting

3. Quality Assessment & Performance Improvement (QAPI)

Includes:

- Monthly/quarterly file audits

- Incident trend analysis
- Client satisfaction reviews
- Risk assessments

QAPI is required for Medicare-certified home health agencies under 42 CFR 484.65 and is a strong practice for all agencies.

4. Internal Audits
To ensure that the documentation matches the services billed.

5. Regulatory Monitoring
Stay current with changing state and federal rules.

6. Reporting Systems
Confidential reporting pathways encourage staff to report concerns without fear of retaliation.

Agencies that prioritize compliance reduce risk and foster a culture of accountability.

2.5 Record-Keeping & Documentation Standards

Accurate documentation is essential for:

- Legal compliance
- Billing accuracy
- Care continuity
- Audit preparedness
- Communication
- Risk reduction

Minimum Documentation Requirements

- Client assessment forms
- Plans of care
- Daily visit notes
- Incident reports
- Caregiver credentials and training records
- Signed service agreements
- EVV logs (where applicable)

Records should be:

- Legible
- Complete
- Time-stamped
- Organized
- Stored securely

- Retained for the longest period required by your state, license, payer, contract, or federal law

> **Retention examples** Federal examples include 3 years for FLSA payroll records, 2 years for time cards, and 6 years for required HIPAA documentation. Many state and Medicaid rules are longer. Set one written schedule with legal advice.

2.6 Emergency Preparedness Requirements

Emergencies can endanger clients and disrupt care. Many states and payers require written emergency plans. Medicare home health agencies must follow 42 CFR 484.102. Plans should address:

- Severe weather
- Natural disasters
- Evacuations
- Public health emergencies (e.g., infectious disease outbreaks)
- Extreme heat, wildfire smoke, and power outages
- Clients who rely on oxygen or powered equipment
- Communication plans for clients and staff
- Staffing shortages

Emergency Plan Expectations

- Written and updated annually
- Accessible to caregivers and families
- Includes chain of command and contact lists
- Includes backup staffing strategies
- Ranks clients by risk, so the most vulnerable are contacted first

Preparation ensures continuity of care and client safety during crises.

CHAPTER 3—HUMAN RESOURCES & WORKFORCE DEVELOPMENT

Caregivers are the backbone of every home care agency. Their reliability, compassion, and competencies directly shape the client experience. A robust Human Resources (HR) and workforce development system guarantees the proper recruitment, screening, training, support, and retention of caregivers.

3.1 Recruiting Caregivers

Recruiting is one of the most significant operational challenges in home care. Agencies compete not only with each other but also with healthcare systems, senior living communities, and other employers.

Effective Recruitment Channels

- Indeed, ZipRecruiter, myCNAjobs
- CNA schools, trade schools, and vocational programs
- Social media platforms (Facebook, Instagram, TikTok)
- Referrals from current caregivers
- Local senior centers and community programs
- Church networks
- Job fairs and workforce centers

Key Recruitment Strategies

- Respond to applicants within 24–48 hours.
- Offer flexible scheduling options.
- Highlight professional development opportunities.
- Communicate the agency's values and supportive culture.
- Provide clear job expectations.

Recruiting is ultimately a marketing function: your agency must appeal to the workforce just as it appeals to clients.

3.2 Interviewing & Screening

Screening ensures potential caregivers are safe, competent, and reliable.

Interview Focus Areas

- Professionalism
- Communication skills
- Compassion and empathy
- Reliability and transportation
- Problem-solving skills
- Experience with ADLs and dementia care

Screening Steps

Follow your state's required sequence. Apply the same steps to everyone in the same role.

- State-required background checks. Follow Fair Credit Reporting Act steps if you use a screening company, and consider state fair-chance laws
- Check of the HHS OIG List of Excluded Individuals/Entities before hire and monthly if your agency bills federal programs. Also check any state list
- Nurse aide, home care aide, or abuse registry checks required by your state
- Sex offender registry check, if required
- TB test or health clearance, where required
- Form I-9 for all new hires after the job offer. Use E-Verify only where required or chosen, and use it consistently
- Reference checks
- Driving record, license, and insurance check if transporting clients

Screening protects vulnerable adults and reduces agency liability.

> **Interview questions** Do not ask about age, health, disability, pregnancy, religion, national origin, marital status, or immigration status beyond work authorization. Ask only about the job.

3.3 Onboarding & Orientation

Onboarding sets the tone for the caregiver's relationship with the agency.

A Comprehensive Orientation Includes:

- Review of mission, vision, and values
- Policies and procedures
- Client rights and privacy requirements
- Professional boundaries
- Safety training (lifting, infection control, fall prevention)
- Documentation requirements
- Emergency protocols
- Abuse, neglect, and financial exploitation reporting
- Workplace violence, harassment, and leaving unsafe situations
- Heat, smoke, and emergency plans
- EVV training

Orientation should be interactive and supportive—offering caregivers an encouraging start.

3.4 Caregiver Training & Competency

Training ensures caregivers are prepared to deliver high-quality care safely and confidently.

Initial Training Topics

- ADLs and IADLs
- Infection control
- Understanding dementia
- Communication techniques
- Mobility assistance and transfers
- Basic nutrition and meal prep
- Identifying changes in client condition
- Confidentiality

Annual In-Service Training

- OSHA and safety updates
- Cultural competency
- Advanced dementia training
- Supporting behavioral symptoms and person-centered care
- Emergency preparedness

Competency Evaluation Methods

- Skills demonstrations (bathing, transfers, mobility)
- Written tests
- Scenario-based assessments
- Supervisor field evaluations

Ongoing training strengthens the workforce and reduces turnover.

3.5 Scheduling & Workforce Support

Positive scheduling practices directly influence retention.

Supportive Scheduling Practices

- Match caregivers with clients based on compatibility.
- Offer consistent weekly hours.
- Respect caregiver scheduling limitations.
- Provide adequate travel time between clients.
- Avoid last-minute assignments when possible.
- Treat caregivers respectfully during call-offs or schedule changes.

A caregiver-first scheduling philosophy leads to stronger client relationships and reliable service delivery.

3.6 Performance Management

Performance evaluation is essential for maintaining care quality and supporting professional growth.

Performance Metrics May Include:

- Timeliness and attendance
- Documentation accuracy
- Care plan adherence
- Client satisfaction
- Communication responsiveness
- Supervisor observations

Corrective Action Process

1. Verbal counseling
2. Written warning
3. Performance improvement plan
4. Termination (if necessary)

Serious misconduct, such as abuse, theft, or falsified records, may require immediate action. Follow your policies and reporting duties.

Fair, consistent performance management protects clients while maintaining caregiver dignity.

3.7 Caregiver Retention Strategies

Retention is often less costly than recruiting. Keeping a caregiver saves time, reduces training costs, and supports continuity for clients.

Effective Retention Strategies

- Recognition programs (Caregiver of the Month, bonuses)
- Open communication with supervisors
- Opportunities for advanced training
- Predictable schedules
- Competitive wages and timely payroll
- Positive workplace culture
- Support after difficult shifts
- Encouragement, empathy, and appreciation

Support for caregivers helps build a more stable workforce.

3.8 Classification, Pay & Work Authorization

Employee or contractor. Do not classify caregivers as independent contractors because it is convenient. If the agency controls schedules, assignments, and methods, they are likely employees. DOL proposed a new contractor rule on February 26, 2026, and it was not final when this edition was prepared. State tests, such as California's, can be stricter.

Work authorization. Treat every worker the same way. Reverify only when Form I-9 rules require it, and do not ask for specific documents. Check USCIS for current guidance when a work authorization category

changes. PHI reports that 33% of home care workers are immigrants, so plan for possible staffing effects without targeting anyone.

Overtime tax deduction. For tax years 2025 to 2028, eligible workers may deduct qualified overtime pay on their federal returns, up to the IRS limit. Follow current IRS reporting rules, and do not give personal tax advice.

Safety. In a 2024 survey of 400 home-based care providers, more than half had experienced or witnessed workplace violence or harassment. See the Aricares Home Care Worker Safety Kit.

