

**COMMUNITY HEALTH CARE, INC.**

**“We care for you.”**

**CLIENT HANDBOOK**

Telephone: (336) 285-7001

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## COMMUNITY HEALTH CARE, INC.

### *INTRODUCTION*

Our staff is available Monday through Friday from 9:00 a.m. - 4:00 p.m. to answer concerns or questions you may have. Please feel free to call us.

Your Site Supervisor is \_\_\_\_\_.

Your local office number is \_\_\_\_\_.

Your Emergency Contact number is \_\_\_\_\_.

Your Register Nurse is \_\_\_\_\_.

The Home Office number is \_\_\_\_\_.

Website: [communityhealthcareinc.com](http://communityhealthcareinc.com)

Email: [communityhealthcaremd@verizon.net](mailto:communityhealthcaremd@verizon.net)

Please call your local or home office immediately if:

1. You will not be home to receive home care services for one or more days.
2. Your aide does not report for work at the time assigned.
3. You are admitted to the hospital.

## STATEMENT OF CLIENT RIGHTS AND RESPONSIBILITIES

Community Health Care recognizes the following statement of client rights:

- (1) To be informed and participate in his or her plan of care.
- (2) To be treated with respect, consideration dignity, and full recognition of his or her individuality and right to privacy.
- (3) To receive care and services that are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
- (4) To voice grievances about care and not be subjected to discrimination or reprisal for doing so.
- (5) To have his or her personal and medical records kept confidential and not be disclosed except as permitted or required by applicable state or federal law.
- (6) To be free of mental and physical abuse, neglect and exploitation.
- (7) To receive a written statement of services provided by the agency and the charges the client is liable for paying.
- (8) To be informed of the process for acceptance and continuance of service and eligibility determination.
- (9) To accept or refuse services.
- (10) To be informed of the agency's on-call service.
- (11) To be informed of supervisory accessibility and availability.
- (12) To be advised of the agency's procedures for discharge.
- (13) To receive a reasonable response to his or her requests of the agency.
- (14) To be notified within 10 days when the agency's license has been revoked, suspended, canceled, annulled, withdrawn, recalled or amended.
- (15) To be advised of the agency's policies regarding patient responsibilities.

## **AGENCY RESPONSIBILITIES TO CLIENTS**

- I. The agency must be competent in meeting licensing requirements by State Regulations.
- II. Agency ensures that only capable and qualified individuals are hired for appropriate job assignments and that furthermore proper training be offered to all employees required to provide hands on care to its clients.
- III. Agency shall provide proper intake for gathering client data and render adequate orientation of services to eligible clients and their family members.
- IV. Agency must be loyal to its clients by observing and enforcing their rights for service provision.
- V. The agency must follow adequate procedures in resolving disputes and complaints by clients and their family members.
- VI. Agency must keep confidential all information obtained in the course of its relationship, unless disclosed with the client's permission or as otherwise provided by law.
- VII. Agency shall make available on-call services when a home health provider is absent, whether planned or unforeseen.

## ***SCOPE OF SERVICES PROVIDED***

### ***Personal Care Services***

- Mobility/ambulating
- Eating
- Bathing
- Dressing
- Personal Hygiene
- Toileting
- Blood Pressure Monitoring
- Blood Sugar Monitoring

### ***Home Management Services***

- Provide basic housekeeping tasks: sweeping, vacuuming, dusting mopping, wash dishes
- Meal preparation
- Clean bathroom
- Do laundry
- Change bed linens
- Tidy living area
- Provide transportation for shopping, picking up medicines, paying bills, etc.

