



Employee Handbook

Version 10/2021



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Welcome

Dear Colleague,

Welcome aboard! You are embarking on a challenging and rewarding career. It is my pleasure to welcome you as a new staff member. You have become a part of an organization that prides itself on honesty, integrity, and compassionate service to our clients. With the commitment of hardworking staff like you, we have been able to successfully serve the home healthcare needs of our communities for over 15 years. The next pages will describe what will be expected of you and what you can expect from American Home Health Corporation. We look forward to a long and mutually beneficial relationship with you, providing exemplary, client-centered healthcare in a home environment.

Our philosophy is simple, “We provide prompt and caring healthcare to our clients in an appropriate setting, their home. Our commitment to excellence in service is reflected in our client care and individualized scheduling, using only the best qualified, motivated and dedicated nurses.”

Home healthcare has emerged as a positive solution to the complex problems in healthcare. Technological advances allow sophisticated medical treatments to be performed in the home. Home healthcare is a safe and less costly alternative to hospitals and nursing homes.

Our employees are this company’s most valuable assets. This handbook is a guide that will help you understand how you and AHHC can work together toward a shared success. We ask that you take the time to read it and familiarize yourself with our company philosophy, policies, and procedures. If anything in this handbook is not clear to you, or if you need more information, please call the Human Resources and Finance Director at (630) 236-3501.

Your continued success depends on open communications. Please feel free to call me if I can help you in any way to make your career with American Home Health successful. My number is (630) 236-3501.

I look forward to working together with you.

Sincerely,

Janet Fulfs

Janet Fulfs, R.N., BSN
President

1-800-872-4427

Office - 630.236.3501 | Fax - 630.236.3505

Intermittent Visits - 630.585.0074 | Fax - 630.236.3505

RN 24 HOURS ON-CALL

(Press #1 for emergencies)

www.ahhc-1.com

1660 N. Farnsworth Ave., Ste. 3 Aurora, IL 60505

OFFICE HOURS ARE:

Monday – Friday 8:00 A.M. – 4:30 P.M.

Except Holidays and Weekends

QUALITY CHECKS AVAILABLE @

www.medicare.gov under Midwest Healthcare Associates

www.jointcommission.org American Home Health

Joint Commission phone # (800)994-6610

Illinois Department of Public Health Complaint Registry 1(800)252-4343

Mission Statement

American Home Health Corporation values are client-centered. We provide compassionate, cost effective home health care to clients throughout the Chicago area. We perform our professional services with pride and respect. The client's dignity and sustained well-being are our guiding principles.

Our Philosophy

You are our most valuable asset. We expect you to represent your profession and AHHC in a fashion, which will result in the satisfaction of our clients and referral sources. This will enable us to provide more services for clients and more work for you. We provide a wide variety of nursing opportunities including private duty, intermittent infusion, pediatric, and adult care services in the home. This is our only business.

We have a commitment to our clients and their families to provide the best care in a cost effective way. We are careful in our screening and hiring process, and we believe that continuing education and training of our employees is paramount to quality services and client satisfaction.

Our goal is to make you the best you can be. Let us know how we can help.

American Home Health Corporation's home care program originated in the belief that each individual, regardless of age, race, color, religion, sex, marital status, national origin, handicap, or source of payment, is entitled to maximize his/her optimum level of health status towards more complete physical, mental and social well being, for that person and that person's FAMILY.

It is our philosophy to include both client and FAMILY to the fullest extent of their abilities in the planning and implementation of care, and to provide educational and emotional support.

Client-Centered Care

There is research evidence that individuals recover more quickly when the family is active in the planning and implementation of their care. American Home Health Corporation (AHHC) uses the term "client" rather than "patient" to reflect this active role. The term "patient" connotes dependency and illness while the term "client" focuses on independence and complete wellness. We prefer the use of "client" for this reason.

Client Bill of Rights and Responsibilities

The following is a copy of the information given to the client when we start a case.

We believe this will help you understand the client's responsibilities to you and the company. Kindly review this information.

1. As our Client, you will be informed of your rights in writing by receipt of this Client Bill of Rights and Responsibilities. Additionally you have the right:

- To be given information about your care in a form you and/or your family and other caregivers can be reasonably expected to understand.
- To be provided with a copy of the Agency's criteria for admission and discharge from service upon request.

- To be provided information concerning your condition as it relates to the care provided.
- To be informed of your responsibilities in the care process.
- To be provided with information concerning the nature, reason and method of care to be rendered and the identity and professional status of the individuals responsible for providing that care.
- To be informed of the expected consequences of any refusal on your part to permit care.
- To have access to or receive a copy of your clinical record upon written request.
- Upon admission to the Agency and prior to changes in policy and/or services, to receive information regarding the ownership or control of the agency; the type and frequency of services offered, including skilled nursing, therapeutic services, home health aide, and other para-professional services; written information regarding the charges for services provided; policy regarding payment and the extent to which services will be covered and the expected charges for which the client will be responsible.
- To be advised of changes in financial responsibility in writing no later than 15 working days after the agency becomes aware of the changes.
- To receive an itemized and detailed explanation of the bill for the services rendered by the agency, regardless of the source of payment, upon request.
- To be informed upon admission of the Agency's mechanism for receiving, reviewing, and resolving complaints made by clients.
- To be informed of any financial benefit to the referring agency when referred to another organization, service or individual.

2. As our Client you have the right to expect the Agency to develop and maintain a written plan for your care and to participate in all decisions affecting your admission to the Agency, services provided, and plans for discharge, including the right:

- To participate, along with your family and advocates, in the establishment of your plan of care.
- To be advised in advance of any changes in the plan of care before the change is made.
- To refuse all or part of your care to the extent permitted by law. To not receive experimental treatment or participate in research unless you give written voluntary informed consent.
- To review and recommend changes in the Agency's policies and services, without fear of coercion, discrimination or reprisal.
- To file a grievance or complaint including one of discrimination to the Agency administrator and have that complaint investigated within 5 working days To contact the state regulatory Agency in writing or via the state home health agency hotline to seek information on agencies in the state and/or file a complaint. The patient also has the right to use the hotline to lodge complaints

concerning the implementation of advanced directives requirements.

- The state agency is: Illinois Department of Public Health Central Complaint Registry 1-800-252- 4343 operates 24 hours a day, seven days a week.

3. As our client you have the right to expect continuity in the care provided to you by the Agency, including the right:

- To receive care in a timely manner which is coordinated and appropriate to your needs.
- To be admitted for service only if the Agency has the ability to provide safe, professional care at the level of intensity needed. (If the Agency is unable to meet your needs, you will be referred to available alternatives services.) To have access to the Agency's management personnel and to be informed of the Agency's policy for supervision, including how to contact Agency management personnel as needed. To receive timely prior notice of the need for transfer to another organization or level of care, and of the alternatives, if any, to such a transfer. To receive timely prior notice of impending discharge, continuing care requirements, and other available services if needed at the time of discharge from Agency services.
- To receive care from properly trained personnel.

4. As our Client, you have the right to be treated with consideration, respect and dignity, including the right:

- To be treated without regard to race, color, religion, sex, age, gender preference, national origin, handicap, marital status, or creed.
- To have your privacy respected and all your medical, financial, and other care related information treated as confidential.
- To have your property treated with respect.
- To voice grievances to the agency, state health department or consumer affairs representative on any other outside representative of your choice without coercion, discrimination, reprisal, or unreasonable interruption of service.
- Have your pain recognized and addressed appropriately, to have your pain assessed by a competent professional. To be educated about your role in managing pain and potential limitations and side effects of pain treatments.

5. As our client, you have the responsibility: To promote the retention of staff.

- To use appropriate language and behavior around staff.
- To dress appropriately around staff.
- To review and sign time sheets and nursing notes as requested.
- To communicate any and all concerns to the office.
- To return all used and unused AHHC documents upon discharge from care.
- To reasonably protect and store your valuables.
- To inform the office of new orders or changes in the physician's plan of care.
- To acknowledge that all original documents are the property of AHHC.
- To refrain from discussions of a personal nature with staff.

General Home Care Policies

The Role of the Nurse Supervisor

The Nurse Supervisor is a registered nurse, experienced in home health-care management. The Nurse Supervisor is responsible for the direction of all services provided by AHHC. All risk management, clinical or client care questions or concerns are to be reported to the Nurse Supervisor or designee. The Nurse Supervisor will be the individual to whom you will report. The Nurse Supervisor will provide you with job performance feedback.

The Nurse Supervisor's role is to assure that AHHC's client care services are provided in compliance with all state and federal regulations and that the company policies are of the highest quality and is managed in the most effective, efficient manner. There is a nurse manager on call 24/7 to respond to any type of call or concern you may have during the course of your employment with us. No question is too trivial. Do not hesitate to call.

The Nurse Supervisor's goals are to provide a challenging and fulfilling work environment for all AHHC's caregivers.

He/she is available to assist you in resolving any difficulties you encounter in home care, and to help you chart a fulfilling, long-term career path at AHHC.

Confidentiality

The right to confidentiality is one right held by our clients under our Patient Bill of Rights. As is true with any other medical/nursing record, the charts maintained on clients or AHHC's home care programs are confidential documents.

It is not appropriate to document in the chart or other places any aspects of family life or family functioning which is not directly related to the medical care, status, or safety of the client. Information you read and hear about an individual is for you only and is not to be repeated outside the professional environment. Caregivers do not discuss clients or office staff outside the context of professional conversation relevant to the client's condition and plan of care. Discussions regarding clients are not held in the presence of non-involved individuals, even other AHHC employees. Any breach of confidentiality on the part of caregivers is grounds for possible termination.

As a nurse working for American Home Health you can be working more than one case and, therefore you need to be extra cautious that you don't discuss one client with another. You should never talk about other nursing personnel or the office staff.

On occasion you will be exposed to a client or another nurse who tries to push you into gossip by asking leading questions. Some answers to these questions should be on the order of, "It's none of my business." "I don't know.", "I haven't noticed.", etc. Then you should immediately change the subject. Please try to stop these kinds of conversations before they start.

DSCC Guidelines for Nurses Working in Home Care says, "Privacy is a major issue for parents who have other caregivers in their home." Nurses are expected to respect the confidentiality of the family and not discuss the family members with anyone outside of the home, except with specified health care professionals as it relates to the child. Nurses should respect and protect the family's privacy appropriately at all times whether in the home or talking with others outside of the

home. Any breach of confidentiality by a nurse mandates immediate supervisory action.”

Visitors

No nurse who works for American Home Health should have friends or family visit her while she is working at the home of one of our clients. This is an infringement of the family’s privacy. In the event that you are being picked up from work or someone is bringing you something, that person must not be let into the client’s home. Violation of this policy may result in disciplinary action up to and including termination.

Reporting Abuse or Neglect

There are occasions when it may be necessary to raise concerns about a caregiver’s ability to care for a client. Nurses are mandated reporters under the Child Abuse and Neglect Reporting Act and are responsible to report any acts of physical abuse, neglect, or sexual abuse to the proper state authorities. Physical and sexual abuses are fairly clearly defined in the Act itself. Neglect, on the other hand, is less easy to determine, especially when a medically complex child is concerned.

Determining when to report neglect can be difficult; hence, it is recommended that there be consultation with others involved with the child including the physician, the home health agency supervisor, and the case manager before making a report. It is also necessary to document incidents of neglect including description of alleged neglectful behavior, dates and times. It is important to remember that, if the nurse is in the home to care for the child, it is difficult to make a case for the parent or other caregiver as neglectful since the nurse is responsible for the child during that time.

However, it can be considered neglect if, for example, the family caregiver taking over the care of the client is intoxicated, fails to appear without notice, fails to provide the necessary care, or where the environment is unsafe or potentially life threatening.

In reporting physical or sexual abuse or neglect, nurses are responsible for providing specific information, which is pertinent to the allegation. It should be understood that a report is only an allegation of abuse or neglect. The designated agency for protective services, not the nurse, is responsible for investigating the report. While as much information as possible is important, nurses do not have to prove abuse or neglect, only to report it when they suspect that it is occurring.