CHAPTER 4—CLIENT ACQUISITION, INTAKE & ASSESSMENT

Client acquisition and onboarding form the first essential stage of the care experience. The way an agency responds to inquiries, gathers information, performs assessments, and establishes expectations determines the quality of the agency- client relationship and sets the tone for all future care.

4.1 Marketing Strategies for Home Care Agencies

Marketing in-home care is relationship-based and trust-driven. Families often contact agencies during vulnerable and stressful moments, making compassion and clarity essential.

Key Marketing Channels

Digital Presence

- Professional website
- Search Engine Optimization (SEO)
- Google Business Profile
- Social media content (education, caregiver highlights)

Community Outreach

- Senior centers and councils on aging
- Health fairs
- Community organizations and churches
- Veteran services offices

Professional Referral Networks

- Hospital discharge planners
- Rehabilitation centers
- Physicians' offices
- Hospice teams
- Geriatric care managers

Brand Messaging Themes

- Safety
- Reliability
- Compassion
- Professionalism
- Caregiver quality
- Accountability

Aricares Alliance encourages agencies to focus on education and empowerment in all outreach efforts.

4.2 Client Inquiry & Initial Contact

The first call or message is often a family's entry into the home care world. Agencies must respond with empathy, attentiveness, and clarity.

Goals of the Initial Inquiry

- Understand the client's needs.
- Build trust with the caller.
- Explain services and rates clearly.
- Determine urgency.
- Schedule an assessment or follow-up call.

Key Questions to Ask

- What assistance is needed (ADLs/IADLs)?
- What is the client's medical or cognitive condition? Collect only what you need.
- What days/times are preferred for services?
- Who is responsible for decision-making?
- What is the payment source?
- Are there home safety concerns?

Document every inquiry promptly, and review it before the assessment.

4.3 The Intake Process

Intake is the structured process of transitioning a prospective client into an active client. It ensures understanding, compliance, and alignment between client needs and agency capabilities.

Components of a Successful Intake

1. Completion of intake form
2. Review of services, rates, and policies
3. Explanation of the caregiver selection process
4. Scheduling of in-home assessment
5. Collection of insurance or payment information
6. Discussion of expectations and boundaries
7. Documentation of all relevant client information

Intake must be conducted professionally, respectfully, and in compliance with state regulations.

4.4 In-Home Assessment

The in-home assessment is the foundation of the care plan and guides caregiver assignments and service delivery.

Purpose of the Assessment

- Determine physical, emotional, and cognitive needs.
- Evaluate the client's home environment.
- Document safety risks.
- Understand preferences, routines, and cultural considerations.
- Gather medical history and relevant diagnoses.
- Establish rapport with the client and family.
- Confirm eligibility and service scope.

Conducting the Assessment

Performed by:

- RN or other qualified clinician, where the state, payer, or service requires one
- Administrator or trained care manager, where allowed

Areas of Evaluation

- ADLs: bathing, dressing, toileting, transfers, mobility
- IADLs: meal preparation, housekeeping, shopping
- Home Safety: lighting, clutter, stairs, kitchen setup, bathroom safety
- Cognitive Status: memory, communication, behavior
- Medical Considerations: chronic conditions, medications, special diets
- Social Factors: family involvement, isolation, emotional well-being

Assessments should be conducted with empathy and respect for the client's dignity and autonomy.

4.5 Developing the Plan of Care

The Plan of Care (POC) is a formal document outlining the services to be provided and how they will be delivered.

Plan of Care Elements

- Client demographics
- Service start date
- ADL/IADL assistance required
- Safety precautions
- Special instructions
- Behavioral or cognitive considerations
- Client preferences
- Frequency and duration of visits
- Supervisory visit schedule
- Emergency contacts

POC Review Requirements

- At the start of care
- When care needs change
- After incidents, hospital stays, or changes in goals
- At the interval set by your state or payer. Where no rule applies, review at least every 6 months

A well-constructed POC ensures consistent, person-centered, and compliant care.

4.6 Client Rights & Responsibilities

Client rights are a legal and ethical requirement. Agencies must provide clients with a written list of rights and responsibilities.

Client Rights

Clients have the right to:

- Be treated with dignity and respect.
- Receive safe, high-quality care.
- Participate in care decisions.
- Privacy and confidentiality
- Voice complaints without retaliation.
- Choose their care provider.
- Receive clear information about services, costs, and changes.
- Receive communication in a way they understand.
- Know how to contact outside agencies with a complaint.
- Request information about caregiver qualifications.

Client Responsibilities

Clients agree to:

- Provide accurate information.
- Notify the agency of changes in condition.
- Maintain a safe home environment.
- Treat caregivers respectfully.
- Comply with the service agreement.

Clear expectations reduce misunderstandings and strengthen the agency-client relationship.

CHAPTER 5—CAREGIVER SCHEDULING & FIELD OPERATIONS

Scheduling is the operational core of a home care agency. It is where client needs, caregiver availability, agency capacity, and regulatory compliance intersect. Effective scheduling ensures continuity of care, client satisfaction, and caregiver retention.

Field operations complement scheduling by providing ongoing support, oversight, and safety measures that protect both clients and staff.

5.1 The Role of the Scheduler

Schedulers play a vital operational and relational role. Their decisions impact:

- Client satisfaction
- Caregiver morale
- Retention rates
- Efficiency of service delivery
- Compliance with care plans

Key Responsibilities

- Maintain accurate client and caregiver schedules.
- Match caregivers based on skill, compatibility, and availability.
- Communicate schedule changes promptly.
- Respond to call-offs and last-minute emergencies.
- Coordinate supervisory visits.
- Ensure EVV compliance and documentation accuracy.

Schedulers must be organized, patient, empathetic, and able to multitask effectively.

5.2 Scheduling Systems & Software

A modern home care agency requires a comprehensive scheduling system—ideally integrated with EVV, communication tools, payroll, billing, and documentation features.

Essential Scheduling Software Features

- Real-time schedule updates
- Caregiver skill and availability matching
- Automated shift reminders
- EVV that meets your state's requirements
- Document storage for care plans
- Alerts for expired credentials
- Communication tools (SMS, app notifications)
- Reporting and audit logs

Using robust scheduling software improves efficiency, reduces errors, and supports compliance.

5.3 Matching Caregivers with Clients

Compatibility between caregivers and clients significantly impacts quality of care, client satisfaction, and caregiver retention.

Matching Criteria

- Experience with required ADLs/IADLs
- Dementia or Alzheimer's care expertise
- Physical requirements (lifting, transfers)
- Spoken language needed for care
- Client's routines and expectations
- Schedule and geographic proximity

> **Client preferences do not excuse discrimination** Do not assign or deny work because of a client's preference about race, color, national origin, or religion. The EEOC has sued home care providers over this, and in 2026 its counsel stated that customer preference is not a defense to race discrimination. Never record such preferences as staffing codes. Requests about gender for intimate care are legally sensitive, so get advice and write a policy. Support staff who face bias, and follow your plan if a client refuses a worker on a protected basis.

A thoughtful, lawful matching process reduces turnover and strengthens client-caregiver relationships.

5.4 Managing Call-Offs & Emergencies

Caregiver call-offs are common in home care, but they must be managed systematically to ensure continuity of care.

Types of Call-Offs

- Illness or emergencies
- Transportation issues
- Family obligations
- Weather-related challenges

Effective Call-Off Response Protocol

1. Acknowledge caregiver call-off professionally.
2. Document the reason and time of notification.
3. Notify the client or family immediately.
4. Prioritize medically fragile or high-risk clients.
5. Contact available caregivers using a structured list.
6. Offer incentives for urgent coverage when appropriate.
7. Escalate unresolved coverage gaps to the administrator.

8 Document attempts and outcomes thoroughly.

Professional communication and empathy help maintain caregiver trust and client confidence.

5.5 Electronic Visit Verification (EVV) Requirements

The 21st Century Cures Act requires states to use EVV for Medicaid personal care and home health services. Your state decides which system you use and how it handles live-in caregivers and other details.

EVV Must Capture:

- Type of service performed
- Individual receiving the service
- Date of service
- Location of service
- Individual providing the service
- Time the service begins and ends

Importance of EVV

- Ensures service accuracy
- Prevents fraud
- Supports accurate payroll and billing
- Provides real-time visibility into field operations
- Reduces audit risk

GPS is one possible method, not a federal requirement. Tell workers what is collected, and respect privacy.

