

HomeCare Agency Policies

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Pennsylvania Home Care Agency: Policy & Procedure Manual

Non-medical **Home Care Agency** licensed under **28 Pa. Code Chapter 611** (Home Care Agencies and Home Care Registries), Pennsylvania Department of Health. Self-prepared operational document, not legal advice, not affiliated with or endorsed by the Department; the Agency certifies its own practices. Citations reflect 28 Pa. Code Ch. 611 and are verified at delivery against the current text.

Agency: [Agency Name] · **Administrator:** [Name] · **Effective date:** [Date] · **Review cycle:** annual + on regulatory change

Part A: Governance, Licensure & Scope

A1. Legal Basis, Licensure & Services (*28 Pa. Code §§ 611.1–611.5*)

Policy. The Agency operates as a licensed Home Care Agency under 28 Pa. Code Ch. 611 and Act 69 of 2006. It provides only **non-medical home care services**: personal care/assistance with activities of daily living (ADLs), companionship, and homemaker services. It does **not** provide skilled nursing or services requiring a licensed clinician (those are referred to an appropriately licensed provider). The Agency maintains a current DOH Home Care Agency license and renews as required. **Procedure.** Maintain the license on display; track renewal dates; operate within the licensed service area and the non-medical scope in §611.5 definitions. **Documentation.** Current license; renewal records; defined scope of services.

A2. Administration, Records & Documentation (*§ 611.4; § 611.57(d)*)

Policy. The Agency maintains all records required to demonstrate compliance and makes them available for Department inspection. **Procedure.** Keep a personnel file per worker (clearances, competency, health screening) and a consumer record per consumer (info packet acknowledgment, service plan, service notes); retain per Agency retention schedule and applicable law. **Documentation.** Personnel files; consumer records; compliance documentation available on-site for DOH inspection.

Part B: Direct Care Workers (Hiring, Clearances, Competency, Health)

B1. Hiring or Rostering of Direct Care Workers (§ 611.51)

Policy. Before a direct care worker has contact with a consumer, the Agency completes all §611.51 hiring requirements: verification of identity and references, the criminal background check (B2), child abuse clearance where applicable (B3), competency (B5), and health screening (B6). **Procedure.** Use a standard hiring checklist; do not assign a worker to a consumer until every clearance and requirement is complete (except lawful provisional hiring under B4). **Documentation.** Completed hiring checklist; signed job description.

B2. Criminal Background Checks (§ 611.52; *Older Adults Protective Services Act, 35 P.S. § 10225.1 et seq.*)

Policy. The Agency obtains a Pennsylvania State Police criminal history report for every direct care worker. For an applicant who has **not been a Pennsylvania resident for the two years** preceding application, the Agency also obtains a **federal (FBI) fingerprint-based** criminal history check. Applicants with offenses barred under OAPSA are not hired for direct-contact roles, except as OAPSA's age-of-conviction provisions permit. **Procedure.** Initiate checks before assignment; review results against OAPSA disqualifiers; refresh per OAPSA renewal requirements. **Documentation.** Background-check results with dates; disqualification determinations.

B3. Child Abuse Clearance (§ 611.53)

Policy. Where a direct care worker will have contact with a consumer who is a minor, or as otherwise required, the Agency obtains the Pennsylvania Child Abuse History Clearance before assignment. **Procedure.** Determine applicability at assignment; obtain clearance; refresh as required. **Documentation.** Child abuse clearance on file.

B4. Provisional Hiring (§ 611.54)

Policy. The Agency uses provisional hiring only within the specific conditions and time limits permitted by §611.54 and OAPSA (e.g., while awaiting a pending background check), with the required supervision and applicant attestation. **Procedure.** Document the provisional basis; supervise per the rule; convert or terminate when results return. **Documentation.** Provisional-hire attestation; supervision log; resolution.

B5. Competency Requirements (§ 611.55)

Policy. The Agency assigns a direct care worker only to tasks for which competency has been established, by documented training and/or a competency evaluation consistent with §611.55, before independent assignment. **Procedure.** Match assigned tasks to demonstrated competencies; re-evaluate on new task types or performance concerns. **Documentation.** Competency evaluations/training records; task-to-competency mapping.

B6. Health Screening (§ 611.56)

Policy. Each direct care worker completes the health screening required by §611.56, including tuberculosis (TB) screening, before consumer contact. **Procedure.** Complete screening at hire; maintain per rule. **Documentation.** Health screening / TB results.

Part C: Consumer Protections (§ 611.57)

C1. Consumer Rights & Service-Planning Involvement (§ 611.57(a))

Policy. Consumers participate in planning their services, and services are provided in a manner that accommodates the consumer's individual needs and preferences, except where doing so would put a direct care worker's health or safety at risk. Consumers are treated with dignity and respect and are free from abuse, neglect, and exploitation. **Procedure.** Involve the consumer/surrogate in developing and revising the service plan (Part D); honor preferences within scope and worker-safety limits; review rights at start of service. **Documentation.** Service plan reflecting consumer input; signed rights acknowledgment.