It is also a professional responsibility for the reporting nurse to remain with the client whom the nurse ascertains is at risk of harm, until the protective services worker or the police arrive after a report is made. The nurse cannot legally remove the client from the home without permission unless the client is in need of emergency medical treatment. Being at risk of abuse is not sufficient grounds for removing the client and the nurse doing so could be arrested for abduction or kidnapping. Only the police or designated protective service worker can legally take custody of a child at risk, and in a non-medical but protective emergency, the police should be called. The Abuse Hot Line # is 1-800-25ABUSE (252-2873).

No One at Home

If you arrive at the scheduled day and time and no one appears to be home, even after arrangements have been made and verified, please call the AHHC office for further instructions. **DO NOT GO HOME**

until you have been instructed to do so by the office.

Telephone & Communications

The clients’ telephones are NEVER to be used for your personal phone calls. If it is necessary to call the AHHC office or any other member of the health care team for purposes of coordinating services, please be sure to ask the client’s permission.

If you become ill while on duty, please obtain the client’s permission to use the phone to call the office. We will help you make arrangements for care for yourself and the client.

NEVER give the client’s phone number out, and never page others to the client’s phone number. This is a breach of privacy that cannot be tolerated.

We realize in this age of electronics that many of our employees have cellular phones and pagers. While it is good that your families can reach you in emergencies, we want to stress this is the only time you should be talking on your cell-phones. You are being paid to take care of a client, not to be spending your shift talking on a phone. In addition cell phones may have adverse outcomes on equipment in the home.

AHHC’s policy in regards to cell-phones is clear. Do not use cell-phones while driving. Do not call the office while driving, and do not respond to pages or calls to your cellphone while driving. Those of you who use cell-phones in your cars should be aware that some cities are passing laws against the use of car phones while driving. These laws have large fines attached. We rely on telephone contact heavily; it is our primary form of contact between office, nurses and clients. It is imperative that whenever you receive a call or page from our office that you respond immediately regardless of your ability to assist in staffing, so that our efforts can be directed effectively toward a solution for the client.

You may use our toll free phone number to conduct business with the office, but do not abuse it by socializing with office staff. This is a benefit to you and our clients so do not be the one responsible for spoiling it for everyone else. Our toll free line is 1-800-872-4427.

Smoking

Smoking is not permitted while on duty at the client’s home. Our company strives to provide our clients with a healthful environment. Many of our clients are allergic to or sensitive to smoke.

Drugs and Alcohol

In an effort to maintain a reasonably safe and healthful workplace, and in accordance with both federal and state law, AHHC will from time to time inform employees through educational materials about the dangers of drug abuse in the workplace. The Company also has adopted the following policy:

It is a violation of AHHC policy for any employee to sell, purchase, use, consume, possess, manufacture, distribute, dispense, or transport any illegal substance, or to abuse any controlled substance, on Company, or Client premises and at any time during working hours, including meal and break periods. AHHC employees shall report to work with their abilities unimpaired by illegal or controlled substances, and remain so throughout their assigned workday. Therefore, random drug or alcohol screens may be done at any time.

If you are convicted of a violation of any criminal drug statute, and

that violation occurred in the workplace, you are required to notify your supervisor within five (5) days after such conviction. "Conviction" means a finding of guilt or acceptance of a guilty plea, including a plea of nolo contendere, or imposition of a sentence, or both, by a judicial body.

If you violate this policy, you will be subject to appropriate disciplinary action, up to and including immediate discharge. Alternatively, at the AHHC's discretion, you may be required to complete satisfactorily a drug assistance or rehabilitation program.

You must comply with the requirements set forth in this statement. Any questions regarding this policy should be directed to your immediate supervisor or the Human Resources Department.

Driving While on Duty

You are strictly prohibited from driving other people's automobiles or from transporting any client or family member in your car while on duty. There are no exceptions. This is not a part of your job description nor is this an expectation which the client should have of you or the agency. If you are requested to transport the client or a family member or are asked to drive their car, please refuse and/or call the office. We will notify the client that it is not an expectation they should have.

Parking

When parking near your client's home, you must obey all local parking laws. American Home Health Corporation cannot provide you with any special parking privileges. American Home Health Corporation will not pay for any parking violations or reimburse you for the fines.

Service Location – Client's Home

Services are to be provided only in the clients' homes. The clients' homes may include their place of residence, a family member's home in which they are residing, a senior housing facility, etc. If services are requested for any other location, call your AHHC care office for instruction.

Policies and Procedures

All personnel are responsible to be familiar with the policies and procedures of this organization. Complete and comprehensive manuals are available in the office to review during office hours. It is a part of your professional accountability to take the initiative to review these manuals or ask for the information if you have questions regarding a policy or procedure.

Dress Code and Personal Cleanliness

American Home Health Corporation strives to promote nursing professionals. We work to create and enhance our nurses' reputations as professionals worthy of the highest respect. To create your own professional image, we ask that you adhere to our dress code and cleanliness rules:

1. Clean, pressed or permanent press casual and comfortable clothing. Shorts are acceptable in some cases.
2. Skirt length no shorter than one inch above the top of the kneecap.
3. Hair - clean and pulled back from face. Fingernails - clean and short.

4. Do not use perfume or scented after-shave; many of our clients are allergic or asthmatic.
5. Be very conservative in use of jewelry.
6. For males, beards and mustaches should be clean and well trimmed. It is important to be as inoffensive as possible. We expect daily bathing, good oral hygiene and the regular use of deodorant.
7. Tight fitting or revealing clothing is considered inappropriate.

Footwear

Proper footwear should be worn. Examples of inappropriate shoes are:

1. High heels shoes
2. Open toe shoes
3. Sandals
4. Flip flops

Scheduling and Cancellations – Private Duty

The Client Service Coordinator is the office person with whom you will have contact for scheduling. All scheduling and cancellations are to be handled through American Home Health Corporation (AHHC) office. We can offer flexibility in scheduling. You may accept or reject any assignment offered to you. If you accept it, you will be expected to fulfill the assignment in a professional manner and for the agreed length of time.

You cannot accept assignments or change assignments directly with the client or other nurses. You may only do so through the AHHC office. Shift cancellation from the client may occasionally occur. You will be notified immediately and an alternative assignment offered if possible. If your assignment is canceled after you arrive at the home, notify our office for instructions before leaving the client.

When assigned to a home care case, you will be provided with the client's name, address, telephone number, a description of the client's needs and the expected duties involved. You may also expect to be oriented to a particular case. In the event you do not feel comfortable or competent to perform the client's care, inform the office at once and additional information or training can be provided.

During your scheduled shift you are expected to provide care and be with the client the entire time. You are expected to take your meal with and store it at the home. You are not permitted to leave the child to take a "lunch hour" or breaks, and you will be compensated for the entire time. **The patient may only be left with a trained caregiver. Please refer to the Plan of Care, section 21.**

Should you find it absolutely necessary to change or cancel your agreed upon schedule, you must call the office as soon as possible. It is essential to give the office a timely notice, no less than 24 hours, in order for us to find an appropriate replacement for your assignment. This is a very important factor in our ability to satisfy our clients. Remember that they are not in a hospital or nursing home where, if you don't show for work, someone else will pick up the slack. A "No Call/No Show" is grounds for disciplinary action, possibly including termination of employment. Repeated call-offs are also grounds for disciplinary action up to and including termination.

An employee who has missed three consecutive scheduled shifts due to illness or injury will have to get a doctor's release to go back to work. Be very conservative in use of jewelry.

For males, beards and mustaches should be clean and well trimmed. If you have a problem, AHHC representative is always on call to help you, 24 hours a day, seven days a week.

Scheduling and Cancellations – Intermittent Nurses

Clients will be assigned to a primary nurse based on matching availability and skill to the client's needs. Once a nurse accepts the assignment he/she is responsible to arrange the ordered visits with the client. The nurse must inform the office of his/her schedule by Thursday for the following week. Nurses who will not be able to perform the necessary visit frequency for a client must inform the office 2 business days in advance of the visit(s) he/she will not be able to accomplish.

Payroll Procedures

General Information

American Home Health Corporation workweek begins every Sunday night at midnight and ends at midnight on the next Saturday night.

All Charts are to be completed no later than noon on Monday when all charts are due for the specific payroll period. Paychecks are mailed every other Tuesday, or you may opt for Direct Deposit of your pay.

Direct Deposit

Direct deposit is available to any employee. This is an optional benefit. Just complete the direct deposit form, and attach a voided check. Your pay is credited directly into your account the morning of payday.

Overtime

Overtime for work in excess of 40 hours per week must be AUTHORIZED. You may be asked to remain longer than scheduled only if patient safety is threatened. If such a situation arises, please call our office immediately. Failure to seek authorization for overtime hours may result in disciplinary action.

Our work week is Sunday through Saturday (Effective May 2nd, 2010).

Holidays

Effective June 28th, 2012, American Home health will no longer pay time and a half for holidays worked.

Charts– Private Duty Nurses

All charts must be completed no later than seven (7) days after service has been rendered. This is a state law, and we must have your cooperation in order to comply with it. Employees who are consistently late or fail to comply with this law will be duly counseled and disciplined accordingly. Non-compliance of this policy and law may result in your termination

Charts – Intermittent Care Nurses

All Charts are to be completed no later than noon on Monday for the specific payroll period. As stated above, state law requires all charts must be in the office within seven (7) days after service is rendered.

Admissions' charts must be completed within 48 hours of the admission. Recertification's OASIS charts must be completed within 5 days of the end of the certification period. Transfer and Discharge OASIS charts are to be completed within 48 hours of the event.

Benefits

DISCLAIMER: The descriptions given below are a summary of the benefits plans. For specific information, contact Human Resources. American Home Health reserves the right to change or discontinue plans at any time at the discretion of management with or without notice.

Health Insurance

Health insurance is available to all full time employees.

Disability

Buy up option is available for full time employees.

Group Life Insurance—Buy Up Option

All full time employees have the opportunity to purchase group life insurance in increments of \$10,000 up to \$300,000. These policies are portable.

Retirement Plan

To be eligible to make a salary deferral contribution you must have attained age of 21 and completed minimum of 6.0 months of service with 83 hours in each month. Once you have met this requirement, you will enter the plan on the first day of the next calendar month of the plan year, coincident with or next following satisfaction of the eligibility requirements. This plan currently doesn't have a match.

Dental Insurance

Dental insurance is available to all full time employees.

Referral Bonus

Any employee who refers a nurse who satisfactorily completes 40 hours or 25 visits will receive \$100 referral bonus. The applicant must indicate on the application the name of the referring employee.

Work Place Banking

Free Credit Union and free banking are available upon hire. We currently work with HACU (Health Associates Credit Union) and US Bank.

Direct Deposit

You may have your check deposited directly into you checking, savings, or investment account(s) by simply filling out a form and supplying us with a voided check for your checking account. You have your money in your account on payday. No waiting for the postman.

In-Services

In-Services are provided regularly for all employees. These specific courses are mandatory: OSHA, Safety, Sexual Harassment, skills com-

petency evaluations at time of hire and annually thereafter.

Leave Due to Injury

If you have been off work due to a work related injury or illness, you will be responsible for the payment of your insurance premium under COBRA. When you return to work full time, you will be reinstated with the previous benefits of the company paying a portion of the premium.

Leave Due to Family or Medical Leave

If you take an unpaid leave of absence due to family or medical leave (FMLA), you will remain responsible for your portion of the premium for your health, dental and additional life insurance. Arrangements for payment should be made with the office upon utilization of FMLA. Any employee who was in good standing on a full time basis at the time he takes leave will be eligible for full benefits of the group health insurance upon return to full time work.

Termination of Full Time Status

At the time when you no longer qualify for group health insurance, you are given the opportunity to maintain group health insurance through COBRA. This means that the company will no longer be responsible for a portion of the premium. You may maintain the insurance for up to 18 months as long as you make the payments by the deadline date.

