NOTIFICATION TO THE CLIENT OR CLIENT'S REPRESENTATIVE WITH LEGAL AUTHORITY TO MAKE HEALTH CARE DECISIONS OF VANGUARD HOME CARE, LLC'S RESPONSIBILITY TO COORDINATE CARE WHEN APPROPRIATE

Reference: COMAR 10.07.05.08B(1)(a)(iii)

PURPOSE

To ensure that every client or client representative with legal authority to make health care decisions receives clear, documented notification of Vanguard Home Care, LLC's responsibility to coordinate care when appropriate, in compliance with COMAR 10.07.05.08B(1)(a)(iii). This policy establishes who delivers the notification, when it is delivered, and how it is delivered and documented.

POLICY

Vanguard Home Care, LLC shall provide written and verbal notification to every client or client representative with legal authority to make health care decisions of the agency's responsibility to coordinate the client's care with other treating providers, disciplines, and services when appropriate. This notification is a distinct, required element of the agency's intake and admission process and shall not be satisfied by the Patient Bill of Rights or a general consent form alone. Notification shall be provided at the start of care, documented in the client's clinical record, and revisited whenever there is a significant change in the client's condition or care needs that may require coordination with additional providers.

DEFINITIONS

Care Coordination: The deliberate organization of client care activities and communication among all participants concerned with a client's care, including physicians, specialists, other home care providers, and community services, to achieve safer and more effective delivery of services.

Client Representative: An individual with legal authority to make health care decisions on behalf of the client, as recognized under applicable Maryland law, including a court-appointed guardian, holder of a valid health care power of attorney, surrogate decision maker, or other individual designated under Health-General Article, Title 5, Annotated Code of Maryland.

Significant Change of Condition: As defined under COMAR 10.07.05.02B(27), a change in a client's health, functional, or psychosocial condition that causes either an improvement or deterioration in the client's condition, not including ordinary day-to-day fluctuations.

PROCEDURE

A. WHO Is Responsible for Delivering Notification

1. The Registered Nurse (RN) Supervisor is the primary individual responsible for delivering the care coordination notification to the client or client representative at the initial admission visit. The RN Supervisor may not delegate this responsibility to an unlicensed aide or administrative staff member.
2. If the RN Supervisor is temporarily unavailable, the Administrator or a designated alternate Registered Nurse, as identified in writing, shall fulfill this obligation. The identity of the individual who delivered the notification shall always be documented in the client's clinical record.
3. When a client representative holds legal authority to make health care decisions, that individual — not the client alone — shall receive the notification and acknowledge receipt in writing. Both the client and the client representative shall receive notification and sign the acknowledgment form wherever practicable.

B. WHEN Notification Must Be Provided

4. **At the Start of Care (Initial Admission):** The RN Supervisor shall provide the care coordination notification to the client or client representative during the initial in-home assessment visit, prior to or at the time services are initiated and no later than the first day of care.
5. **Upon a Significant Change of Condition:** When the RN Supervisor identifies or is notified of a significant change in the client's condition that may require coordination with additional care providers or disciplines, the RN Supervisor shall re-notify the client or client representative of the agency's role in coordinating that care within 24 hours of identifying the change, or as soon as reasonably practicable.
6. **Upon Referral to Another Provider:** When the agency refers the client to another service provider or coordinates care with a new provider or specialist, the client or client representative shall be notified prior to or at the time of the referral. This notification shall include the nature of the coordination, the identity of the receiving provider, and any financial relationship the agency may have with the referring organization.
7. **At Each Supervisory Visit:** The RN Supervisor shall review with the client or client representative, during regularly scheduled supervisory visits, whether any new care coordination needs have arisen and shall document the outcome of that review in the clinical record.

C. HOW Notification Is Delivered and What It Must Include

8. The RN Supervisor shall deliver a verbal explanation of the agency's care coordination responsibilities and simultaneously provide the client or client representative with the agency's written Care Coordination Notification form. The verbal explanation shall be conducted in plain language and in the client's preferred language or communication method; an interpreter or assistive communication device shall be arranged if required.
9. The written Care Coordination Notification form, which is a stand-alone agency document separate from the Patient Bill of Rights and consent forms, shall include all of the following elements:

- A clear statement that Vanguard Home Care, LLC will coordinate the client's care with other health care professionals, physicians, disciplines, and community services when appropriate to the client's needs;
- A description of what care coordination activities may include, specifically: communicating with the client's physician regarding changes in condition or the plan of care; making referrals to other service providers when the client's needs exceed the agency's scope; coordinating schedules and communications among multiple providers serving the client; and participating in case conferences;
- The name and direct telephone number of the RN Supervisor who is responsible for coordinating the client's care;
- The agency's 24-hour on-call telephone number for care coordination questions or concerns outside of regular office hours;
- Disclosure of any subcontractual relationships with individuals or agencies who may be assigned or referred to provide care or services to the client, and a statement that the client will be informed prior to any such arrangement being made;
- A statement that any financial benefit to Vanguard Home Care, LLC from a referral to another provider will be disclosed to the client or client representative verbally and in writing at the time of referral; and
- A signature block for the client or client representative to sign and date, acknowledging that the notification was received, understood, and that an opportunity to ask questions was provided.