Agencies must train all caregivers on proper EVV use and monitor compliance regularly.

5.6 Travel, Timekeeping & Payroll Compliance

Accurate time tracking is essential for payroll accuracy and compliance with the Fair Labor Standards Act (FLSA).

Timekeeping Expectations

- Caregivers must accurately record start/end times.
- Office staff must review times daily or weekly.
- Schedules must align with the Plan of Care hours.
- Corrections must be documented with explanations.

Hours Worked and Travel

- Ordinary commuting from home to the first client and from the last client home is generally not paid time under the FLSA.
- Travel between clients during the workday is work time.
- Time spent driving a client or running errands for a client is work time.

- Mileage reimbursement rules vary by state, and unreimbursed costs must not reduce pay below the minimum wage.
- Sleep time may be excluded only in limited circumstances. Follow DOL Fact Sheet 79D and state law.

Overtime Rules

> **Status on November 5, 2026** The 2013 federal home care rule requires third-party agencies to pay minimum wage and overtime to most home care workers. DOL proposed rescinding it in July 2025 and suspended its own enforcement through Field Assistance Bulletin 2025-4. The federal agenda projected a final rule for November 2026, but we found none published when this edition was prepared. Courts have upheld the 2013 rule, workers may still bring private suits, and state law may require more. Do not cut pay without legal advice.

- Pay overtime for hours over 40 in a workweek, unless counsel confirms that an exemption applies.
- Check state daily overtime, minimum wage, meal, rest, sick leave, and pay stub rules.
- Treat live-in arrangements as a legal question, not a scheduling shortcut.

Proper payroll compliance protects both the agency and the workforce.

5.7 Supervisory Visits & Field Operations Oversight

Supervisory visits serve as quality checks and opportunities for caregiver support.

Purpose of Supervisory Visits

- Validate care quality.
- Review caregiver performance.
- Confirm documentation accuracy.
- Update the Plan of Care.
- Identify safety issues.
- Address client concerns.
- Support and coach caregivers.

Supervisory Visit Frequency

- At the interval set by your state or payer. Medicare home health sets RN aide supervision at least every 14 days for skilled patients and every 60 days for aide-only patients
- At the start of care
- After client incidents
- When care needs change

Supervisors must maintain consistent documentation and follow-up practices.

CHAPTER 6—SERVICE DELIVERY & CARE QUALITY

Service delivery is the heart of home care. Every interaction between a caregiver and a client represents the agency's values, commitment, and reputation. Ensuring high-quality care requires clear standards, effective supervision, accurate documentation, and a culture that prioritizes safety, dignity, and continuous improvement.

6.1 Delivering Person-Centered Care

Person-centered care recognizes the individuality of each client. It focuses on tailoring services to the client's needs, preferences, values, and abilities.

Core Components of Person-Centered Care

- Treat clients with respect and empathy.
- Empower clients to make decisions about their care.
- Adapt to client routines, preferences, and cultural backgrounds.
- Encourage independence whenever possible.
- Maintain open communication with families and caregivers.

This approach improves quality of life, strengthens trust, and enhances the caregiver-client relationship.

6.2 Supervisory Visits & Field Evaluations

Supervisory visits ensure that care is delivered safely, professionally, and in accordance with the Plan of Care.

Goals of Supervisory Visits

- Observe care delivery.
- Confirm caregiver competence.
- Assess client satisfaction.
- Identify new or evolving client needs.
- Update the Plan of Care.
- Provide coaching and support to caregivers.
- Document all findings for compliance.

When Supervisory Visits Should Occur

- At the start of care
- At the interval required by your state or payer
- After an incident or complaint
- When care needs change
- When caregivers request support

Supervisors should approach visits with empathy, professionalism, and an eye for safety.

6.3 Documentation Standards

Accurate documentation is a legal, regulatory, and ethical requirement. It ensures continuity of care, protects caregivers and clients, and supports billing accuracy.

Documentation Must Be:

- Timely—completed immediately after each visit
- Accurate—reflecting tasks completed and client condition
- Objective—based on observed facts
- Legible—easily readable, clean, and organized
- Secure—stored in line with privacy law and policy

Examples of Poor vs. Strong Documentation

Poor:

- "Client was fine."
- "Caregiver thinks the client seems sick."

Strong:

- "Client completed bathing with standby assistance. No skin issues observed."
- "Client reports nausea since yesterday. Caregiver notified the supervisor."

Every note tells a story; accuracy matters.

6.4 Safety, Infection Control & Emergency Preparedness

Caregivers must prioritize safety in every shift. Unsafe environments or poor infection control practices can lead to preventable injuries, hospitalizations, or compliance violations.

Safety Practices

- Proper lifting and body mechanics
- Fall prevention strategies
- Safe transfer techniques
- Maintaining clear walkways
- Monitoring environmental hazards

Infection Control Essentials

- Consistent hand hygiene (soap and water for at least 20 seconds, or sanitizer with at least 60% alcohol when hands are not visibly soiled)
- Use of gloves when needed
- Proper disposal of contaminated items
- Cleaning high-touch surfaces
- Staying home when sick
- Standard Precautions for blood and body fluids

Emergency Preparedness

Caregivers must know:

- Who to contact in emergencies
- When to call 911
- How to follow agency emergency protocols
- What to do in severe weather, heat, smoke, outages, or natural disasters

Prepared caregivers protect clients and reduce adverse events.

6.5 Client Satisfaction Monitoring

Client feedback is one of the most valuable indicators of service quality.

Ways to Collect Client Feedback

- Monthly or quarterly check-in calls
- Surveys during supervisory visits
- Written satisfaction forms
- Digital surveys or feedback portals
- Family meetings
- Anonymous reporting options

Complaint Resolution Principles

- Listen without interruption.
- Document concerns thoroughly.
- Respond quickly and professionally.
- Take corrective action when needed.
- Follow up to ensure satisfaction.

Client satisfaction directly impacts retention, referrals, and agency reputation.

6.6 Incident Reporting & Quality Assurance

Incidents provide important opportunities for learning and improvement.

Incidents May Include:

- Falls
- Medication concerns or missed doses
- Suspected abuse, neglect, or exploitation
- Unexplained death
- Misuse of restraints or seclusion
- Caregiver injuries
- Client behavioral concerns
- Unsafe living conditions

- Communication breakdowns

Incident Response Framework

1. Caregiver ensures client safety.
2. Report the incident to the supervisor immediately.
3. Complete the incident report before the end of the shift, or sooner if your state requires it.
4. Make any required report to the state, Adult Protective Services, the payer, or law enforcement within the required time.
5. Supervisor reviews and conducts follow-up.
6. Update Plan of Care if necessary.
7. File a report in the QA system for trend analysis.

Medicaid HCBS providers must report critical incidents as their state requires. Federal rules define a minimum list, and states must comply beginning July 9, 2027. See the Aricares HCBS Quality Readiness Toolkit.

CHAPTER 7—FINANCIAL MANAGEMENT & BILLING

Financial stability is essential to the long-term success of a home care agency. Without consistent revenue, accurate billing practices, and responsible financial planning, an agency cannot sustain operations—no matter how compassionate or effective its care may be.

7.1 Budgeting & Financial Planning

Budgeting allows agencies to anticipate operational costs, plan for growth, and maintain financial health. A well-prepared budget helps leaders make informed decisions about staffing, marketing, training, and technology investments.

Key Budget Categories

Revenue

- Private pay fees
- Medicaid reimbursements
- Long-term care (LTC) insurance
- Veterans Affairs (VA) payments
- Other program reimbursements

Expenses

- Caregiver wages and payroll taxes
- Administrative salaries
- Rent, utilities, and office expenses
- Scheduling/EVV software
- Insurance premiums (liability, workers' compensation)
- Recruitment and training costs
- Marketing and community outreach
- Supplies and equipment

Recommended Budget Practices

- Use a 12-month rolling budget.
- Review budget vs. actuals monthly.
- Adjust spending based on cash flow trends.
- Plan for rising labor and insurance costs.

Strategic budgeting ensures both stability and preparedness for growth.