Enrollment

When you become eligible for enrollment into the health insurance group, you will have one chance to enroll. If we do not receive your election within the month of your eligibility, you may not enroll until the next open enrollment. In addition you must be sure to choose the correct benefit to suit the needs of you and your family. Once you choose you may not change until the next open enrollment. Example: If you pick single coverage and then decide you wanted family, you cannot change unless you meet one of the criteria listed below. Open enrollment is on January 1st.

Changes in Enrollment

You may change your election of benefits only for the following reasons: termination of employment, change in spouse's insurance, loss of eligibility (decrease in hours), an unpaid leave of absence, change in spouse's employment, marriage or divorce, birth or adoption, or death of a spouse or dependent. In these circumstances you must notify the office and complete the necessary forms for "Change in Enrollment" and sign and return the form.

For additional information or if you have questions, call the Human Resource and Finance Director.

Performance Evaluations

Conditions of Continued Employment

As a condition of continued employment, you are required to maintain your personnel file with current license, annual competency evaluation, physical exams, CPR certification, TB tests, etc., in adherence with relevant state and federal requirements. In addition, completion of mandatory OSHA in-services and 4 continuing education in-services

per year will be required. All personnel files must be current for you to remain an active employee.

In Home Services Workers are required to complete 8 hours of in-services per year.

Home health aides are required to complete 12 hours of in-services per year.

We ask you to call the Scheduler for monthly scheduling and fill out an availability form no later than the 15th of each month for the next month's schedule. All schedules are in the hands of the clients by the first of each month.

You are an employee of American Home Health Corporation. AHHC is not an employment agency or placement service. When you are working an assignment at our client facility or our client's home, you are employed by AHHC only, providing a service to the client. If the client desires to hire you, AHHC must be given a 60-day written notice. If you do go to work for an AHHC client and do not comply with the 60-day written notice, you are required to pay AHHC a placement/finders fee, the sum of \$5,000.00.

It is every health care professional's responsibility to maintain their personnel records and protect their livelihood.

Employment Policies

This handbook is a guide to our Human Resource policies and is not meant to be viewed as all-inclusive and may be changed without notice. Each employee is expected to comply with all company policies and procedures. The policies and procedures manuals are available for review.

Termination

American Home Health Corporation cannot offer work assignments to any employee who is chronically tardy, has numerous late cancellations, whose work performance or attitude draws repeated complaints from clients, or who has been found to be dishonest, unreliable or incompetent. An employee's supervisor may issue verbal or written warnings in an effort to resolve any conflicts or misunderstandings that may occur. An employee who does not fulfill the obligation of a scheduled assignment, either through a no call/no show, or by leaving the assignment prior to the end of the assigned shift, may be terminated immediately.

Insubordination, libel, and slander toward anyone are also cause for termination.

Disciplinary actions can be taken against an employee for reports including but not limited to the following:

1. Infractions of expected professional conduct or dress code
2. Tardiness
3. Failure to report to a scheduled assignment Insubordination on an assignment
4. Intoxication or drug abuse
5. Theft (including misrepresentation of hours worked), gambling
6. Infractions of written, "house rules" for a client
7. Professional incompetence, or violation of the state or other applicable laws and professional regulations
8. Profanity, in any form
9. Racial or sexual innuendo, in any form
10. Malicious gossip or derogatory statements about others (peers, clients, administration)

11. Breaches in confidentiality
12. Failure to follow company's policies and procedures

Evaluation Process

American Home Health Corporation's commitment to excellence is fulfilled in part through an ongoing quality assurance process. All those who join our team of health care professionals participate in evaluation programs to help assure high levels of performance.

You will be evaluated on the following criteria: reliability, cooperation, attendance, skill proficiency, grooming and professional behavior.

When you are providing care in the home, the clients and their families contribute to the evaluation performed by AHHC Nurse Supervisor or designee.

An annual performance appraisal must be conducted for full time employees. PRN and part time employees will be evaluated every three years. Employees working through the intermittent department will be evaluated annually regardless of status of part/full time. In Home Services Workers will be evaluated annually.

Complaints and Grievances

American Home Health Corporation truly depends on the professionalism and dedication of you, our most treasured asset. That is why we strive to create and maintain a positive working environment. When problems or complaints arise, it is important that these matters be thoroughly investigated and resolved.

Please inform us about any condition that may be causing you a problem on the job. It is your responsibility to identify and openly discuss with us any problems as well as suggestions you may have. It is our responsibility to help you correct problems and to evaluate/implement your ideas when you make them known.

American Home Health Corporation asks that you use the following procedure to handle suggestions, problems and complaints relating to your position:

- Discuss any problems, complaints or suggestions concerning your job, or any matter relating to it, with your immediate supervisor as soon as you become aware of the situation. Never discuss an administrative problem with your client or their care partner or with other nursing personnel.
- If the matter is not satisfactorily resolved with your immediate supervisor, we encourage you to request a review with his/her supervisor, who will work to resolve the issue.
- If no reasonable solution can be reached, you may contact the AHHC Human Resources Department directly for a review of the matter.

American Home Health Corporation's procedures to handle complaints about an employee are:

- Supervisory personnel document any complaint made by AHHC clients or their representatives on their observations and assessments of inappropriate behavior or performance.
- The complaint is discussed with the employee who is requested to respond to the issue.
- If the complaint is basically due to client/employee communication problems, the AHHC's supervisory personnel will intervene to help resolve the issue.
- If the complaint involves clinical performance or judgment, a

question of ethics or competency or a failure of the employee to fulfill AHHC standards of service, action will be taken to resolve the issue in the best interests of client safety, AHHC's reputation, and the employee's career.

- Recommendations for further education and training may be made if the complaint arose over a clinical issue.
- Disciplinary action resulting in probation, termination on a particular assignment, or termination of employment will be taken as determined by the Nurse Supervisor, Human Resources and Finance Director or President.

Report to The Joint Commission

Any person, including employees, has a right to contact The Joint Commission directly about safety and quality of care issues. Retaliation against an employee who files a complaint to The Joint Commission is strictly prohibited.

The Joint Commission can be contacted through:

E-Mail:

complaint@jointcommission.org or <http://www.jointcommission.org/GeneralPublic/Complaint/>

Fax:

Office of Quality Monitoring (630) 792-5636

Mail:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Note: You can print a *Quality Incident Report* Form from website.

If you have any questions about how to file your complaint, you may contact The Joint Commission at this toll free U.S. telephone number, 8:30 a.m. to 5 p.m., Central Time, weekdays.

Toll free number is (800) 994-6610

Risk Management

Protection Against Accusation of Theft

American Home Health Corporation's insurance coverage does not extend to protect our employees in the event of criminal acts. Thus, it is to your benefit to protect yourself from any situation in which you feel false accusation is likely. This is especially true in dealing with senile individuals. Should it become apparent to you that your client has sums of money, jewelry or other valuables around the house in unsecured locations, report this to the AHHC office immediately. The Nurse Supervisor will request the family remove these valuables from the home to a secure area such as a safety deposit box for your protection as well as for the client's.

Accept no gifts or money. While a patient may sincerely give you a present one day, he/she may report the item stolen the next. Should the client repeatedly express a wish to present you with a gift, ask your Nurse Supervisor to negotiate this "gifting" with the client and respon-

sible family members. Then, there will be no suspicion of wrongdoing.

At no time should you perform errands of a financial nature for your client such as depositing Social Security checks, paying bills, etc., without the prior knowledge and approval of your Nurse Supervisor. If you are asked to provide such services, please notify your Nurse Supervisor.

Entering the Client's Home

When you have accepted a home care assignment, you will be given the address, directions to the home and instructions on how to enter the home. Never accept a client's key and keep it with you. You may be falsely accused of "breaking and entering."

Incident Reports

Any incident involving the client or his/her property must be reported immediately to your supervisor and/or the Nurse Supervisor. A Client Incident Report form is to be completed by the individual witnessing or discovering the event. The Nurse Supervisor will assist the employee in writing this report if necessary. In cases staffed by RN's or LPN's all incidents relating to clients' care are to be reported to the physician by the nurse. In cases staffed by other personnel the Nurse Supervisor will notify the client's physician for appropriate orders.

Examples of incidents that should be reported may include client falls, medication errors, untoward drug reactions, a client reporting personal property missing from the home, and a client or caregiver who becomes angry or abusive. If you have any doubt whether or not you should report an incident - report it! These incidents are to be documented on a Client Incident Report form. Obtain direction from the Nurse Supervisor before documenting the incident on the client's clinical record.

Any injury involving yourself or another employee should be reported to the office. An employee incident report is to be filled out by the employee involved. In the event of an accident the company reserves the right to conduct a drug, and alcohol screening.

Nursing Assessments and Interventions

1. The scope and frequency of assessments and ongoing assessments are determined by the Client's diagnosis, change in condition, ability for self care, prognosis, and response to the treatment.
2. During each visit the clinician shall perform systems review, assess vital signs, weight (if applicable), mental, psychosocial, functional and nutritional status, location, intensity of pain and pain management, compliance with medications and treatment, response to treatment and progress towards goal, medication side effects and complications.
3. The clinician provides ongoing Client/caregiver education on action, administration and side effects of medication, treatments, complications, home safety, and emergency measures.
4. Any significant change in the Client's status or condition indicating deterioration shall be reported to the physician within 8 hours.
5. When an assessment reveals life threatening findings, the clinician will call emergency medical services to transport the client to the nearest emergency room for treatment. The primary physician is to be notified of transfer immediately.
6. When an assessment reveals subtle changes in the condition

of the client, the assessment will be reported to the physician during the immediate or next business day.

7. Ongoing assessments will be documented on the appropriate forms and sent into the office within 7 days of time of service rendered.

Medical / Nursing Emergencies

In emergency situations, the RN caregiver will contact the physician directly for necessary medical orders. In cases staffed by LPN's, Illinois does not permit LPN's to take physicians orders for medications. The caregiver will contact the AHHC office and the Nurse Supervisor will contact the physician for you. No matter what your classification, you are expected to assess the client's condition thoroughly and determine all pertinent details prior to notifying the Nurse Supervisor and/or physician and/or requesting any emergency services. Verbal orders need to be sent to the office within 24 hours.

Upon admission, an individualized Emergency Action Plan is developed for each client as part of the Care Plan. In being oriented to any case, you will be informed regarding established plans for actions to be taken in the event of acute illness and/or life threatening emergency. When in doubt, notify the local emergency medical system to transport the client to the nearest hospital. In case of an emergency, the client should not be left unattended for longer than the duration of an emergency assistance telephone call.

If it is determined necessary, either by the caregiver, or Nurse Supervisor, or the physician, that the client's condition is too precarious for any delay, you are to call an ambulance or rescue squad for assistance and/or transport for the client. If a client is found unresponsive, without a pulse or respiration, call the paramedics immediately and start CPR if indicated. The caregiver should not attempt to transport the client alone in a private vehicle.

If not present, the family is notified only when the client is stable and responsibility for safety and treatment turned over to other health team professionals. Pertinent charting regarding the emergency situation such as its cause, development, results, etc., is done only when the client is stable and comfortable, professional emergency help has arrived, and the AHHC caregiver is no longer responsible for the client. You may be dismissed from your duties once the following have been met:

- The care of the client is assumed by emergency care professionals.
- The American Home Health Corporation's Nurse Supervisor is fully informed of the entire situation.
- All charting necessitated by the situation is complete.
- The client's property is secured or responsible family members are in the home and have verbalized personal stability.

Safety Policy

The safety and protection of our employees and clients is a major concern at AHHC. It is in your best interest to inform us of any conditions that might limit your capabilities. In this way we may place you in a safe environment. American Home Health Corporation complies with all applicable federal, state, and local regulations regarding client and employee safety. To foster a safe work environment, we analyze all incidents on a regular basis to determine trends; to plan and take necessary corrective actions. Your ongoing safety consciousness is crucial

to the achievement of an incident free workplace.

All employees are required to complete an annual inservice on bloodborne pathogens, safety and infection control. When this inservice is requested, it must be returned so it can be placed in your file.

Safety Procedures

All employees take part in an orientation session. These techniques must be used to insure your safety and the clients' safety.