10. If the client or client representative is unable to sign at the time of notification (e.g., due to a physical or cognitive limitation), the RN Supervisor shall document the reason in the clinical record and, where applicable, arrange for an alternate authorized representative to sign. Verbal acknowledgment shall be documented as a nursing note in the clinical record including the date, time, names of those present, and the reason a signature was not obtained.

11. A copy of the signed Care Coordination Notification form shall be given to the client or client representative at the time of delivery. The original signed copy shall be filed in the client's clinical record within one (1) business day of the admission visit.

D. DOCUMENTATION Requirements

12. The client's clinical record shall contain the following documentation specific to compliance with this policy:

- The original signed and dated Care Coordination Notification form;
- A nursing note entered by the RN Supervisor on the date of delivery, identifying: the name of the individual(s) who received the notification; the date, time, and location of delivery; the specific content discussed; questions asked and responses provided; and the outcome of the

notification (signed acknowledgment received, or documentation of the reason a signature was not obtained);

- Documentation of any re-notification provided at subsequent supervisory visits or upon a significant change of condition, including the date, name of individual notified, and subject of the coordination discussion; and
- A copy of any written referral notification provided to the client or client representative when the client is referred to another provider, including disclosure of any financial relationship.

E. COMPLIANCE OVERSIGHT and Quality Assurance

13. The Administrator shall be responsible for overall compliance with this policy. The RN Supervisor shall be responsible for implementation at the point of care.

14. During the quarterly client record review, the Administrator or designee shall audit a sample of client records to confirm that: (a) a signed Care Coordination Notification form is present; (b) a corresponding nursing note documenting delivery of the notification is present; and (c) re-notification was documented in cases where a significant change of condition or referral was identified. Deficiencies identified shall be addressed through the agency's Performance Improvement Plan.

15. All new RN Supervisors and clinical staff shall receive training on this policy during orientation and at least annually thereafter. Training completion shall be documented in the employee's personnel file.

16. This policy shall be reviewed and updated at least annually by the Administrator and RN Supervisor, or sooner if changes to COMAR 10.07.05 or agency operations require revision. The review date and signatures of the Administrator and RN Supervisor shall be recorded on the policy cover sheet.

PROCEDURE

17. Every patient on admission will sign an informed consent allowing Vanguard Home Care, LLC staff to provide services to the patient.

18. The client or their representative will sign off when they receive a copy of these documents and the patient's handbook. These documents will be provided as standard policy documents for all clients; an explanation of each document will be made available upon request.

19. The client and client representatives will also be provided at the start of care, the name and phone number of an agency contact person as well as the caregiver referred by Vanguard Home Care, LLC to provide service.

20. Provide an estimate of costs associated with the services requested by the client.

21. Provide a statement clarifying the costs that the client or client representative will be responsible for if services are not covered by third-party payers.

22. Provide fully itemized billing statements, including dates of services and unit charge, to be made available on request of the client or client representative.

23. Provide the name and contact information for the individual who is responsible for supervising the client's care.

24. Provide the telephone number where a client or the client representative can contact Vanguard Home Care, LLC 24 hours a day, 7 days a week regarding care; and

25. Vanguard Home Care, LLC will disclose to the client any sub-contractual relationship with any individual or Agency to be assigned or referred to provide care to the client.

26. When the patient is referred to another provider, the patient/family shall be notified by telephone and written documentation of any financial benefit to the referring organization.

27. Vanguard Home Care, LLC shall provide sufficient information to the client or the client representative to allow the client or the client representative to make an informed decision regarding treatment.

28. The following documents will be provided to a new patient on admission:

- Patient Consent Form
- Agency Scope of Service
- Advance Directives
- Patient's bill of rights and responsibility
- Privacy and disclosure information
- Complaint procedures
- Emergency procedures

- Infection Procedures
- Billing procedures
- Patient Care Plan
- Agency On call Information

Welcome

To our patients and their families:

Thank you for welcoming us into your home. We realize that it is never easy bringing someone into your home to provide care. So, we strive to make staying at home a positive experience. We do this by allowing you to select your caregiver from a group of our professional and caring Nursing Assistants, Personal Care Aides, Homemakers and Companions allowing you to maintain your schedule and providing you or your loved one with personalized care. We are very compassionate and promise to do our best to make you comfortable.

Our home care agency staff are trained to continuously monitor the caregivers we send into your homes through our unique system of continued personalized contacts via telephone check-in and home visits. We want to ensure that care recipients receive the best possible care. We promise to do our best to respond to you 24 hours a day, 7-days-a-week when you need our approved services.

This handbook has been prepared with you in mind to provide you with valuable information concerning your home care services. Please take time to review this handbook. If you have any questions or concern about our services or your care, please do not hesitate to contact us alternatively, myself personally with your concerns.

Best Wishes, Administrator