7.2 Revenue Models in Home Care

Home care agencies commonly receive revenue from one or more of the following sources:

1. Private Pay

- Often the most flexible, but limited by what families can afford
- Families pay out-of-pocket.
- Fewer administrative burdens
- Allows customized hourly rates. Be transparent about fees and minimums

2. Medicaid Programs

- High demand
- Often low margins, and exposed to state budget changes
- Strict documentation and EVV requirements
- Requires strong billing, authorization, and compliance systems
- Watch the Access Rule, including the 80% compensation requirement scheduled for 2030 (see Chapter 11)

3. Long-Term Care (LTC) Insurance

- Requires detailed documentation
- Reimbursement delays are common.
- Benefits depend on each policy
- Often requires care notes and invoices for each shift

4. Veterans Affairs (VA) Programs

- Can provide referrals
- Contract or community care approval may be required
- Rates and authorized hours vary, so review them before relying on this source

Balanced revenue streams reduce dependency on any single payer.

7.3 Billing Processes & Documentation Requirements

Billing begins with accurate documentation. There is no substitute for complete, timely visit notes and electronic verification.

Billing Must Be Supported By:

- Caregiver visit notes
- Time-in/time-out records
- EVV verification (if applicable)
- Signed Plans of Care
- Service agreements
- Incident or service change documentation

Billing Frequency Recommendations

- Weekly or biweekly for Medicaid
- Weekly or monthly for private pay
- Monthly or per-policy for LTC insurance

Common Billing Errors to Avoid

- Submitting inaccurate hours
- Missing caregiver documentation
- Billing without completed EVV
- Incorrect payer codes
- Failing to track authorization limits

Accurate billing promotes trust and ensures timely reimbursement.

7.4 Fraud Prevention & Audit Readiness

Fraud and billing errors can result in repayment, severe financial penalties, exclusion from federal programs, loss of licensure, and criminal liability. Agencies must establish systems that prevent misuse and ensure accuracy.

Examples of Fraud or Noncompliance

- “Ghost shifts” (billing for services not delivered)
- Overlapping visits for the same caregiver
- Altered or falsified documentation
- Billing beyond authorized hours
- Billing for services by an excluded person
- Collusion between caregivers and clients

Fraud Prevention Strategies

- Require EVV for all covered Medicaid visits.
- Screen staff and vendors for federal exclusions.
- Report and return identified overpayments on time.
- Perform weekly EVV and timecard audits.
- Compare schedules to billing before submission.
- Limit access to billing systems.
- Train caregivers on documentation accuracy.
- Document all schedule changes.

Audit Readiness Checklist

- Client files complete and updated
- Care plans signed and current
- Documentation matches billed services.
- EVV logs verified and discrepancy-free
- Incident reports filed and resolved

Proactive monitoring protects both clients and the agency.

7.5 Cash Flow Management & Growth Planning

Even profitable agencies can struggle if cash flow is not well managed. Payroll is often the largest recurring expense—and must be paid on time to maintain caregiver trust.

Cash Flow Best Practices

- Maintain a reserve fund (1–2 months of payroll recommended).
- Closely monitor accounts receivable (AR) aging.
- Follow up on unpaid invoices at 30, 60, and 90 days.
- Automate invoicing when possible.
- Keep administrative overhead lean.
- Forecast expenses quarterly.

Growth Planning Considerations

- Expand staffing cautiously.
- Evaluate new service lines (e.g., dementia programs).
- Explore new payer contracts thoughtfully.
- Ensure systems and supervision can support increased demand.

Financial stability gives agencies the freedom to innovate and grow.

CHAPTER 8—TECHNOLOGY & DIGITAL TRANSFORMATION

Technology is transforming home care. From scheduling and Electronic Visit Verification (EVV) to digital documentation, telehealth, and cybersecurity protocols, agencies increasingly rely on digital systems to improve care quality, operational efficiency, and compliance.

8.1 Home Care Management Software

A comprehensive system for managing home care integrates scheduling, caregiver communication, documentation, billing, payroll, and EVV into a single digital platform. The right system reduces administrative burden and improves operational accuracy.

Key Features of a Strong Management System

- Real-time scheduling and shift updates
- Caregiver mobile app for documentation and EVV
- Client and caregiver profile dashboards
- Credential expiration alerts
- EVV compliance
- Secure messaging tools
- Billing and payroll integration
- Reporting and analytics
- Secure cloud storage, with a business associate agreement where HIPAA applies

Common Home Care Software Platforms

- WellSky (formerly ClearCare)
- HHAeXchange
- AxisCare
- CareSmartz360
- AlayaCare

These are examples, not endorsements. Compare security, EVV compatibility, support, and total cost.

8.2 EMR/EHR Documentation Systems

Digital documentation tools are beneficial for many non-medical home care agencies, even though they may not be required to use full EMR systems.

Advantages of Digital Documentation

- Faster, more accurate recordkeeping
- Real-time updates and immediate access to care plans
- Reduced risk of misplaced or incomplete paperwork
- Simplified supervisory reviews

- Quicker response to changes in client condition
- Easier audit preparation

Digital documentation elevates professionalism and enhances continuity of care.

8.3 Remote Client Monitoring Tools

Remote monitoring supports safer, more proactive care for clients with chronic conditions, mobility challenges, or cognitive impairments.

Examples of Monitoring Tools

- Fall detection sensors or wearables
- Smart medication dispensers
- Vital sign monitoring devices (BP, heart rate, oxygen saturation)
- GPS tracking for clients with dementia
- Smart home safety systems

Benefits for Agencies and Families

- Early detection of risk factors
- Possible reduction in avoidable hospital use
- Increased independence for clients
- Continuous support for caregiver decision-making
- Peace of mind for families

Monitoring tools do not replace caregivers. Get informed consent from the client or legal representative, explain who sees the data, plan for false alarms, and respect the client's wishes. Tracking a person with dementia requires special care and legal authority.

8.4 Telehealth & Virtual Supervisory Visits

Telehealth expands the reach of supervisors and increases flexibility for clients and families.

Telehealth Applications in Home Care

- Virtual supervisory visits (where state guidelines permit)
- Medication reminder check-ins, within scope
- Client condition updates
- Family conferences
- Post-incident follow-up
- Care plan reviews

Benefits of Telehealth

- Reduced travel time for supervisors
- Faster response to concerns
- Increased efficiency

- Better access for rural or underserved areas

Telehealth must always comply with HIPAA requirements and state regulations.

8.5 Cybersecurity & HIPAA Compliance

With digital tools comes responsibility to protect client information. HIPAA applies to covered entities and business associates, but all agencies should protect client data. HHS proposed a major Security Rule update in January 2025. Reports indicate it was not final as of this edition, so follow the current rule and watch for changes.

Common Cybersecurity Risks

- Phishing attacks
- Malware or ransomware
- Lost or stolen devices
- Unsecured Wi-Fi networks
- Unauthorized access to client records

Essential Cybersecurity Practices

- Strong passwords and multi-factor authentication
- Role-based access controls
- Encrypted email and document storage
- Automatic device lock settings
- Regular data backups
- Up-to-date antivirus software
- Staff training on safe digital practices

Agencies must treat privacy as a core ethical responsibility. Train staff to spot phishing, and have a breach response plan. Where HIPAA applies, individual notice is due without unreasonable delay and within 60 days of discovery. State deadlines may be shorter.

8.6 Caregiver Technology Training & Support

Many caregivers have limited experience with digital systems. Training is essential for compliance and efficiency.

Training Topics Should Include:

- EVV check-in/check-out procedures
- Recording visit notes digitally
- Reviewing and updating care plans
- Communicating securely with the office
- Using telehealth tools appropriately
- Following cybersecurity practices

Best Practices for Digital Training

- Provide simple written guides and tutorials.
- Offer hands-on demonstrations.
- Provide ongoing support and refreshers.
- Maintain a tech support contact line.
- Reinforce training during supervisory visits.

8.7 Responsible Use of AI

AI can help with scheduling, notes, and paperwork, but people remain responsible for care and compliance.

- Never enter client information into a tool without an approved agreement and privacy review.
- Have a person check any AI-drafted note, and never let AI create a record of care that did not happen.
- Do not use AI alone to decide hiring, pay, assignments, or care. Test tools for bias, and follow state rules.
- Tell clients and staff when a tool affects them.
- Keep a list of approved tools, owners, and review dates.