Employees are to report any safety hazards they discover to the client or client's representative and to their AHHC supervisor.

Home care employees are to familiarize themselves with the traits of the clients' homes and emergency phone numbers. Immediately report any existing hazards to your supervisor. All home care employees are also to familiarize themselves with the client's personal disaster plan. Employees should immediately call the office for instructions after hearing sirens or radio notification of weather or civil emergency.

Any employee who is injured on the job must immediately notify his or her supervisor of the occurrence so that a report can be filed with our Workers' Compensation carrier and appropriate treatment provided to the employee. Failure to report an injury in a timely manner may be cause for refusal of your claim.

A physician release form is required from employees before they return to duty after a disabling, work-related illness or injury, or after an illness of three days or more.

Fire Safety

In the home, be sure you know the location of the phone and the number of the fire department. Inspect the home for fire hazards such as frayed wiring, overloading of electrical circuits, and improper storage of flammable materials. Question the client and/or family about the client smoking habits. Determine if there is a fire extinguisher kept in the home, ready for use. If there is no fire extinguisher, be sure there is a box of baking soda accessible for use in grease cooking fires. Notify the AHHC office of obvious fire hazards.

Fire Safety Procedures

Although procedural details may vary, there are four basic principles in fire control that are universally applicable in home or facilities.

RESCUE: Rescue anyone in immediate danger. Remove these individuals to the closest safe area.

ALARM: Sound the fire alarm by pulling the nearest manual pullstation and/or dialing the facility's code for fire. In the home, dial 911, the fire department or the operator.

CONFINE: Close all doors in and around the fire area to block its progress. Shut off all oxygen. Turn off all equipment not needed to sustain life.

EXTINGUISH: Put out the fire using portable fire extinguisher, baking soda, or water if safe to do so. The greatest danger in most fire situations is the result of panic. Most fires in homes and facilities occur from 6:00 P.M. to 6:00 A.M. Always "watch" for fire with your nose, especially at night. Defective electrical equipment is the cause of the highest property loss from fire in homes and hospitals. Most severe injuries and deaths related to fire are traceable to failure to plan for such an emergency.

Sexual Harassment

Sexual harassment is defined in federal regulations as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature" when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include, but is not limited to, intentional physical conduct that is sexual in nature; sexually-oriented gestures, noises, remarks, jokes, or comments about a person's sexuality or sexual experience; repeated unwelcome requests for a romantic relationship; and displaying pictures, posters, calendars, graffiti, objects, promotional materials, reading materials, or other materials that are sexually suggestive, sexually demeaning, or pornographic.

If a client demonstrates or threatens you in any way with sexual advances or aggressive behaviors, you must report their behavior to the office immediately. All clients and their family members must dress and behave in an appropriate manner. A client or their family member who makes you uncomfortable working in their home will have to become aware of the possible consequences of their actions. Complaints may be reported to a nurse supervisor, a manager, or to Human Resources.

Personal Safety

American Home Health Corporation's clients come from all cultural, social and economic backgrounds. Serving these clients may take you to all areas of your community. For your own security it is essential to follow some simple "common sense" safety rules:

Be alert to building surroundings, elevators and body language of people you encounter. Eye contact may ward off trouble. Establish a professional presence by adhering to dress code. Convey an attitude of control in a nonthreatening manner when in a home. Exit the home immediately if you feel threatened. Find some excuse to leave the home (i.e., you forgot something in the car). Once you are in a safe environment, discuss with a manager as appropriate and call the patient to resolve the problem. Be aware of your concerns. If you have a feeling that a situation is dangerous, it probably is. Do not sacrifice yourself for a client. Acknowledge that some risks are too great to take. Never give the clients your home number. They can call the office.

Crowds

While approaching the client's home, if there is a group of people loitering in the street that you feel may be hostile or threatening, be proactive and protect yourself. Avoid walking through a crowd. Walk around if possible. If you still feel unsafe, go to a safe place and call the client's family to see if someone can meet you on the porch or doorstep, or meet you at a designated location to escort you in. If this arrangement cannot be made and the area still looks unsafe, call AHHC office for further direction. You are our valued employee and your safety comes first.

Being Followed?

If you have parked your car a distance from the client's home and you suspect that someone is following you, take these measures. First, crossover to the other side of the street to confirm that you are actually being followed. If you are, enter the nearest public building and call the police. Try not to panic - the person behind you may simply be going in the same direction. When you are safe, call the AHHC office and report the incident.

Credit Cards/Money

Carry only the amount of money you will need for meals, gasoline and any other essentials. Do not carry a purse, but put your valuables in your pocket or other concealed place. If you must carry a purse, do not leave it in the client's living room where neighbors, delivery men, family or children have easy access to it. Do not leave personal belongings on the seat of your car. Do not take valuables into the home with you.

Car Safety

Even when the neighborhood appears safe, be sure to lock all doors and windows. Do not leave objects on the seat in open view (tapes, radios, packages, etc.). Cover them with a blanket or put them out of view. Drive with windows no lower than ear lobe level and keep all doors locked. Know exactly where you are going, have accurate directions and if necessary call the client for directions. Park in well lighted areas away from trees and shrubs.

Non-Discriminatory Policy

It is the policy of American Home Health Corporation to provide service to all persons without regard to race, color, national origin, handicap or age in compliance with 45 CFR Parts 80, 84, and 91, respectively. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin, handicap or age. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, color, origin, handicap, sexual orientation or age.

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.) and 45 C.F.R. Part 80, Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C. 6101 seq.) and 45 C.F.R. Part 91, the agency adheres to an equal opportunity policy for all person seeking employment, and for all persons employed by the agency. The agency does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability. The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973 (nondiscrimination against the handicapped) is the Human Resources and Finance Director, who can be reached at 1-630-236-3501.

APPENDIX A -

After Hours Emergency Phone

When the office is closed you still have access to both scheduling and nursing support. Call the regular office number and you will receive

instructions on how to contact the on-call team member. Keep in mind an on-call emergency is any situation that cannot wait until the next business day (i.e. calling off for a shift, client condition changes such as hospitalization or an event which requires administrative acknowledgement).

When calling the on-call line please be specific by providing your first and last name, phone number with area code, location/client home/name.

If you have called the on-call person and not received a return call within 30 minutes, call back.

On-Call Numbers:

Private Duty -- (630) 236-3501

Intermittent Visits -- (630) 585-0074

APPENDIX B-- Bloodborne Pathogens

Introduction In response to the threat created by occupational exposure to bloodborne pathogens, (Hepatitis B and HIV), OSHA crated the Bloodborne Pathogens Standard which was made effective in 1992.

OSHA is the Occupational Safety and Health Administration, which was created to assure that employees are protected from hazards likely to cause death or serious physical harm.

In workplaces where there is a risk of exposure to bloodborne diseases such as health care workers, the employer has the responsibility of reducing or eliminating the risk of transmission of Hepatitis or HIV. These responsibilities are:

1. Adherence to universal precautions - which means treating all blood and bodily fluids as potentially infectious
2. or contaminated.
3. Determining which positions carry the risk of exposure to Hepatitis or HIV.
4. Developing an Exposure Plan and updating it.
5. Educational and training programs for those employees at risk for exposure.
6. Using appropriate protective equipment and clothing.
- 7.

Hazards of Bloodborne Pathogens

Bloodborne pathogens are microorganisms in human blood that can cause disease in humans. They include the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV), which causes AIDS.

Occupational transmission of HIV is relatively rare, but the lethal nature of HIV requires that we take every possible measure to prevent exposure. HBV on the other hand is more easily transmitted and is potentially life threatening. The Centers for Disease Control estimates there are approximately 28,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract Hepatitis B and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments, which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Any one with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work

practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against Hepatitis B is vaccination.

Who Needs Vaccination?

Any one who may be exposed to blood or other potentially infectious materials as part of their job duties. A three-injection series is recommended.

The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood can be reasonably anticipated.

The vaccination involves three injections in the arm (with a noninfectious, yeast-based vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. Since this preparation is not of human blood or plasma, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing Hepatitis B from vaccine.)

The second injection is given one month after the first and the third injection is given six months from the date of the initial dose. More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts. The CDC states that between 30% and 50% of persons who develop adequate antibody after three doses of vaccine will lose detectable antibody within seven years, however, immunity seems to be dependent upon the individual's own immune system. For persons at occupational risk of needle stick injuries, it is recommended that a titer level be drawn every 3-5 years to verify immunity.

Handling Blood

Proper handling of blood and regulated waste is essential to prevent unnecessary exposure. Handling must be done with great care - pecially liquid or semi-liquid blood and other potentially infectious materials, items caked with these materials if compressed, and contaminated sharps.

If surfaces are contaminated with blood they may require the use of a product potent enough to kill HBV, HIV and TB. Common laundry bleach and water is excellent and economical: mix 1 part bleach to 4 parts water to disinfect surfaces.

What are Universal Precautions?

Universal precautions is the name for the recommended policy for health care workers regarding blood and bodily fluids of all patients as potential sources of disease. **ASSUME THAT YOU WILL BECOME INFECTED, NOT THAT YOU WON'T!!!!**

The general rule is to wear gloves and other barriers to reduce the risk of exposures. Specific precautions are to be taken with soiled linen, trash and used sharps. For the purpose of post exposure management, employers must provide Hepatitis immunization and periodic HBV and HIV testing at the discretion of the affected employee.

This concludes universal precautions.

Engineering and Workplace Controls

The standard talks about Engineering and Work practice controls... what does that mean? Engineering controls are methods that isolate or remove hazards from the workplace. Some examples are:

1. Washing hands immediately after removal of gloves.
2. Removing personal protective equipment and clothing which is contaminated with blood or other potentially infectious material as soon as possible prior to leaving the treatment area and placing the article in the appropriate designated area for decontamination, disposal.
3. Contaminated needles must not be sheared or broken.
4. Contaminated needles must not be bent or recapped (recapping may be done using the one-handed scoop method) Contaminated reusable sharps must be placed in appropriately labeled leak proof container.
5. Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas.
6. Employees are required to perform all procedures involving blood with other infectious or potentially infectious materials in such a way as to minimize splashing, spraying, spattering, and generating droplets of blood.
7. Personal Protective Equipment and Clothing (PPE)
8. In addition to engineering controls, employees must use appropriate personal protective equipment and clothing. The employer is required to provide necessary equipment and clothing when there is a significant probability for exposure to blood.

Specific Requirements:

Gloves must be worn when the employee has the potential to have hand contact with blood. Gloves must not be washed or reused. Utility gloves, (latex, dish washing gloves) on the other hand may be decontaminated for reuse so long as they are intact. If signs of deterioration are observed replace them immediately.

Eye and face protection - you must wear masks in combination witheye protection devices, such as goggles or glasses with side shields or chin length face shields whenever splashed or sprays may be generated.

Gowns and other protective clothing must be worn in exposure situations. The type of procedure determines the type of clothing to be worn. The clothing must form an effective barrier such as gowns, lab coats, clinic jackets or similar outer garments.

When an Exposure Occurs:

First, contact the office and report the exposure. Complete an incident report. The office will consult with you regarding where to receive medical attention and consultation. Generally you will be tested for your baseline Hepatitis B status and HIV status. The attending physician will counsel you about what happened and how to prevent further spread of any potential infection. He will prescribe appropriate treatment and will evaluate any reported illness to determine if the symptoms may be related to HIV or HBV development. Have the physician complete the Post Exposure Evaluation form and request a copy be forwarded to us to be filed in your medical file per OSHA regulations. We must have a copy of the Exposure Incident and the Post Exposure Evaluation on file.

YOU MUST REPORT AN EXPOSURE INCIDENT AND RECEIVE MEDICAL TREATMENT. IMMEDIATE INTERVENTION CAN FORESTALL THE DEVELOPMENT OF HEPATITIS B OR ENABLE YOU TO TRACK POTENTIAL HIV INFECTION.

IMMEDIATE ACTION IS CRUCIAL!!!