C2. Service Termination Notice (§ 611.57(a))

Policy. The Agency provides at least **10 calendar days' advance written notice** before terminating services to a consumer. Notice of fewer than 10 days is used only where permitted: the consumer is **14+ days behind on payment** despite prior notice, or a direct care worker's health or welfare is at risk. **Procedure.** Issue written termination notice; document the basis for any shortened notice; provide referral information. **Documentation.** Termination notice with date and basis.

C3. Prohibited Practices (§ 611.57(b))

Policy. No owner, employee, or affiliated individual of the Agency may serve as power of attorney or guardian for a consumer who uses the Agency's services. The Agency does not require a consumer to endorse checks over to the Agency. **Procedure.** Screen for conflicts at intake and during employment; bill through standard invoicing only. **Documentation.** Conflict-of-interest attestations; billing records.

C4. Pre-Service Information Packet (§ 611.57(c))

Policy. Before service begins, the Agency gives the consumer (and, as applicable, legal representative/family) an easily readable information packet containing all §611.57(c) items. **The packet includes:** 1. The list of available services and the identity of the assigned direct care worker(s); 2. The hours during which services are available/provided; 3. Fees and total costs for services, stated on an hourly or weekly basis; 4. The Department contact for licensure and compliance information; 5. The **Department complaint hotline (1-866-826-3644)** and the telephone number of the **local Area Agency on Aging Ombudsman**; 6. The hiring and competency requirements for direct care workers; and 7. A disclosure of whether direct care workers are **employees or independent contractors**, addressing the tax and insurance obligations that result (Agency model: direct care workers are **W-2 employees**). **Procedure.** Review the packet with the consumer at start of service; obtain a signed acknowledgment of receipt. **Documentation.** Signed information-packet acknowledgment in the consumer record.

Part D: Service Delivery & Operational Policies

(Operational policies the Agency maintains to satisfy §611.4 “requirements,” §611.57 consumer protections, and OAPSA reporting duties.)

D1. Initial Assessment & Written Service Plan

Policy. Before non-medical services begin, the Agency completes an initial needs assessment (ADLs, IADLs, cognition/communication, home-safety, emergency contacts, goals/preferences) and develops a **written service plan** within the non-medical scope; the consumer/surrogate reviews and signs it. **Procedure.** Assess → document plan (tasks, frequency, schedule, assigned worker) → consumer signs → review on a set schedule and on any significant change; refer out anything beyond non-medical scope. **Documentation.** Signed assessment; signed/dated service plan and revisions; review log.

D2. Supervision & Service Monitoring

Policy. The Agency supervises direct care workers and monitors that services match the service plan and consumer needs. **Procedure.** Scheduled check-ins/visits; service notes per visit; corrective action on deviations. **Documentation.** Supervision and service-monitoring records.

D3. Complaint & Grievance Procedure

Policy. Consumers may raise complaints without retaliation or service interruption; the Agency investigates and responds, and informs consumers of the DOH hotline (1-866-826-3644) and AAA Ombudsman as alternative avenues. **Procedure.** Log complaint → investigate → respond within a defined timeframe → document resolution. **Documentation.** Complaint log and resolutions.

D4. Incident Reporting & Mandatory Abuse/Neglect Reporting (*OAPSA, 35 P.S. § 10225*)

Policy. Staff report incidents (injury, medication error, missed visit, allegation) and **suspected abuse, neglect, exploitation, or abandonment** of an older/care-dependent adult as required by OAPSA, including to the appropriate authorities/Area Agency on Aging. **Procedure.** Report internally immediately; make required external reports within mandated timeframes; cooperate with investigations. **Documentation.** Incident reports; record of mandated external reports.

D5. Infection Prevention & Control

Policy. The Agency follows standard infection-control practices (hand hygiene, PPE, illness/exclusion guidance) appropriate to in-home non-medical care. **Procedure.** Train at orientation and annually; supply PPE; document exposures. **Documentation.** Training records; infection-control protocol.

D6. Emergency Preparedness & Continuity of Services

Policy. The Agency has a plan to maintain or safely interrupt services during emergencies (weather, worker unavailability) and to triage consumers by need. **Procedure.** Risk-tier consumers; backup-staffing and contact protocols; document outreach during events. **Documentation.** Emergency plan; event logs.

D7. Non-Medical Scope, Medication Reminders & Boundaries

Policy. Workers provide **medication reminders only** (not administration), and do not perform skilled/clinical tasks; needs beyond scope are referred to a licensed provider. **Procedure.** Train on the scope line; document and refer out-of-scope needs. **Documentation.** Scope policy acknowledgment; referral notes.

D8. Confidentiality & Protection of Consumer Funds/Property

Policy. Consumer information is kept confidential; workers do not borrow from, lend to, or accept gifts/bequests from consumers, and protect consumer funds and property. **Procedure.** Confidentiality and financial-boundary training; prompt reporting of any financial concern. **Documentation.** Signed confidentiality/financial-boundaries policy.

This self-prepared manual organizes the Agency's policies to the requirements of 28 Pa. Code Ch. 611 and OAPSA. It is not legal advice and creates no attorney-client relationship; the Agency is responsible for its own compliance and certifies that these policies reflect its actual practices.