CHAPTER 9—GROWTH, STRATEGY & COMMUNITY IMPACT

Successful home care agencies grow with intention. Scaling an agency requires more than increasing client volume—true growth involves strengthening internal systems, expanding community partnerships, optimizing operations, and maintaining high-quality care.

9.1 Scaling Your Agency

Growth must be supported by strong internal systems, adequate staffing, and financial stability. Expanding prematurely can compromise care quality and overwhelm operations.

Indicators You're Ready to Scale

- Increasing referral volume and community demand
- Stable cash flow and predictable revenue
- Reliable scheduling capacity
- Strong caregiver recruitment and retention
- Effective supervisory and quality assurance systems
- Low error rates in documentation and billing
- Positive client satisfaction trends

Growth Pathways

- Expand service area (additional counties or regions).
- Offer specialized programs (dementia care, fall prevention, respite services).
- Partner with healthcare facilities or community programs.
- Add new payer sources (Medicaid, LTC insurance, VA contracts).
- Increase administrative support to handle higher caseloads.

Intentional growth builds capacity without compromising safety or care quality.

9.2 Strategic Partnerships

Partnerships expand an agency's reach and build credibility within the community. They also help agencies access consistent referral streams.

Potential Partnership Sources

- Hospitals and rehabilitation centers
- Assisted living and senior living communities
- Hospice and palliative care organizations
- Senior centers and councils on aging
- Veterans service organizations
- Churches and community-based groups
- Social workers and case managers

- Geriatric care managers

Tips for Building Strong Partnerships

- Provide educational materials about home care benefits.
- Host workshops or caregiver resource events.
- Maintain regular check-ins with referral partners.
- Follow up promptly and professionally on referrals.
- Offer value, not just marketing.
- Ensure reliability—your agency's performance reflects on partners.

Strong partnerships amplify community impact and strengthen agency stability.

9.3 Brand Reputation & Public Relations

Brand perception is built through every client interaction, caregiver experience, and community touchpoint.

Core Branding Elements for Home Care

- Compassion and integrity
- Safety and reliability
- Caregiver professionalism
- Transparency in communication
- Client empowerment

Reputation-Building Strategies

- Collect genuine testimonials with written permission. The FTC prohibits fake reviews and testimonials.
- Maintain a strong, updated online presence.
- Respond professionally to reviews (positive or negative).
- Publish educational content such as blogs, videos, or guides.
- Celebrate caregiver achievements publicly.
- Participate in community events.

A positive reputation attracts clients, caregivers, and partnerships—and reinforces agency values.

9.4 Advocacy & Policy Engagement

Home care agencies play a vital role in shaping policies that affect caregivers, seniors, and families. Advocacy is not just beneficial—it is necessary to improve systemic support for home care services.

Ways Agencies Can Advocate

- Participate in state or national home care associations.
- Provide testimony during regulatory or legislative hearings. Nonprofits should follow lobbying limits.
- Engage with lawmakers about the needs of caregivers and seniors.
- Support workforce development initiatives.
- Promote safe working conditions.

- Educate families about regulatory and ethical standards.

Advocacy Benefits

- Strengthens the home care ecosystem
- Gives caregivers a collective voice
- Encourages policy improvements that support aging in place
- Demonstrates agency leadership and credibility

9.5 Building a Caregiver-First Culture

Caregivers are the heart of home care. A caregiver-first culture ensures they feel supported, valued, and empowered to deliver high-quality care.

Elements of a Caregiver-First Culture

- Respectful communication
- Fair and predictable scheduling
- Opportunities for professional development
- Recognition and appreciation
- Mentorship and supervisory support
- Transparency in expectations
- Listening and acting on caregiver feedback
- Promoting emotional well-being and stress reduction

Impact of a Caregiver-First Approach

- Higher retention
- Stronger client-caregiver relationships
- Improved service reliability
- Reduced training and onboarding costs
- Better client outcomes
- A more stable and skilled workforce

A thriving caregiver culture results in a thriving agency.

CHAPTER 10 — ETHICAL PRACTICE & CULTURAL COMPETENCE

Ethical practice and cultural competence are essential to delivering safe, respectful, high-quality home care. Caregivers work closely with vulnerable individuals in their homes—an environment grounded in trust, privacy, and dignity. Agencies must therefore ensure that all staff understand and uphold ethical principles, maintain professional boundaries, and respond appropriately to the diverse cultural needs of clients.

10.1 Ethics in Home Care

Ethical practice forms the foundation of every interaction in home care—between clients, families, caregivers, and agency staff.

Core Ethical Principles

Autonomy
Respecting the client's right to make decisions about their care.

Beneficence
Acting in the client's best interest.

Non-maleficence
This involves avoiding harm and reducing risk.

Justice
Ensuring fair and equal treatment for all clients.

Dignity
Upholding the inherent worth of each individual.

Confidentiality
Protecting sensitive client information and privacy.

Integrity
Demonstrating honesty, transparency, and professionalism.

Agencies must integrate these principles into policies, training, and daily operations to maintain trust and compliance.

10.2 Cultural Humility & Inclusive Care

Cultural competence is essential in a diverse society. Clients may differ in language, customs, values, and expectations about caregiving. Cultural humility encourages ongoing learning and openness—not assumptions.

Key Components of Cultural Humility

- Recognizing personal biases and assumptions
- Valuing the client's lived experiences
- Respecting traditions and preferences
- Using clear, respectful communication
- Asking questions instead of assuming
- Continual self-reflection and learning

Cultural Factors That May Influence Care

- Religious or spiritual practices
- Family involvement and decision-making
- Dietary customs
- Gender preferences for caregivers
- Personal routines and traditions
- Approaches to illness, aging, and independence

Inclusive care promotes comfort, trust, and better outcomes.

10.3 Protecting Vulnerable Adults

Home care clients may be at risk of abuse, neglect, or exploitation. Agencies must have strong protocols to prevent harm and respond to concerns.

Types of Abuse

- Physical
- Emotional/psychological
- Sexual
- Financial exploitation
- Neglect (intentional or unintentional)
- Self-neglect

Mandatory Reporting

Reporting laws vary by state. Many states name home care staff as mandated reporters, and some require everyone to report. Tell staff exactly what your state requires.

- Call 911 if a person is in immediate danger.
- Report suspected abuse, neglect, or exploitation to Adult Protective Services or the state-required agency.
- Tell the agency as well. Telling a supervisor does not replace a personal duty to report.
- Do not investigate first, and do not retaliate against anyone who reports.

Failure to report may result in legal consequences and increased risk to the client.

10.4 Professional Boundaries

Professional boundaries protect both caregivers and clients. Without clear limits, relationships can become confusing, unsafe, or unethical.

Common Boundary Violations

- Accepting money, loans, or gifts beyond agency policy
- Overinvolvement in personal matters
- Sharing personal problems with clients
- Dual relationships (friendship, romance)
- Posting client-related content online
- Working privately for clients outside the agency
- Using client resources (phone, car, money)

Boundary Expectations for Caregivers

- Maintain a respectful, professional relationship.
- Provide care only as outlined in the Plan of Care.
- Avoid favoritism or personal dependence.
- Report boundary concerns immediately.

Boundaries promote safety, trust, and professionalism.

10.5 Family Dynamics & Conflict Resolution

Families often experience stress, grief, or disagreements around caregiving decisions. Home care staff must navigate these situations with empathy and professionalism.

Common Challenges

- Disagreement among family members
- Unrealistic expectations of caregiver duties
- Communication breakdowns
- Resistance from the client
- Financial concerns or disputes

Conflict Resolution Strategies

- Listen actively and patiently.
- Maintain neutrality—avoid taking sides.
- Clarify the Plan of Care and service limitations.
- Document important conversations.
- Offer supervisor intervention when needed.
- Encourage family meetings to align expectations.

Effective communication strengthens the client-family-agency partnership.

Chapter 11—Federal Policy Watch

Federal home care rules are changing quickly. This table reflects what we could confirm on November 5, 2026. Verify every item before acting, and check your state.