In Summary

Complying with the procedures concerning blood borne pathogens is tantamount to reducing your risk of exposure and maintaining a safe environment for you, your peers and your clients. The specific responsibilities of the employee include:

- Observing universal precautions (see policy on this procedure)
- Identifying areas which you are at risk.
- Using appropriate housekeeping and infection control measures.
- Reporting exposures.
- Informing the American Home Health office of potential hazards.
- Reviewing policies and procedures on an annual basis.

APPENDIX D – Universal Precautions Policy

Policy:

It is the policy of this agency that universal precautions will be consistently used for all clients to provide protection for clients and health care professionals without compromising client's rights, confidentiality, trust or care.

Procedure:

I. Hand Washing

- A. Hand washing shall be done before and after all aspects of client care whether or not gloves have been worn and as necessitated by client care circumstances.
- B. If soap and water are not available, a waterless antiseptic solution shall be used.
- C. Hands must be washed when they come in contact with blood or other body fluids.

II. Aseptic Technique

- A. All procedures for infusion and dialysis therapy shall be performed using sterile or aseptic technique.
- B. All workspaces shall be cleaned with alcohol or soap and water or a 1:4 bleach to water solution prior to equipment set up.
- C. Disposable, one time use supplies will be used.

III. Blood and Body Fluid Precautions

- A. Gloves must be worn in the following circumstances: 1. When handling blood and blood specimens.
 1. When handling body secretions such as emesis, urine, stool and wound exudates.
 2. When touching mucous membranes.
 3. When touching skin lesions or lacerations.
 4. When touching items or surfaces contaminated by blood or body secretions.
 5. When handling needles and/or syringes which a client has used.
 6. When cleaning blood and body fluid spills.
 7. When performing venipuncture or other vascular access procedures.

8. When there is skin breakdown or lesions on the hands of the person providing care.
 9. When cleaning equipment.
- B. Hands must be washed before and after wearing gloves.
 1. Masks shall be worn during procedures that may generate droplets or splashes of blood or body fluids.
 2. Protective eyewear shall be worn during procedures that may generate droplets or splashes of blood or body fluids.
 3. Needles should never be recapped, bent, broken, or removed from the syringes.
 4. All needles and sharp instruments shall be placed as one piece into a puncture resistant container after use.
 5. The puncture resistant container will be discarded properly as hazardous waste and replaced with an empty container when it is three-fourths full - do not overfill containers.
 6. Never pick up broken glassware that may be contaminated. A brush, dustpan, forceps and/or tongs are used for picking up broken glassware. Implements used for this purpose are to be cleaned and decontaminated.
 7. Eating, drinking, smoking, applying cosmetics and handling contact lenses are prohibited in work areas where there is any risk of exposure to blood borne pathogens. Food and drink should be stored in areas free of risk of contamination.
 - C. Respiratory Etiquette Influenza (flu) and other serious respiratory illnesses are spread by cough, sneezing, or unclean hands. To help stop the spread of germs:
 1. Cover your mouth and nose with a tissue when you cough or sneeze.
 2. Put your used tissue in the waste basket.
 3. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
 4. You may be asked to put on a facemask to protect others.
 5. Wash your hands often with soap and warm water for 20 seconds.
 6. If soap and water are not available, use an alcohol-based hand rub.

APPENDIX D - HIPAA

HIPAA-Health Insurance Portability and Accountability Act

HIPAA: Privacy Compliance

The HIPAA Privacy Rules – finalized on August 14, 2002 – ensures that personal medical information you share with doctors, hospitals, and others who provide and pay for healthcare is protected. It is the first-ever comprehensive federal protection guideline for the privacy of health information.

Basically, the Privacy Rule does the following:

- Imposes new restrictions on the use and disclosure of personal health information
- Gives Patients greater access to their medical records, and
- Gives patients greater protection of their medical records.

You can make sure you protect personal patient data by learning the basics of the final HIPAA Privacy Rule outlined in this handbook.

Who is covered by the HIPAA Privacy Rule?

You're covered by the HIPAA Privacy Rule – and termed a covered entity – if you are a:

- Healthcare provider Health Plan
- Healthcare clearinghouse
- Business associate who has access to patient records

What is Protected Health Information (PHI)?

When a patient gives personal health information to a covered entity, that information becomes Protected Health Information – or PHI. It includes:

- Any health information or patient information used or disclosed by a covered entity in any form-oral, recorded, on paper, or sent electronically, or:
- Any personal health information that contains information that connects the patient to the information

Examples of information that might connect personal health information to the individual patient include:

- The individual's name, address, diagnosis, or treatment Social security or other identification numbers
- Physician's personal notes
- Billing information

What are the rules for the use and disclosure of Protected?

Health Information? HIPAA's Privacy Rule is all about the use and disclosure of Protected Health Information or PHI. With few exceptions, PHI can't be used or disclosed by anyone unless it is permitted or required by the Privacy Rules.

PHI is used when:

- Shared
- Examined
- Applied
- Analyzed

PHI is disclosed when:

- Released
- Transferred
- In any way accessed by anyone outside the covered entity.

You are permitted to use or disclose PHI:

- For treatment, payment, and healthcare operations
- With authorization or agreement from the individual patient
- For disclosure to the individual patient
- For incidental uses such as physicians talking to patients in a semi-private room.

You are required to release PHI for use and disclosure:

- When requested or authorized by the individual – although some exceptions apply
- When required by the Department of Health and Human Services for compliance or investigation.

When is authorization required?

But you are required to get a signed authorization from the patient if you use or disclose his or her Protected Health Information for purposes other than:

- Treatment
- Payment
- Healthcare operations.

Generally, authorization is required to use PHI:

- For use or disclosure of psychotherapy notes (except for treatment, payment, or healthcare operations)
- For use and disclosure to third parties for marketing activities such as selling lists of clients.

However, covered entities can communicate freely with patients about treatment options and health-related information.

What is included in an authorization form?

Each authorization form only covers the use/disclosure outlined in that form. The form must contain:

- A description of the PHI to be used/disclosed, in clear language
- Who will use/disclose PHI, and for what purpose
- Whether or not it will result in financial gain for the covered entity
- The patient's right to revoke the authorization
- A signature of the patient whose records are used/disclosed, and a date of signing.
- An expiration date.

When is authorization not required?

PHI can be used/disclosed without authorization, but with patient agreement, for the following reasons:

- To inform family members or other identified persons involved in the patient's care, or notify them on patient location, condition or death
- To inform appropriate agencies during disaster relief.

Other permitted uses/disclosures that do not require patient agreement include:

- Public health activities related to disease prevention or control
- To report victims of abuse, neglect, or domestic violence.
- Health oversight activities such as audits, legal investigations, licensure or for certain law enforcement purposes or government functions
- For coroners, medical examiners, funeral directors, tissue/ organ donations, or certain research purposes
- To avert a serious threat to health and safety.

What is minimum necessary?

In general, use/disclosure of PHI is limited to the minimum amount of health information necessary to get the job done. That means:

- Covered entities must develop policies and practices to make sure the least amount of health information is shared
- Employees must be identified who regularly access PHI
- The types of PHI needed and conditions for access.

The minimum necessary rules do not apply to use/disclosure of medical records for treatment, since healthcare providers need the entire record to provide quality care.

What is the Privacy Notice?

Patients have the right to adequate notice concerning the use/disclosure of their PHI on the first date of service, or as soon as possible after an emergency. And new notices must be issued when American Home Health Corporation's privacy practices change.

The Privacy Notice must:

- Contain patient's rights and the covered entities' legal duties
- Be made available to patients in print
- Be displayed at the office, or posted on a web site if possible.

Once a patient has received notice of his or her rights, covered entities must make an effort to get written acknowledgement of receipt of notice from the patient, or document reasons why it was not obtained. And copies must be kept of all notices and acknowledgements.

What are the patient privacy rights?

The Privacy Rules grants patients new rights over their PHI. It's your job to make sure they can exercise their rights, including the following:

- Receive Privacy Notice at time of first delivery of service
- Restrict use and disclosure, although the covered entity is not required to agree
- Have PHI communicated to them by alternate means and at alternate locations to protect confidentiality
- Inspect, correct, and amend PHI and obtain copies, with some exceptions
- Request a history of non-routine disclosures, and
- Contact designated persons regarding any privacy concern or breach of privacy

What about the privacy rights of minors?

In general, parents have the right to access and control the PHI of their minor children—except when state law overrides parental control.

Examples include:

- HIV testing of minors without parental permission
- Cases of abuse
- When parents have agreed to give up control over their minor child.

What must American Home Health Corporation do to comply?

- Allow patients to see and copy their PHI
- Designate a full- or part-time privacy official responsible for implementing the program.
- Designate a contact person responsible for receiving complaints.
- Develop a Notice of Privacy Practices document.
- Develop policies and safeguards to protect PHI and limit incidental use or disclosure.
- Institute employee-training programs, so everyone knows about the privacy policies and procedures for safeguarding PHI.
- Institute a complaint process, and file and resolve formal complaints.

Make sure contracts with business associates comply with the Privacy Rule.

What happens to those who do not comply?

If you violate the Privacy Rules, HIPAA set civil and criminal penalties including:

- A \$100 civil penalty up to a maximum of \$25,000 per year for each standard violated
- A criminal penalty for knowingly disclosing PHI—a penalty that may escalate to a maximum of \$250,000 for conspicuously bad offenses.

But if you unknowingly make a mistake, remember: the Department of Health and Human Services is mandated to give American Home Health Corporation advice and technical assistance to help work out our problems.

What can you do to protect patient's privacy and confidentiality? HIPAA protects our fundamental right to privacy and confidentiality. And that means HIPAA's Privacy Rules is everyone's business—from the CEO to the healthcare professional to the maintenance staff. To do your part:

- Make sure you fully understand our privacy practices.
- Protect your patients' personal health information.
- Encourage others to do the same.

In review, it is our responsibility to ensure the privacy of our clients is protected. This means limiting our communication about our clients to only those who have a need to know. If you believe there has been a violation please call Janelle Fulfs to discuss the circumstances so appropriate actions can be taken, if any.

Summary of Notice of Privacy Practices

The following information is a summary of the **NOTICE OF PRIVACY PRACTICES, which is attached, in full text. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We are required by law to maintain the privacy of your medical information. We must provide you with a copy of this notice. We must follow the terms of this notice. If the notice is changed in any material way, a revised notice will be available upon request.

We will use your medical information for Treatment. For example, a nurse who is providing your care will report any changes in your condition to your doctor. We will use your medical information for Payment. For example, we may need to give your insurance plan information about your diagnosis, treatment and supplies used. We will use your medical information for Health Care Operations. For example, we may use your medical information to evaluate our services. We may contact you at any phone number or address you have provided to us to remind you of an appointment or other health care matters or to obtain payment for our services.

We may use your name and address for fund raising activities. We may use and disclose your medical information to inform you of treatment alternatives or other health related benefits and services. We may disclose your medical information to family members or others who are involved in your care or payment for that care. If we have a patient directory, we will include information about you in that directory. You must notify Janelle Fulfs in writing if you do not want us to communicate with you in any of these ways.

We may use your medical information for any uses that are required

or permitted by law.

Other uses and disclosures will be made only with your written authorization. You may cancel an authorization at any time by notifying Janelle Fulfs in writing.

You have the following rights:

Right to privacy notice; Right to request restrictions on uses and disclosures of your medical information; Right to receive confidential communications; Right to inspect and copy your medical information; Right to request an amendment to your medical information; and Right to an accounting of disclosures of your medical information.

If you feel that your privacy rights have been violated, please contact the individual listed at the end of this notice immediately or the U.S. Secretary of Health and Human Services.

Contact Information. Our Designee, **Janelle Fulfs**, can be contacted at (630) 236-3501.

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

Your Information. Your Rights. Our Responsibilities.

- Your Rights
- You have the right to:
- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter

to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive

- We can use your health information and share it with professionals who are treating you.
- Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

- Example: We share information about you with your dental plan to coordinate payment for your dental work.
- Administer your plan We may disclose your health information to your health plan sponsor for plan administration.
- Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your health information?