### ***Respite***

- Provide care to relieve client
- Provide custodial care to relieve family member



## ***APPLICATION CHARGE***

There is a \$125 non-refundable Registered Nurse Assessment fee payable with submission of the application for private pay clients. The \$125 charge may be paid by personal check or money order payable to Community Health Care, Inc. **No cash is accepted.**

## ***FINANCIAL ARRANGEMENTS***

### Financial arrangements

- A. Service fees. Operational expenses are processed through fees paid by clients, families, caregivers, government and community services. An hourly fee of \$17.00 has been established for a minimum of six hours per week for home management and personal care services for private paid clients. Respite services are \$16 an hour for a minimum of six hours a day for private paid clients. Other fees paid for client services will be governed by contractual agreements with sponsoring agencies.
  - B. Financial assistance. Efforts will be made to provide services to individuals requiring or needing financial assistance.
  - C. Monthly billing. Clients are billed by the 15<sup>th</sup> of each month for the next month. Services for the beginning month must be paid by or before the 5<sup>th</sup> of the month. Any payments made after the 5<sup>th</sup> are subject to a \$15.00 late fee. If payment is not received by the 10<sup>th</sup> of the month, discharge of services is enforced.
- 1. An initial deposit of ½ of the first month's fee is required.  
The deposit will be refunded at the end of services providing the client's account is paid up to date. No refund will be given if monthly fees for prior services are not paid by the 10<sup>th</sup> of which the services should have been prepaid.

2. Revised contracts for continued services will be enforced when clients and/or caregivers desire an increase in service hours. An increase of the initial deposit will be made to accommodate the new monthly fee for additional contracted service hours. The same no refund of deposit applies when applicable.
- V. Hours of service provision. Normal services are received Monday through Friday between the hours of 8:00 a.m. - 5:00 p.m. However, we also provide services for extended needs before or beyond the hours indicated. Assessment will be made to determine if appropriate hours are needed on a 24-hour request for non-institutional respite. Also, service hours can be made flexible according to the requirement of the client for weekend care.
- VI. Contacting when service time is altered. Private Pay clients must give a two (2) hours notice by calling their aide and the office staff on duty when the aide is not needed to work a designated scheduled time. If you, the client, do not talk directly with the aide and staff member, leave a message for both persons on their telephones so you will not be charged if the aide reports to your home for work.
- If you do not make contact or leave messages as instructed with the aide and staff member before the aide reports to your home for work, you will be charged for the aide showing up for work.
- VII. Holiday schedule. Community Health Care, Inc. will allow personnel to observe the following holidays:

New Year's Day

Martin Luther King, Jr. Day

Easter Monday



Memorial Day

Juneteenth

Fourth of July

Labor Day

Veterans Day

Thanksgiving Day

Christmas Day

***CLIENT COMPLAINT PROCEDURE***

- I. The client and/or family may schedule a meeting with the home health supervisor regarding the complaint of services rendered.
  - A. The client, family or delegated representative can schedule the meeting in the home of the client with the Home Health Supervisor or by office visit.
    1. The meeting must be documented by the home health supervisor indicating a description of the client's complaint, documenting the date the complaint was made, and the date and time the action causing the complaint occurred.
    2. The home health supervisor shall exhaust reasonable measures to bring about a corrective action of the complaint.
    3. Following the complaint made, the home health supervisor should make contact with the personnel who caused the complaint.

4. A meeting should be scheduled with the personnel and supervisor to bring about a resolution to make certain that the cause of the complaint is not repeated.

II. If the client, family or representative is not satisfied with the resolution the agency director should be informed by a written letter or telephone call.

A. The written letter should describe the action which caused the complaint. It, also, should indicate the date and time the action occurred. The complaint should include the date when the complaint was written. Signatures of both client and/or representative should be displayed on the letter.

B. A telephone call is also appropriate for making the complaint known to the agency director when a meeting with the operation manager and/or the home health supervisor have been unsuccessful.

III. **Community Health Care, Inc.'s** office telephone number is **(336) 285-7001** for information, questions, or complaints.

IV. The office **mailing address** for **Community Health Care, Inc.** is **Post Office Box 1633, Greensboro, NC 27402-1633.**

V. The client's complaint will be documented by stating the content and resolution of the complaint. An original copy of the complaint will be placed in the record of the client.

- VI. In the State of North Carolina, the client, the representative or family may contact Division of Facility Services complaints hot line number at 1-800-624-3004 or the Department of Human Resources careline at 1-800-662-7030.
- VII. Client's complaints will be given consideration for making an effort to resolve the issue in an agreeable manner. Client, representative or family will have the opportunity to voice grievances/complaints and recommend changes in services and/or policies without discrimination, coercion, reprisal or unreasonable interruption of services from the Agency.