Topic	Status	What agencies should do
FLSA home care rule	2013 rule proposed for rescission in July 2025. DOL paused enforcement under FAB 2025-4. Final rule was projected for November 2026, and none was found.	Keep paying as required unless counsel advises otherwise. Check state law and private suit risk.
Independent contractor rule	Proposed February 26, 2026. Comments closed April 28, 2026. Not final when checked.	Keep caregiver classification conservative. Follow state tests.
Joint employer rule	DOL proposed a rule in April 2026. Not final when checked.	Review arrangements with staffing partners and consumer-directed programs.
Medicaid Access Rule	States must meet incident system rules beginning July 9, 2027. CMS delayed fee-for-service grievance enforcement to December 31, 2027. The 80% compensation requirement is scheduled for 2030, with reporting in 2028, and trade press reported that CMS may revisit it.	Track direct care costs now. Build incident and grievance systems. Watch CMS and your state.
HCBS Quality Measure Set	2028 set proposed April 28, 2026. Final set not found when checked.	Strengthen safety, respect, choice, falls, and post-hospital practices.
2025 federal budget law	Retroactive Medicaid coverage shrinks January 1, 2027. Provider tax limits begin in fiscal 2028 for expansion states. New HCBS waiver option begins July 1, 2028. A $1,000,000 home equity cap begins January 1, 2028.	Help families apply early. Model state rate risk.
EVV	Required for Medicaid personal care and home health services. States run their own systems.	Monitor manual edits and state changes.
HIPAA Security Rule	Proposed in January 2025. Reports say it was not final and may be delayed to 2027 or later.	Follow the current rule. Use multi-factor authentication, patching, backups, and risk analysis.
OSHA heat rule	Proposed August 30, 2024. Not final as of August 2026. OSHA can still use its General Duty Clause, and some states have their own rules.	Add heat guidance for staff who travel or work in hot homes.
OSHA workplace violence	No federal general standard for home care. California's Section 3342 covers home health care and home-based hospice.	Use OSHA's five-part program and any state rule.
Overtime tax deduction	Available to eligible workers for 2025 to 2028, subject to limits.	Follow IRS payroll reporting rules.

Topic	Status	What agencies should do
Medicare GUIDE	Eight-year model began July 1, 2024. Respite cap is $2,625 per patient for 2026.	Consider partnering with local GUIDE participants, if you offer respite.
Medicare caregiver training	Eligible clinicians can bill for training caregivers.	Share with referral partners. Non-clinical agencies generally cannot bill these codes.

Sources for this edition

Labor: DOL home care rule proposal, 90 FR 28976; FAB 2025-4; Reginfo RIN 1235-AA51; DOL Fact Sheets 28 and 79D; DOL travel time guidance; DOL 2026 independent contractor rulemaking page; IRS overtime deduction guidance.

Health programs: CMS GUIDE fact sheet (July 2026); 42 CFR 441.302, 484.65, and 484.80; Federal Register notice on the 2028 HCBS Quality Measure Set; AHCA and LeadingAge summaries of CMS bulletins; KFF health provisions in the 2025 budget law; Medicaid.gov EVV guidance.

Safety, privacy, and workforce: OSHA 3148; NIOSH Homecare Workers' Handbook; Congressional Research Service heat brief (August 2026); California Title 8, Section 3342; HHS OIG exclusions guidance; HIPAA Journal status report; EEOC press materials and HR Dive (March 2026); PHI Key Facts 2025; AxisCare survey via HomeCare Magazine; LeadingAge workplace safety report.

Appendix A—Templates

Templates help agencies standardize communication, documentation, and workflow. Customize them to match your branding, state requirements, and systems. They are samples, not government forms.

A.1—Caregiver Application (Short Form)

Applicant name	Phone
Email	Position applied for
Years in caregiving	Certifications or registry numbers
Specialized experience (dementia, mobility, etc.)	Available start date

References (2 required)

Name	Phone
Name	Phone

Weekly Availability

Day	Morning	Afternoon	Evening	Overnight
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

Preferred hours per week	Maximum travel distance (miles)

[Agency Name] is an equal opportunity employer. Use a separate form for background check disclosure and authorization.

Applicant signature	Date

> **For agency use** Complete the skills check after hire or as part of a conditional offer. Keep it separate from the application.

Skill	Passed	Needs improvement
Transfers	☐	☐
Bathing	☐	☐
Toileting	☐	☐
Mobility	☐	☐
Cooking and meal prep	☐	☐
Dementia care	☐	☐

Evaluator Date

A.2—Client Inquiry Form

Caller name	Relationship to client
Phone and email	Date of inquiry
Client name	Age or date of birth
Address	Who makes decisions for the client?

Care Needs

- ☐ Bathing
- ☐ Dressing
- ☐ Toileting
- ☐ Mobility assistance
- ☐ Meal prep
- ☐ Housekeeping
- ☐ Medication reminders
- ☐ Dementia support
- ☐ Transportation
- ☐ Companionship

Days and hours needed	Urgency or requested start date

Payment Source

- ☐ Private pay
- ☐ Medicaid
- ☐ LTC insurance
- ☐ VA
- ☐ Other:

Next Steps

- ☐ Assessment visit
- ☐ Follow-up call
- ☐ Email information packet

Notes

A.3—Comprehensive Assessment Intake Form (Short Version)

Assessment date	Assessor name

Section 1—Client Profile

Medical conditions	Allergies
Cognitive status	Medicines or list attached
Legal representative, if any	POLST or advance directive on file?

Section 2—ADL and IADL Assessment

Activity	Independent	Needs help	Notes
Bathing	☐	☐	
Dressing	☐	☐	
Toileting	☐	☐	
Mobility and transfers	☐	☐	
Eating	☐	☐	
Grooming	☐	☐	
Meals, housekeeping, and shopping	☐	☐	
Medicines	☐	☐	

Section 3—Risk and Home Safety Check

- ☐ Adequate lighting
- ☐ Working smoke and CO alarms
- ☐ Safe kitchen setup
- ☐ Oxygen or powered equipment
- ☐ Clear walkways
- ☐ Bathroom safety equipment
- ☐ Falls screen completed
- ☐ Pets, weapons, or other safety concerns reviewed

Section 4—Client Goals and Preferences

What matters most to the client?

Daily routines

Language and communication needs

Cultural, spiritual, or personal preferences

A.4—Plan of Care (Short Format)

Client name	Start date
ADLs required	IADLs required
Safety concerns	Client goals
Days	Hours per day or week
Supervisory schedule	Next review date

Special instructions

Emergency Contacts

Name	Phone
Name	Phone
Assessor signature	Date
Client or representative signature	Date

A.5—Daily Visit Note

Client	Caregiver
Date	Time in and time out

Tasks Completed

- ☐ Bathing
- ☐ Dressing
- ☐ Meal prep
- ☐ Housekeeping
- ☐ Mobility
- ☐ Medication reminders
- ☐ Other:

Client condition and observations

Changes or concerns reported (to whom, and when)

Caregiver signature	Client signature, if required

A.6—Employee File Checklist

Caregiver name Start date

Document	Included	Expiration	Notes
Application and resume	☐	—	
Background check, with required notices	☐	—	
OIG and state exclusion checks	☐	Monthly	
Registry or license verification	☐		
TB test or health clearance	☐		
Reference checks	☐	—	
Orientation completion	☐	—	
Skills competency checklist	☐	—	
Valid ID and driver's license, if needed	☐		
CPR/First Aid, if required	☐		
Signed policies (privacy, safety, etc.)	☐	—	
Annual training records	☐		

Keep separate Keep Form I-9, medical records, and investigation files apart from the general personnel file.

A.7—Credential Expiration Tracking Log

Caregiver	Credential	Expiration date	Reminder sent	Status

Use monthly to prevent compliance gaps.