We are allowed or required to share your information in other ways usually in ways that contribute to the public good, such as public health

and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.
- Our Responsibilities
- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to

all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

We do not create or manage hospital director. We do not create or maintain psychotherapy notes at this practice.

We will never share any substance abuse treatment records without your written permission.

Notice effective date is September 23, 2013 To file a complaint with us, contact by phone or by mail:

Our Designee:

Janelle Fulfs, Vice President
1660 North Farnsworth Avenue, Suite 3
Aurora, IL 60505
(630)236-3501
(630)236-3505 Fax

Notice Revised: September 23, 2013

APPENDIX E – Employee Handbook Sign Off

I have received the entire Employee Handbook and understand my responsibility to read the contents in its entirety.

I agree to follow the official policies of the corporation to the best of my ability. I acknowledge that this handbook is a summary only of policies and the policies of the company can change without notice.

Initial _____

I understand that American Home Health has a drug and alcohol free policy. With this in mind I understand that I may be asked to undergo a drug or alcohol screen on a random basis. I further agree that in the event of an accident that occurs while I am on the job, I may be asked to undergo a drug and/or alcohol screen. **Initial** _____

My beginning hourly rate, will be: \$ _____

I authorize American Home Health Corp. to make investigative background inquiries in connection with my possible employment with AHHC. I understand that these background inquiries may include, but may not be limited to, consumer, criminal, driving, and other reports, and may include information regarding my character, work habits, performance, and experience, including reasons for termination.

I understand, further, that AHHC may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any part or agency contacted by this employer to furnish the above-mentioned information.

SIGNED _____ DATE _____
WITNESSED _____ DATE _____

APPENDIX F – Confidentiality Agreement

The undersigned employee (“Employee”) of American Home Health

(“the Company”) understands that Employee’s duties requires the Company has disclosed and will disclose to the Employee knowledge and information concerning its client’s/patient’s private information, business methods, and other means which constitute the property of the Company which enable the Company to operate successfully in its business. In disclosure of this confidential and proprietary information the Employee agrees as follows: To hold in confidence any and all patient/client information for an indefinite period of time. Staff members may not discuss or communicate any medical record or client information except that which is necessary to perform their job.

To refrain from discussing clients/patients outside of the context of professional conversation regarding the patient’s/ client’s condition or care.

To treat all matters relating to the Company’s business as confidential information, which has been entrusted to Employee solely for use of the Employee within the scope of their job with the Company.

Employee shall not, during the term of Employee’s employment, and for a period of one year thereafter, directly or indirectly divulge, communicate, furnish, make accessible to anyone or misuse in any way any knowledge or information of the Company with respect to a) any confidential information or trade secrets or business of the Company, b) patient/client lists, customer lists, or referral source lists or c) any patient list or any other information relating to patients/ clients of the Company To refrain from directly or indirectly request or advise any customer or client of the Company to withdraw, curtail or cancel any of their business or other relationships with the Company.

The Company shall be entitled to enforce this agreement by action brought in any court of competent jurisdiction for damages, injunctive relief or such other relief as may be appropriate under this confidentiality agreement.

This agreement is legally binding on both of us and benefits our successors and assigns. The Company shall be entitled to all costs and attorneys fees incurred in enforcing this agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year written below.

Dated this _____ day of _____ 20____

Employee’s Signature _____

Witness’s Signature & Title _____

APPENDIX G – Guidelines for Nursing Agencies Working in Home Care

**APPENDIX G
STARTS ON
THE FOLLOWING PAGE**

Guidelines for Nursing Agencies Working in Home Care

INTRODUCTION

The Home Care Program helps families care for children who are technology-dependent and require intensive skilled nursing care to live in their own home rather than in a hospital or skilled nursing facility. The University of Illinois at Chicago's Division of Specialized Care for Children (DSCC) operates the Home Care Program through an agreement with the Illinois Department of Healthcare and Family Services (HFS). This program helps any Illinois individual who is medically fragile and technology-dependent, and whose cost of care would be the responsibility of the state of Illinois through HFS.

While families of individuals with complex medical needs interact with many healthcare providers, they have a more direct and intimate relationship with nurses who provide care in the home. Skilled nurses in the home are an important part of the success of pediatric home care. However, they can also add further challenges for the family to overcome. Still, pediatric home care is not only safe but the ideal environment for optimum growth and development for children with complex medical needs.

Pediatric home care is a challenging career for nurses. There is little education available to prepare nurses for each situation that could occur in a home, especially one with many complicated long-term care issues. In addition, the nursing agency is challenged with issues regarding billing, staffing, recruiting, reporting, and most importantly, supervision. In short, there are difficulties for the nursing agency as well.

As the designated community care coordinator for the Home Care Program, DSCC collaborates with both families and nursing agencies. DSCC staff have identified areas where nurse supervisors can help minimize difficulties for families and agency nursing personnel and facilitate agency-related processes. This document has been prepared specifically for the nursing supervisors of a DSCC-approved agency for participation in the Home Care Program. It should be shared with any agency personnel.

I. ROLE OF DSCC

The primary functions of the Home Care Program are: a) community care coordination, b) interim payer for nursing services and c) approval of nursing agencies participating in the Home and Community-Based Services (HCBS) Waiver.

A. Community Care Coordinator

Helps Family Apply for Funding

As the community care coordinator, DSCC helps the family apply for funding. The DSCC Care Coordinator reviews initial financial and medical information provided by the family, the individual's physician letter and the Home Care Program Application: Medical Plan of Care (53.44), including insurance information. If there is a question about potential eligibility for the Home Care Program, DSCC will send the initial referral information to the Illinois Department of Human Services (DHS) and/or HFS for review and a decision on potential eligibility. If eligibility is denied, HFS or DHS will send notification to the family.

If the initial review by DSCC, DHS and HFS determines that the individual is potentially (both medically and financially) eligible for the Home Care Program, DSCC will submit a complete application

and Medical Plan of Care (MPC) to HFS and DHS. After reviewing this information, HFS and DHS will make a final determination on eligibility and the Medical Plan of Care. After eligibility is determined, the DSCC Care Coordinator verbally notifies the family, hospital, nursing agency and other providers of the approval or denial application's. The family will also receive a written notification from HFS.

Monitors the Safety and Welfare of the Individual

Once the individual is home, the DSCC Care Coordinator monitors the appropriateness of the placement, the safety of the individual and the success of the implementation of the MPC. This is accomplished by routinely obtaining information from the family, physicians, nursing agency, school, home medical equipment provider and any other involved party.

Renews Medical Plan for Home Care

DSCC is required to provide HFS/DHS with semi-annual renewals of the MPC for the first two year and then annually. Sixty (60) days before

the renewal is due at HFS/DHS, the Care Coordinator will contact the nursing agency, physician and family for updated information. The renewal is sent to HFS/DHS for review and approval or denial.

Coordinates Care

While the individual remains in the community, the DSCC Care Coordinator is responsible for coordinating all facets of care among the family, nursing agency, other providers and HFS/DHS. DSCC is required to notify HFS/DHS of any significant change in the medical, social or environmental status of the individual.

Monitors Provider Compliance with Requirements

DSCC staff meet with all new nursing agencies to explain the Home Care Program. Additionally, DSCC determines if the nursing agencies and home medical equipment providers can meet the standards set by HFS and DSCC. Requirements are reviewed and updated on an annual basis.

B. Interim Payer of HFS

Under an agreement with HFS, DSCC acts as interim payer to approved nursing agencies for all HFS approved nursing hours.

C. Approval of Nursing Agencies

The Home Care Quality Improvement (HCQI) team of DSCC initially approves, monitors and annually redetermines approval status for all nursing agencies.

Approval and reapproval is based on conformance to the “DSCC Guidelines for Nursing Agencies Working with the Home Care Program (53.84).”

These requirements are provided to the nursing agency at the time approval is requested. Approval may be requested by the nursing agency and/or the family.

HCQI monitors nursing agencies for compliance both formally through scheduled site visits and record reviews and informally via communication with families and Care Coordinators.

II. ROLE OF NURSING AGENCY

A. Supervision of Nurses in the Home

A family’s decision to bring a medically fragile individual home can be an extremely stressful situation. The provision of nursing services through a single agency can help minimize the stress to the family and provide a critical support service to maintain the individual’s safety in the home and community. Employing a single nursing agency to provide continuous nursing services relieves the family of the burden of recruitment, approving, hiring and supervision of appropriately licensed and experienced nurses.

Supervisory Visits

DSCC Guidelines for Nursing Agencies Working with the Home Care Program (53.84) states a nursing supervisory visit to the home must be made at least every 60 days. The nursing supervisory report is an individual-specific summary of the services provided to include:

- the usual weekly schedule of nursing hours;
- whether or not the approved number of hours was provided and if not, why;
- an overall assessment of the individual’s status;
- information regarding physician visits, hospital admissions and emergency room visits;
- a summary of the nursing services provided during the past 60 days;
- any changes in the individual’s nursing care needs;
- any social or environmental issues that may affect the individual’s care;
- recommendations for any revisions to the individual’s home care plan; and
- information regarding any problems that impact the agency’s ability to provide nursing.

DSCC has a Supervisory Report form (55.08) that may be used to document supervisory visits. To access this form, contact Central Administrative Office at (217) 558-2350 or at dsc.uic.edu.

The Medicare Plan of Treatment (Form 485) does not meet this requirement.

The nursing agency must maintain a clinical record that gives an accurate account of the nursing services provided that is in accordance with accepted professional standards. This record may be requested by DSCC or HFS.

A supervisory visit every 60 days is the minimum standard. It is expected that the nursing agency schedule visits as appropriate based on a variety of factors. Some of these factors include:

- the length of the time the individual has been home;
- the care needs of the individual;
- the ability of the parent to work with nurses in the home;
- the ability of the nurses to problem solve; and
- the skill or license level of the agency caregivers in the home (RN & LPN).

The minimum requirement for a CNA is an RN visit every 14 days.

At times, a weekly supervisory visit may be needed and at other times, once a month or once every other month would be appropriate. It is best practice to have both scheduled and unannounced visits. Phone calls supplement the information gathering but cannot replace home visits.

Nursing Notes and Care Plans

The nursing agency is required to submit to DSCC the agency's nursing care plan and revisions to the plan. Daily nursing notes, which are reviewed by the nursing supervisor, can be requested by DSCC/HFS at any time. The nursing notes are also reviewed to verify that the individual continues to need the level and amount of nursing services approved. Daily nursing notes need to document:

- who the nurse received the report from and who the nurse gave the report to;
- a head-to-toe assessment of the individual at the beginning and end of the shift;
- each skilled intervention, the time it occurred and the individual's response/reaction;
- the individual's status every two hours, if no skilled intervention was required;
- any teaching done;
- medications administered;
- care provided by another trained caregiver; and
- the status of any medical equipment being used in the home.

Rate of Reimbursement

While the hourly rates for nursing care for the Home Care Program are determined by HFS, a nursing agency can request a specific hourly rate before accepting a case. Once the plan is approved, the DSCC Care Coordinator will inform them of the rate approved by HFS. An agency may only request an increase in the rate for a specific individual at the time the MPC is renewed. The renewals are sent to the HFS every six months for the first two years and annually thereafter. The agency will be notified by the Care Coordinator if a requested rate increase has been approved by HFS. This usually occurs several weeks after the renewal is submitted. There is no differential reimbursement for holidays, night shifts, or vacation time.

B. Scheduling/Provision of Nurses

Scheduling of nurses varies from agency to agency. The agency, not the family, is responsible for scheduling nurses. Families should have a copy of the schedule in advance and be involved in scheduling decisions, whether it is a weekly or monthly schedule. It is important for the family and the individual to know who will provide services. When a nurse is unable to staff a scheduled shift, the nurse needs to contact the agency and NOT THE FAMILY. The agency in turn is responsible for notifying the family. Nurses may not be scheduled for more than 16 hours in a 24-hour period.

When an agency accepts a case, the family needs to know:

- how long the agency will take to staff the case initially;
- whether or not the agency anticipates problems finding staff;
- what actions the agency will take if a nurse cancels or calls in sick for a shift;
- how the agency will communicate staffing information (will a schedule be mailed to the family and if so, how often); and
- who they contact at the nursing agency regarding nursing issues or conflicts.

C. Abuse and Neglect Reporting

The Abused and Neglected Child Reporting Act (ANCRA) is an Illinois law that specifies the criteria and procedures required when reporting suspected abuse or neglect of a child. In general, any person having contact with a child in his or her professional capacity is required by law to report suspected abuse or neglect directly to the Abuse and Neglect Hotline (1-800-252-2873), which is maintained by the Illinois Department of Children and Family Services (DCFS). These persons are referred to as "mandated reporters." All nurses are mandated reporters. As mandated reporters, the failure of a nurse to report suspected child abuse or neglect can result in the loss of the nurse's license. After the nurse who suspects an incident of abuse or neglect makes a report to the DCFS Abuse and Neglect Hotline, a follow-up call will also have to be made to the DSCC Care Coordinator to explain the details of the reported incident. If the DSCC Care Coordinator learns that a nurse providing nursing services to an individual in the Home Care Program suspects abuse or neglect but fails to make a direct report to the Abuse and Neglect Hotline, the DSCC Care Coordinator will make a third-party report and, as such, is required by law to name the nurse who failed to report the incident. Action could be taken by DCFS against the individual if it is determined that a violation of ANCRA occurred. While DSCC does need to be informed, it is expected that the nursing agency staff member who observed the abuse or neglect make the report directly to the Abuse and Neglect Hotline (1-800-252-2873). Home care situations that may constitute abuse or neglect include the parent leaving the individual with an untrained caregiver, not following physician's orders to the extent that medical needs are neglected, not providing necessary medication, not providing utilities to support life/safety, and leaving the geographic area without making arrangements for "short-term guardianship."

The following definitions used by DCFS hotline staff may help you and your staff assess a situation.

Abused Individual: An individual whose parents or any other person responsible for the individual's welfare inflicts or allows to be inflicted upon the individual: physical injury, a sexual offense, torture, or excessive corporal punishment.

Neglected Individual: An individual whose parent or any other person responsible for the individual's welfare withholds nourishment or medically indicated treatment or other care necessary for the individual's well-being, or an individual who is abandoned.

Filing a DCFS Hotline Report: In-depth training on the responsibilities of mandated reporters and on the steps involved in filing a report is available from DCFS. Telephone reports are to be confirmed in writing by the reporter on a form available from DCFS. All reports are considered confidential. The reporter shares all information regarding the suspected abuse and/or neglect, including a detailed description of the individual's medical condition. It is important to remember that not all DCFS Hotline personnel understand medical conditions or medical terminology. It may be necessary to describe not only the medical conditions but also why you believe the parents' or other caregivers' actions are abusive or neglectful. For example, the reporter may need to describe what a tracheostomy is (a hole in the neck that allows the individual to breathe that must be kept warm, moist, and protected) and why the parents actions are neglectful (the respiratory moisturizing equipment is not being maintained as the physician prescribed). The reporting nurse must be prepared to give as much information as possible to fully describe why and how the individual is at risk and, always remember, abuse and neglect only has to be suspected. DCFS is required to investigate within 48 hours of the initial report. If the report is not taken by the DCFS Hotline staff and the nurse feels strongly that the individual is at risk, a request should be made to discuss the situation with a DCFS Hotline staff supervisor.

Adult with Disabilities: If you suspect abuse, neglect or exploitation of an individual who is 18 years or older with a disability and whose physical or mental disability impairs the ability to seek or obtain protection from abuse, neglect or exploitation, call the Illinois Department on Aging (IDoA) 24-hour toll free Adult Protective Services Hotline at (866) 800-1409. The Office of Inspector General (OIG) 24-hour hotline may also be of assistance at (800) 368-1463. Whenever a call is made to Adult Protective Services, the DSCC Care Coordinator should also be notified.

D. Incident Reporting

The nursing agency must have a mechanism in place for reporting and documenting unusual incidents that occur in the home. The DSCC Care Coordinator must be notified of any incident that poses a threat or potential threat to the individual's health or welfare. Examples of incidents to be reported might include:

- nurse sleeping;
- medication errors;
- an individual falling;
- nurses unable to meet the medical needs of the client due to lack of experience or knowledge, such as being unfamiliar with the medical equipment;
- CNAs not following the guidelines for providing services;
- disagreements with the parents or other caregivers that prevent the nurse from providing care to the participant;
- nurses taking an individual out of the home without parental permission;
- parents leaving other children in the care of the nurse.

Notification should be given within five business days of the incident taking place.

III. COMMON ISSUES IN HOME CARE

A. Parents' Relationship With Nurses

The primary focus of the nurse in the home is the nursing care of the medically fragile individual. The private duty nurse is employed by the nursing agency to provide direct one-on-one nursing care to an individual. The nurse will also interact often with the family, meaning they must establish a clearly defined relationship with other family members as well as with other healthcare professionals. It is essential that professional boundaries are maintained. In a home environment, it is possible that the parents will prefer some nurses over others. Nurses should not, however, engage in parents' discussion of other nurses or talk to other nurses about one nurse in particular. Parents' dissatisfaction with any nurse, nursing responsibility or nursing action must be discussed with the supervisor. DSCC has two documents available that address this topic: "Guidelines for Parents with Nurses in the Home" and "Guidelines for Nurses Working in Home Care." These can be used to help define roles and relationships in the home.

B. Sibling Issues

Two common issues related to siblings are those of child care and discipline. The nurse is in the home to care for the medically fragile individual. The nurse cannot agree to "baby-sit" or be

responsible for other children in the home. Nurses should not independently discipline siblings. Parents should establish what action they wish the nurse to take in these matters. Further information regarding siblings is available in Guidelines for Parents with Nurses in the Home. It is required that roles and responsibilities of the nursing agency and family be reviewed annually at a minimum.

C. Transporting Individuals

Many nursing agencies have a policy regarding transportation of the individual. These policies should be shared with all nurses. The transport of the individual by a nurse, without another trained caregiver present, requires physician approval. The physician must state whether the individual can be safely transported by one trained caregiver. The physician, nursing agency and family must all agree with the transportation arrangements. DSCC should be informed of transportation problems. Nursing care paid for through the Home Care Program must be provided in the individual's home, except for trips to medical appointments, therapy, or to facilitate integration into the community. Care cannot be given in the nurse's home. If the family requests that nursing care be provided at another location, DSCC must be informed. If necessary (or appropriate), a home assessment will be completed at the second location. This includes overnight visits with relatives.

D. Out-of-State Travel

Frequently there are requests for a nurse(s) to accompany an individual and family on vacation trips out-of-state. In order for this to occur, the family must inform DSCC. The nurse(s) must apply for and receive a temporary license for the state or states where she/he will provide care and comply with the nursing requirements of the state they are in or traveling through. The process may take several months. The family, the nursing agency, and the nurses must be aware that the Home Care Program will not reimburse for travel, food or lodging.

Weekly hour resource allocation can be used as well as respite, if they are available. The maximum number of hours that the nurse can be paid per day is 16 hours within a 24-hour period. It is the nursing agency's responsibility to approve or deny the planned hours. Other issues to consider are supervision of the nurses while traveling, contact with the nurses and duration of the trip. There is no reimbursement for overtime.

E. Short-term Guardianship

If the parents are going out-of-town and request 24-hour coverage, the agency decides whether or not it can provide this coverage. A short-term guardian

who is trained in the individual's care must be identified. The parents must provide appropriate written documentation naming the individual as the short-term guardian. Plans for a backup trained caregiver or admission to the hospital are to be developed in case a nurse is unavailable. DSCC should be notified of the parents' plans as soon as possible. The DSCC Care Coordinator can help the family plan for short-term guardianship. Sample documents are available if needed. The parents are required to leave a phone number where they can be reached at all times in case of an emergency.

F. Confidentiality

While providing shift nursing in a family's home, the nurses and agency staff have access to private information about an individual and his/her family. The confidentiality of this information should be protected at all times. All staff should be aware that it is unprofessional and cause for disciplinary action under the Illinois Nursing and Advanced Practice Nursing Act of 1998 to discuss the individual and/or family beyond necessary professional conversations. Any breach of confidentiality by a nurse mandates immediate supervisory action. Incorporating the topic of confidentiality into the nurse's orientation and reviewing this issue periodically with staff is suggested.

The relationship between the family and the nurses/nursing agency should focus on the individual's care needs in the home. It is inappropriate for a nurse to discuss with the family concerns about the number of work hours provided, the rate of reimbursement, or any other employment issues. These questions should be directed to the DSCC Care Coordinator. It is also inappropriate for the nurse to have discussions with the family about religion, financial matters, child-rearing, or other subjects of a personal nature.

IV. REQUIREMENTS FOR NURSING AGENCIES

DSCC is required through its agreement with HFS to review, approve and monitor nursing agencies.

A. Approval

"Requirements for Nursing Agencies Participating with Illinois Home Care Program" (53.09) must be reviewed and signed by a nursing agency administrator before the agency is approved by DSCC. Each agency must be re-approved every year. In some instances, the requirements of the Home Care Program are more stringent than the Department of Professional Regulations.

B. License Status

Any nurse who is employed to facilitate care for a Home Care participant must have a valid license or proof of pending nursing license without any current exclusion(s) from participation in any federal healthcare programs. Part of the DSCC quality assurance process includes a check of licensure status. If it is discovered that a nurse who provided care does not have an active, current Illinois license, the HCQI team will contact the nursing agency.

Disciplinary Action: Nurses may not provide services to individuals in the Home Care Program if their licensure status identifies disciplinary action.

Exceptions may be requested on an individual basis.

Written requests for exception may be directed to the nursing agency liaison for your agency.

C. Verification

The MFTD Waiver requires HFS and DSCC to do performance measures to ensure quality assurance. One of those performance measures is to confirm that nurses meet licensing standards prior to serving Home Care participants. Therefore, each nurse has to have an initial check done by DSCC prior to the participant receiving services from that nurse. DSCC checks multiple accreditation databases to ensure the nurse has not received any violations against their license. DSCC does these same verifications during the annual nursing agency reapproval process with the list of nurses that the nursing agencies are required to provide on a yearly basis. In order to comply with the measure concerning the initial check, please provide your DSCC Quality Improvement liaison with the nurse's name and license number prior to the nurse serving a participant. DSCC will do the verifications and then inform the nursing agency that the nurse is approved to serve the participant or if there was a violation on that nurse's license. Please remember that DSCC is doing this as a quality check. The nursing agencies are the employer of record and should be doing these verifications multiple times throughout the year.

D. Monitoring

DSCC monitors nursing agencies through the HCQI team. Within the first year an agency is providing services to individuals in the Home Care Program, DSCC will do an on-site review. This will include an interview with the nursing supervisor, a review of the nursing agencies' policies, nursing staff personnel files and individual client records. Thereafter, nursing agencies will be reviewed on an annual basis unless requirements/recommendations are not followed. If an agency does not comply with the requirements, the agency is placed on hold and they are not offered to

new participants or families currently enrolled in the Home Care Program. If the nursing agency does not improve within a specific time frame, they will lose their approval status with DSCC and can no longer provide care to individuals enrolled in the Home Care Program.

E. Privacy and Confidentiality

Privacy is a major issue for parents who have other caregivers in their home. Parents need to identify times when they do not wish to be disturbed, e.g., for the first hour in the morning or after coming home.

V. BILLING FOR NURSING SERVICES**A. Type of Nursing Hours****Monthly Resource Allocation**

A resource allocation for in-home nursing support will be established for each individual, based on his/her medical and technology needs. An independent entity will assess each individual's needs and establish a dollar amount the family can use for in-home nursing care. After HFS notifies DSCC of the approved resource allocation, the Care Coordinator will notify the nursing agency of the rate of pay for its staff and work with the family and nursing agency to develop a schedule to fit the family's needs and allocation, including the type of staff they wish to care for their child (RN, LPN, CNA). Any unused allocation cannot be 'carried over' to the following time period.