A.8—Client File Checklist

Client name | Date reviewed

Document	Included	Last updated
Intake form	☐	
Assessment	☐	
Plan of care	☐	
Service agreement	☐	
Client rights acknowledgment	☐	
Privacy notice, if required	☐	
Emergency contact sheet	☐	
Visit notes	☐	
Incident reports	☐	
Supervisory visit reports	☐	
Care plan reviews	☐	

A.9—Monthly Quality Assurance Report Outline

Month	Prepared by
Total incidents	Critical incidents reported on time (%)
Falls, medication, behavioral, and other categories	Trends
Complaints logged	Resolved on time (%)
EVV accuracy (%)	Training completion (%)
Documentation issues	Exclusion and credential checks current (%)

Areas for improvement

Actions	Responsible staff	Timeline

A.10—Client Emergency Information Sheet

Client name	Date of birth
Address	Phone
Primary contact and relationship	Phone
Secondary contact and relationship	Phone
Primary physician and phone	Preferred hospital
Conditions	Allergies
Medicines or list location	POLST or advance directive location
Oxygen or powered equipment	Pets or access instructions

Evacuation or mobility assistance required?

☐ Yes ☐ No

Emergency plan notes

A.11—Caregiver Emergency Quick-Action Guide

1. Make sure you and the client are safe.
2. Call 911 for immediate danger or a medical emergency.
3. If the client is on hospice, call the hospice number first, unless the plan says otherwise.
4. Contact the agency.
5. Notify the family or emergency contact, as directed.
6. Stay with the client until help arrives, if it is safe.
7. Document what happened, and complete an Incident Report.

Office	On-call

A.12—Agency Emergency Preparedness Plan (Short Outline)

1. Purpose

Ensure continuity of care and client safety during emergencies.

2. Types of Emergencies

- Severe weather, heat, and wildfire smoke
- Power outages
- Natural disasters
- Public health emergencies
- Evacuations
- Staff shortages, and system or cyber outages

3. Agency Responsibilities

- Rank clients by risk.
- Notify caregivers and clients.
- Update service schedules.
- Provide emergency instructions.
- Maintain communication and document missed visits.

4. Caregiver Responsibilities

- Follow emergency instructions.
- Provide or modify services as safely as possible.
- Notify the agency if unable to reach clients.

5. Client Responsibilities

- Maintain updated emergency information.
- Prepare essential supplies, including a backup for powered equipment.
- Follow evacuation instructions.

A.13—Private Pay Invoice

Agency name	Address
Phone and email	Billing period
Client name	Due date

Date	Service	Time in	Time out	Hours	Rate	Total

Subtotal	Taxes or fees
Total amount due	Payment methods accepted

A.14—LTC Insurance Billing Cover Sheet

To (insurance company)	From (agency)
Client	Policy number
Billing period	Claim number

Included Documents

- ☐ Daily visit notes
- ☐ Invoice
- ☐ Authorization, if applicable
- ☐ Timesheets or EVV report
- ☐ Plan of care

Notes or clarifications

A.15—Accounts Receivable (AR) Aging Report

Client or payer | Prepared date

Aging category	Amount
0–30 days	$
31–60 days	$
61–90 days	$
90+ days	$

Follow-up actions

A.16—Supervisory Visit Summary

Supervisor | Client

Caregiver observed | Date of visit

Area reviewed	Satisfactory	Needs improvement	Notes
Professionalism	☐	☐	
Care plan adherence	☐	☐	
Safety practices	☐	☐	
Documentation	☐	☐	
Client satisfaction	☐	☐	

Follow-up actions

Supervisor signature | Date

A.17—New Caregiver Orientation Outline

1. Welcome and mission of the agency
2. Review of policies and procedures
3. Privacy and confidentiality
4. Professional boundaries
5. Safety, infection control, and workplace violence prevention
6. Documentation requirements
7. EVV training
8. Emergency preparedness, including heat, smoke, and outages
9. Abuse, neglect, and exploitation reporting
10. Role expectations and support resources

A.18—Incident Report

Date of incident	Time
Client involved	Caregiver present

Type of Incident

- ☐ Fall
- ☐ Behavioral issue
- ☐ Environmental hazard
- ☐ Suspected abuse, neglect, or exploitation
- ☐ Other:
- ☐ Injury
- ☐ Medication error
- ☐ Illness
- ☐ Worker safety or exposure

What happened?

Immediate action taken

Notifications

- ☐ Family
- ☐ EMS/911
- ☐ APS or state agency
- ☐ Supervisor
- ☐ Physician
- ☐ Payer or case manager

Follow-up required

Submitted by	Signature and date

A.19—Client Complaint Form

Client name _____ Date _____

Nature of Complaint

- ☐ Caregiver behavior
- ☐ Quality of care
- ☐ Possible abuse or safety concern
- ☐ Scheduling
- ☐ Billing
- ☐ Other:

Details

_____

_____

_____

Agency action taken

_____

_____

Resolution date _____ Client told of outcome by _____

A.20—Documentation Audit Checklist

Requirement	Complete	Missing	Notes
Visit notes	☐	☐	
EVV logs	☐	☐	
Care plan	☐	☐	
Supervisory visits	☐	☐	
Incident reports	☐	☐	

A.21—Home Safety Assessment

Client name Assessment date

Item	Safe	Needs attention	Notes
General			
Adequate lighting	☐	☐	
Clear walkways	☐	☐	
No loose rugs or hazards	☐	☐	
Smoke alarms working	☐	☐	
Carbon monoxide alarm present	☐	☐	
Bathroom			
Grab bars installed	☐	☐	
Non-slip surfaces	☐	☐	
Functional toilet and sink	☐	☐	
Kitchen			
Stove and oven safe	☐	☐	
Food storage sanitary	☐	☐	
Clutter-free counters	☐	☐	
Emergency readiness			
Emergency numbers visible	☐	☐	
Fire extinguisher accessible	☐	☐	
Exit pathways clear	☐	☐	
Heat, smoke, and outage plan in place	☐	☐	
Worker safety			
Weapons, pets, and other people reviewed	☐	☐	
Sharps and oxygen safety reviewed	☐	☐	

Appendix B—Process Flows

These four workflows replace the first edition's diagrams. Adapt the roles to your agency. Steps marked "Added" close gaps in the original flows.

B.1—Client Inquiry Management

Step	Owner	Action	Decision or note
1	Intake	Record the inquiry in your home care management system.	Direct contact, or collect details from the referrer
2	Intake	Introduce the agency, ask about care needs, and explain services and rates.	If urgent or unsafe, escalate. Added
3	Intake	Ask whether the person wants services.	No: follow up later. Yes: continue
4	Intake	Schedule the in-home assessment. Confirm by email or text, and log it.	Send a reminder a day ahead
5	Assessor	Visit. Review needs, the care plan, schedule, home safety, tasks, rates, and policies.	If the time does not work, reschedule
6	Assessor	Ask whether the person is ready to sign.	No: follow up. Yes: continue
7	Intake	Client or representative signs the service agreement and rights documents.	Confirm authority to sign. Added
8	Director	Review and approve the pack.	Hand the approved file to the office and finance team

Note "Lead" means the person who needs care, or that person's family member or representative. Keep all stakeholders informed at every stage.

B.2—Client Onboarding

Step	Owner	Action	Decision or note
1	Scheduling	Receive the new client file from business development.	Check that assessment and care plan are complete. Added
2	Management	Give written approval to proceed.	Especially where upfront payment is required
3	Scheduling and business development	Review the case, care plan, and schedule.	Confirm time, duration, and holidays
4	Business development	Share the plan and schedule with the client.	Not approved: modify and share again
5	Scheduling	Activate the client account, and assign qualified caregivers.	Base assignments on skills, schedule, and lawful criteria. Confirm availability. Added
6	Scheduling	Share the plan with assigned caregivers, and provide any plan-specific training.	Confirm any needed EVV setup. Added
7	Business development	Notify the client, and introduce the caregivers.	Work begins
8	Supervisor	Make the first-week check-in or supervisory visit.	Added

Client preferences Do not make assignments based on a client's race, color, national origin, or religion preference. Have counsel review how you handle gender requests for intimate care.