The MPC for an individual is generally approved for six months or one year. If the individual's status changes, the physician and DSCC Care Coordinator must be informed. This includes situations where the individual's condition improves and less nursing is needed as well as situations where the individual/family status changes and more nursing is needed. Based on information from the physician and information that DSCC has collected, HFS will determine whether the home care plan needs to be revised.

Respite Hours

For individuals eligible for the Medically Fragile - Technology Dependent Waiver, respite care is a service provided through the waiver. Most waiver eligible individuals are approved for "respite hours." These are hours in addition to the resource allocation that enable the caregivers to have "respite" from caregiving. The maximum number of hours that can be approved for an individual per year is 336. The number of respite hours approved for a family is determined by HFS and influenced by cost effectiveness. The DSCC Care Coordinator will inform the nursing

agency of the number of respite hours approved as well as the beginning and end dates of the respite year. These hours are to be used only at the parents' request. Respite hours cannot be used at the agency's discretion (for example, at the end of a shift for charting or finishing nursing tasks). The process for using respite hours is:

- The parent contacts the nursing agency to request "respite hours" for a specific time period.
- If the agency cannot provide the hours as requested, they inform the family. If the agency provides the respite hours, they are billed separately from the regular hours.
- If a parent is ill or unable to provide care, any extra nursing hours needed by the family to care for the individual are respite hours.
- In order to prevent the agency from providing more than the approved number of respite hours, the agency needs to track the number of hours approved and provided. A sample tracking form can be obtained from any DSCC Regional Office by requesting DSCC Form 55.00.
- If the individual transfers from one nursing agency to another, the new agency will need to check with the parent(s) and/or the former nursing agency for the correct number of remaining available nursing hours. DSCC Care Coordinators are only aware of the number of respite hours that have been billed and may not be aware of all the hours used.
- As in any situation, the nurse cannot work more than 16 hours in a 24-hour period, even if respite hours are used.

Non-waiver participants are not eligible for respite services.

Emergency Hours

If an individual is ill and extra hours of nursing care are needed to prevent hospitalization, emergency hours can be requested by the physician. Once the physician prescribes emergency hours, the nursing agency contacts the Care Coordinator and shares the prescription with them. The Care Coordinator will request approval from HFS. Without a physician's prescription and prior approval from HFS, the agency will not be paid for emergency hours.

Training Hours

If the individual is ventilator-dependent or if the individual has high technology needs, the discharging physician can request that nurses receive training at the hospital prior to discharge. Payment for these training hours must be pre-approved by HFS. HFS will only reimburse up to four hours of training per nurse.

B. How to Bill

All bills for nursing are submitted to:

UIC's Division of Specialized Care for Children
Attn: Claims Services Unit
3135 Old Jacksonville Road
Springfield, Illinois 62704-6488

Preprinted Weekly Billing for Home Nursing forms (55.12) are required and are available by calling the DSCC Central Administrative Office at (217) 558-2350. A 55.12 form is also available on the DSCC website at dsc.uic.edu. Go to the "For Providers" tab at the top and select "Provider Forms." The instructions for billing are on the back of the billing form. The billing must be separated into the categories of nursing hours provided: regular, respite, emergency, or training. A separate section on the billing form must be completed for each type of nursing hour provided. The instructions include general and specific instructions for completing the form. It is suggested that billing be submitted weekly. Each bill will be reviewed for the number of hours provided, the licensure status of the nurses and for the signature of the parent. Providers may also submit claims electronically to DSCC. For detailed information, contact DSCC's Claims Services Unit at (877) 791-5170 (toll free).

When the family and DSCC receive approval of the MPC from HFS, a rate for nursing care is specified. The Home Care Program does not allow a differential for holidays, overtime or nighttime hours. The family may not supplement the rate approved by HFS. In rare instances, families have contracted with a nursing agency to pay for a number of hours in excess of those approved by HFS. Families may be billed when they are contracting for hours in excess of those approved by HFS.

Families MAY NOT supplement the hourly rate approved by HFS.

C. Problems/Solutions

Billing Post Insurance Coverage

If a family has insurance coverage for home nursing care, the family or nursing agency is responsible for submitting the bills to the insurance company before the claim is submitted to DSCC. Payments for approved nursing services will not be made until the insurance company has paid or rejected the claim. A copy of the insurance carrier's Explanation of Benefits (EOB) must accompany the corresponding "Weekly Billing for Home Nursing."

Occasionally, there is a clear delineation of the number of hours insurance will pay and the number of hours DSCC will pay. The insurance authorization approving specific nursing visits should also be sent with the billing form. In those cases, the billing from the agency reflects that insurance has been billed for a specified number of hours and DSCC is being billed for the rest. These bills will be processed without an EOB.

Overlap of Regular and Respite Hours

It is important for the nursing agency to track the provision of both regular hours and respite hours.

Regular hours and respite hours are billed in separate sections of the Weekly Billing for Home Nursing form (55.12). When scheduling nursing hours for an individual, it is sometimes helpful to specify on the schedule which hours are being provided as “regular hours” and which are being provided as “respite hours.” All regular hours are to be used before respite hours are used/billed.

Pre-approval of Additional Hours of Nursing

When an MPC is approved, the Care Coordinator notifies the nursing agency of the monthly resource allocation and the number of respite hours that can be provided on an annual basis. If extra hours are needed because of a medical emergency for the individual, these hours must be pre-approved by HFS via the Care Coordinator. If an agency

provides extra hours without requesting/receiving the necessary approval, payment for these hours may be denied. If a family informs you that extra hours have been approved, you should contact the DSCC Care Coordinator to verify that information.

Time Frames for Bill Submission

To be eligible for Medicaid reimbursement, providers and suppliers must file claims within a qualifying time limit. A claim will be considered for payment only if it is received by DSCC no later than 180 days from the date on which services are provided. This time limit applies to both initial and resubmitted claims. Rebilled claims, as well as initial claims, received more than 180 days from the date of service will not be paid. It is important that both regular hours and respite hours are billed in a timely manner. Since the bills are used to verify and track the use of respite hours, if bills are not submitted on a regular basis, the DSCC Care Coordinator will not be able to help the family keep an accurate count. The risk for an agency to provide more than the approved number of respite hours increases if billings are not done in a timely manner. DSCC will only reimburse up to the number of hours approved by HFS.

Claims for which the Illinois Medicaid is not primary payer must be submitted to the department within 180 days after the final adjudication by the primary payer.

Provider Portal Website

You can view and print the Explanation of Provider Payments, including payment and denial information. After registering to use the website, you will have the option to access and print current and/or historical claim information on demand. To register for the provider portal, go to dsc.uic.edu. If you have any questions or problems registering to use the website, please contact DSCC at (800) 322-3722.

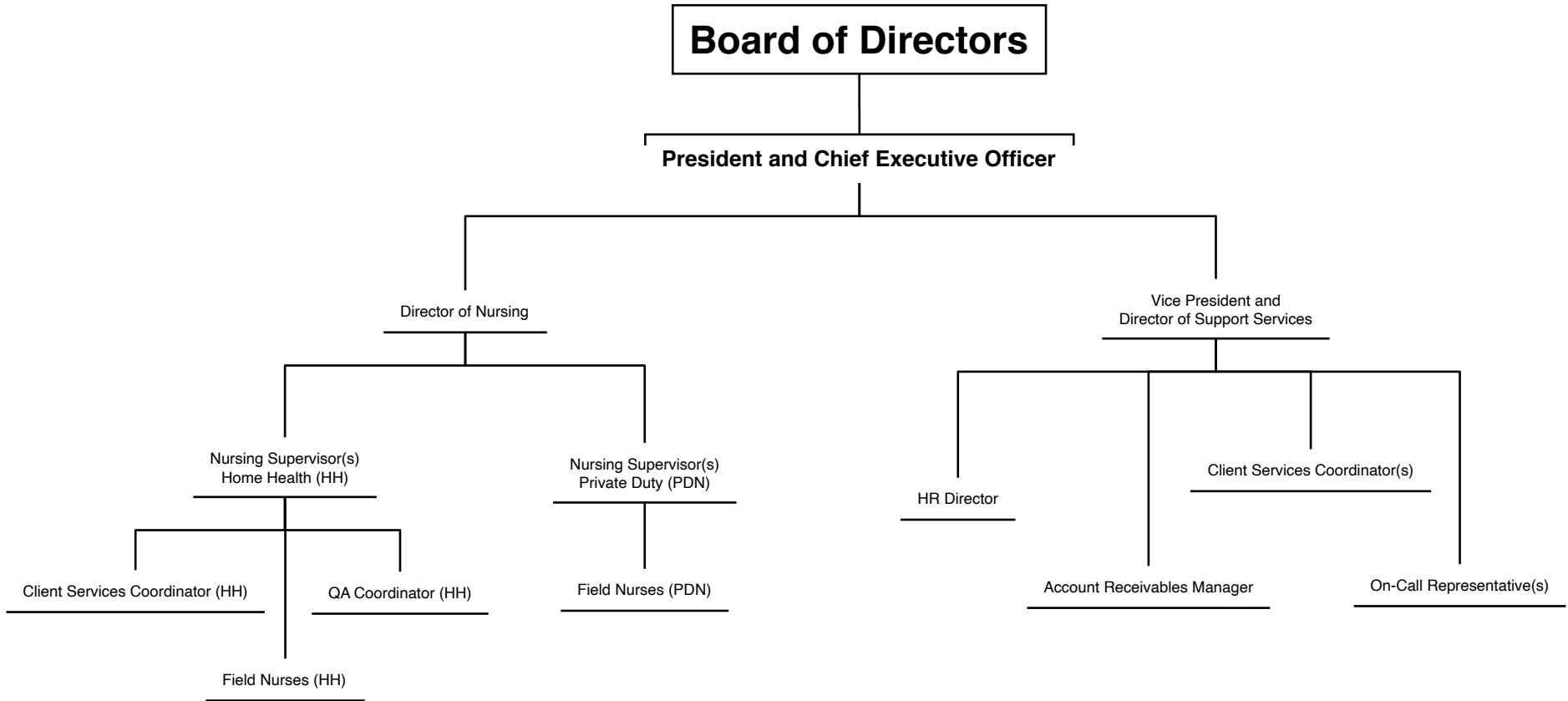
For Providers
How We Help Providers
Provider Application
Reimbursement Information
Explanation of Provider Payments
Provider Forms
Home Care Information and Resources
Tools & Resources
Provider Portal
Refer A Family

[Facebook.com/dsc.uic.edu](https://www.facebook.com/dsc.uic.edu)

For More Information, Please Contact Your Nearest DSCC Home Care Regional Office

- | | |
|--|---|
| <p>Champaign
510 Devonshire, Suite. A
Champaign, Illinois 61820-7306
(217) 333-6528 (Voice)
(800) 779-0889 (Toll Free)</p> | <p>Rockford
4302 North Main St., Room #106
Rockford, Illinois 61103-1209
(815) 987-7571 (Voice)
(800) 651-9319 (Toll Free)</p> |
| <p>Chicago Home Care
1309 S. Halsted St., Suite. 307
Chicago, Illinois 60607-5021
(312) 433-4100 (Voice)
(800) 905-9995 (Toll Free)</p> | <p>St. Clair
1734 Corporate Crossing, Ste. 1
O’Fallon, Illinois 62269-3734
(618) 624-0508 (Voice)
(800) 842-7204 (Toll Free)</p> |
| <p>Lombard
1919 S. Highland Ave., Suite
320A
Lombard, Illinois 60148-6181
(630) 652-8900 (Voice)
(800) 924-0623 (Toll Free)</p> | <p>Springfield
3135 Old Jacksonville Road
Springfield, Illinois 62704-6488
(217) 524-2000 (Voice)
(800) 946-8468 (Toll Free)</p> |
| <p>Peoria
7013 N. Stalworth Drive
Peoria, Illinois 61615-9465
(309) 693-5350 (Voice)
(800) 382-8569 (Toll Free)</p> | <p>Visit our Website at:
dsc.uic.edu</p> |

APPENDIX H – Organizational Chart



Please find this handbook online at:
<http://www.ahhc-1.com>