B.3—Hiring Caregivers

Step	Owner	Action	Decision or note
1	Staffing	Receive the applicant from an online, phone, or walk-in source.	Schedule a 10-minute phone screen
2	Staffing	Confirm required qualifications, using the same criteria for all.	If not met, explain what is needed. California applicants: share the state's applicant instructions
3	Staffing	Send the application, and schedule the interview.	
4	Staffing	Interview, using job-related questions.	Added note: avoid protected topics
5	Staffing	Make a conditional offer, if appropriate.	Added
6	Staffing	Complete background, registry, and OIG exclusion checks, with required notices.	Stop if the person is not cleared under the law. Added
7	Staffing	Collect required documents, verify them, and complete Form I-9.	Valid ID, health clearance where required, aide registration where required
8	Staffing	Provide orientation, assigned training, and home care app training.	Confirm competencies
9	Manager	Approve the onboarding file.	Do not assign a client until the file is complete. Added
10	Staffing	Upload documents, and track expiration dates.	Rerun exclusion checks monthly, if applicable. Added

B.4—Voice of the Customer

Step	Owner	Action	Decision or note
1	Any staff	Client or family raises a concern. Log it the same day.	
2	Supervisor	Screen for abuse, neglect, exploitation, or immediate safety risk.	If yes: protect the client and make required reports now. Added
3	Business development	Contact or visit the client within 24 hours.	Sort as administrative or caregiver-related
4	Business development	For administrative issues, investigate, agree on a solution with management, and share it.	If not accepted: get feedback and revisit
5	Staffing	For caregiver issues, investigate. Decide whether training is needed.	Training needed: arrange it, then reassign
6	Staffing	If no training is needed, ask whether the client wishes to keep the caregiver.	Yes: discuss expectations. No: assign another qualified caregiver
7	Business development	Document the solution, send a copy to the client, and save it in the file.	Tell the client how to reach outside agencies. Added
8	QA lead	Add the complaint to monthly trend review.	Added

> **Note** If the issue involves a care plan, business development shares the change with scheduling, and scheduling shares it with caregivers.

Appendix C—Sample Policies

These samples are starting points. Have legal counsel adapt them to your state, services, and payers.

C.1—Confidentiality & Privacy Policy

Purpose

To protect the privacy and confidentiality of client health information in compliance with applicable privacy laws, including HIPAA where it applies.

Scope

This policy applies to all staff, caregivers, supervisors, administrators, and contractors.

Policy Statement

[Agency Name] is committed to safeguarding client information, including Protected Health Information (PHI) where HIPAA applies. No staff member may access, disclose, or share client information except as required for care delivery or agency operations.

Procedures

1. Staff must access PHI only as necessary for their job duties.
2. PHI may not be discussed in public or unsecured locations.
3. Paper files must be stored in locked cabinets.
4. Electronic records must be stored in approved, secure systems, with business associate agreements where required.
5. Staff must use secure communication channels only.
6. Unauthorized disclosure must be reported immediately.

Documentation

- Confidentiality agreements signed at hire
- Privacy training record

Compliance References

- HIPAA Privacy, Security, and Breach Notification Rules, if applicable
- State privacy and breach laws

C.2—Abuse, Neglect & Exploitation Reporting Policy

Purpose

To ensure timely reporting, investigation, and prevention of abuse, neglect, or exploitation of clients.

Scope

This applies to all employees and contracted caregivers.

Policy Statement

[Agency Name] maintains a zero-tolerance policy for abuse, neglect, or exploitation. Staff must promptly report any suspicion to the agency and to outside authorities as state law requires.

Procedures

1. Caregiver ensures immediate client safety.
2. Call 911 if the client is in immediate danger.
3. Report to Adult Protective Services (APS) or the state-required agency. Do not wait for a supervisor if the law gives you a personal duty.
4. Tell a supervisor at once. If the concern involves a supervisor, tell the administrator.
5. Document the incident using the Incident Report (A.18).
6. Protect the client, including removing an accused worker from the assignment as policy requires.
7. Cooperate with investigations. Retaliation is prohibited.
8. Take corrective actions as needed.

Types of Reportable Concerns

- Physical or emotional abuse
- Financial exploitation
- Neglect or unsafe care
- Unsafe living conditions
- Self-neglect

Documentation

- Incident reports
- APS case number (if applicable)

C .3—Documentation & Recordkeeping Policy

Purpose

To ensure accurate, timely, and compliant documentation for all client services.

Scope

This applies to caregivers, supervisors, and administrative staff.

Policy Statement

All staff must document care accurately and in accordance with agency standards and regulatory requirements.

Procedures

1. Visit notes must be completed at the end of each visit.
2. EVV must reflect actual time in/out.
3. Supervisory reports must be completed on the day of the visit.
4. All documentation must be legible, objective, and complete.
5. Records must be maintained securely for the required retention period.

Documentation

- Visit notes
- Plan of Care
- Supervisory visit forms
- EVV logs

Retention

- As set by your written retention schedule, using the longest applicable period

C .4—Professional Boundaries Policy

Purpose

To maintain safe, ethical, and professional caregiver-client relationships.

Scope

This policy applies to all caregivers and agency staff.

Policy Statement

Staff must maintain appropriate boundaries with clients at all times to protect safety and professionalism.

Prohibited Behaviors

- Accepting money, loans, or gifts beyond agency policy
- Borrowing or lending items
- Romantic or sexual relationships
- Sharing personal problems with clients
- Posting client information on social media
- Private work arrangements outside the agency

Required Conduct

- Remain courteous and respectful.
- Follow the Plan of Care.
- Report boundary concerns immediately.

Documentation

- Boundary violation reports

C .5—Safety & Infection Control Policy

Purpose

To protect clients and staff from preventable illness and injury.

Scope

This applies to all caregivers and supervisors.

Policy Statement

Caregivers must follow all safety guidelines and infection control procedures while providing care in client homes.

Procedures

1. Perform hand hygiene before and after care, after glove removal, and at the start and end of the visit.
2. Use gloves when required.
3. Clean high-touch surfaces when needed.
4. Follow safe lifting and transfer techniques.
5. Report any environmental hazards immediately.
6. Do not report to work when sick. Follow agency sick leave and notice procedures.
7. Report injuries, exposures, threats, and near misses.

Documentation

- Incident reports
- Safety training records

C .6—Emergency Preparedness Policy

Purpose

To ensure continuity of care and client safety during emergencies or disasters.

Scope

This policy applies to agency administration, caregivers, and supervisors.

Policy Statement

[Agency Name] maintains an all-hazards emergency plan to address severe weather, heat, smoke, outages, natural disasters, public health emergencies, and staffing disruptions.

Procedures

1. Maintain updated Client Emergency Information (A.10).
2. Notify clients and caregivers of emergency alerts.
3. Identify high-risk clients requiring priority care.

4. Document missed visits and service deviations.
5. Follow state-specific emergency guidelines.

Documentation

- Emergency logs
- Communication logs

C .7—Client Rights & Responsibilities Policy

Purpose

To ensure clients understand their rights and responsibilities while receiving care.

Scope

This policy applies to all clients and client representatives.

Policy Statement

Clients have the right to respectful, safe, and high-quality care. They also share responsibility for maintaining a safe care environment.

Client Rights Include

- To be treated with dignity and respect
- To receive services without discrimination
- To participate in care decisions
- To privacy and confidentiality
- To voice complaints without retaliation

Client Responsibilities Include

- Provide accurate information.
- Notify the agency of changes in condition.
- Maintain a safe home environment.
- Treat caregivers respectfully.

Documentation

- Signed client rights acknowledgment

C.8: Equal Opportunity & Non-Discrimination Policy

Purpose

To ensure equal treatment in service delivery and employment.

Scope

This policy applies to clients, caregivers, applicants, and staff.

Policy Statement

[Agency Name] prohibits discrimination and harassment based on race, color, religion, sex (including pregnancy), national origin, age, disability, genetic information, or any other category protected by federal, state, or local law. Client preferences do not justify discrimination.

Covered Areas

- Hiring & employment
- Client services
- Assignments and scheduling
- Compensation
- Complaints and grievances

Documentation

- EEO files
- Complaint forms

C.9—Technology & Cybersecurity Policy

Purpose

To safeguard electronic data and ensure responsible use of technology.

Scope

This policy applies to all staff using agency systems.

Policy Statement

Staff must follow cybersecurity protocols to prevent unauthorized access, breaches, or misuse of agency technology.

Procedures

1. Use only approved devices for agency work.
2. Do not share passwords.
3. Enable multi-factor authentication when available.
4. Report suspected breaches immediately.
5. Follow secure communication guidelines. Do not enter client information into unapproved apps or AI tools.

Documentation

- Technology training records
- Breach reporting logs

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