



A Caring Connection
Skilled. Personal. Caring.

Client Handbook & Bill of Rights

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A Caring Connection

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Welcome!

We consider it a pleasure and an honor to provide care for you and your family members. We know that life's challenges can be daunting at times and the health of you and your family members is of paramount concern. It is the goal of ACC and all of our staff members to help alleviate some of those health concerns by providing affectionate and thoughtful healthcare services. This handbook will answer many of your questions and concerns. But, feel free to call the office anytime you have additional questions or need further information.

Mission Statement

Our mission is to provide quality, safe and cost effective home health care services to individuals within the community. ACC's Board of Directors and Administrative staff are committed to the provision of home health care services. These services are guided by quality improvement initiatives that focus on improving client medical and social outcomes.

Hours of Operation

Office hours: 9AM-5PM

On-call service 24 hours a day, 7 days a week

Services provided

- Registered Nurses
- Licensed Practical Nurses
- Professional Pediatric Technicians
- Certified Pediatric Technicians
- Certified Home Health Aides Certified Home Health Aides
- Companions Personal Care Assistants Homemakers

Who we are

A Caring Connection is a licensed Home Health Agency. It was established in 1990 for the sole purpose of meeting the growing demand in quality home health care. Medical professionals largely agree that whenever possible, a patient's home provides a safer, less costly and much more comfortable environment for convalescence and medical care than a hospital or nursing home.

ACC new client acceptance and discrimination guidelines

ACC will agree to provide the necessary services of care if the following items are met:

- A valid authorization
- Ability of the agency to meet the criteria of adequate staff and scheduling
- Clean and safer working environment
- A Caring Connection does not discriminate against medical or social conditions, gender, ethnicity, income or age when accepting cases

Quality Management and Supervisory Visits

Quality management checks or Supervisory visits encourage client, family and staff members to express concerns freely by communicating those concerns to an administrative staff representative. These checks are in place to ensure professional and safe delivery of service and to coordinate provisions of home health care that meets the standards of the agency. We consider it both your right and your responsibility to tell us when you are not satisfied with your care. This is important not only for your own satisfaction but to help us maintain the high level of service.

Funding Source & Fees

ACC accepts insurance, state and federal community funding and private referrals. Fees are based on contract negotiations and full payment is expected for all services performed.

Patient and Family Responsibilities

- Providing complete and accurate information about your health history.
- Notifying the agency about any changes in your health.
- Remaining under the care of a licensed physician during your home health care service.
- Participating in the planning and revising of your home care program.
- Treating our personnel with consideration, courtesy and respect.
- Providing a safe environment for your home health care treatment.
- Notifying the agency as soon as possible if you will be unavailable for a scheduled visit.
- Providing accurate insurance and financial information, including changes in coverage.
- Notifying the agency of the existence of any changes made to your Advance Directive.
- Advising the agency of any problems or dissatisfaction you may have with the service you are receiving.
- Be advised that transfers and lifts should be managed by additional support equipment or family assistance.
- Allow the agency visual access via face time, or any virtual /technical means in order to update clinical information.

Scheduled Visit Hours

The visit hours are solely based on the approved authorization hours and scheduled to coordinate with the patient need of service and care plan. Staff members track their hours electronically on mobile devices or dial in phone service. This schedule can change periodically due to client need. We suggest you update your records when changes occur.

Advance Directive

Advance Directives are legal documents which express your wishes regarding your health treatment should you become terminally ill or permanently unconscious. They depict what should happen under these circumstances, with your prior documentation. **YOU HAVE A RIGHT TO REFUSE CERTAIN MEDICAL TREATMENT. THIS WILL PROTECT YOUR WISHES EXPRESSED TO YOUR DOCTORS.** While state laws vary, in most states, two documents provide a means for doing this. 1. A Living Will 2. A Durable Power of Attorney for Health Care (Health Care Proxy). You may have one or both. You should choose to discuss these matters with an attorney although there is no requirement to do so. In many states, Advance Directive forms are available. Anyone over 18 can make his or her own determination by signing an Advance Directive. Under Federal and State law, the agency is required to explain your rights to make personal decisions regarding your medical care and to ask whether or not you have documented your wishes. We are also required to provide the following information.

1. Living Will Declaration:

A Living Will expresses your desire to be allowed to die when you are permanently unconscious or terminally ill and unable to communicate. It recognizes your wish not to prolong life artificially through life-support technology or artificially supplied food and water. While a DPA appoints another person to make health care decisions for you. A Living Will gives instructions directly to doctors and other caregivers.

2. Durable Power of Attorney for Health Care:

The Durable Power of Attorney for Health Care allows you to designate another person as your guardian to make health care decisions should you become mentally or physically unable to do so.

Client Bill of Rights

Clients will have the right to expect ACC to work towards the following:

- Follow regulations of Federal and State guidelines.
- Maintain legal authority to operate.
- Maintain a care plan appropriate to the diagnosis and condition of the patient and be treated according to the code of ethics. Client has the right to request change of caregiver.
- To include other health care providers, physician and family as necessary in the goals of the care plan and receive appropriate service based on specific needs.
- To be notified of charges of service and will be charged at acceptable rates.
- Clients should know that any and all allegations of child abuse/neglect will be reported to the Division of Child Protection and Permanency.
- A complete report of any accidents, incidents or unusual occurrences will be reported to your insurance provider.
- ACC does not discriminate against race, color, creed or diagnosis, marital status, sex, disability, mental disorder and ability to pay.
- We will provide yearly In-Service training to all caregivers concerning: Agency policies, child and adolescent development, cultural competency, Child Abuse/neglect, infectious disease, communication/listening, setting boundaries, conflict resolution and impulse and anger management. CPR and first aid is suggested.
- ACC is HIPAA compliant on all clinical documentation and reporting.
- Provide a report of each visit to include all clinical documentation with a brief description of services and up to date records in each patient file.
- ACC acknowledges that our caregivers comply to the following:
 - Maintains all valid caregiver licenses and certificates
 - Passes a criminal background check
 - Passes a Tuberculosis test
 - Is compliant with all CDC COVID mandates
 - Is over 18 years of age
 - Has reliable transportation
 - Attends all required training
 - Submits clinical documentation and maintains daily logs
- Caregivers will always act professional, courteous, never knowingly place patient in harm's way, cooperate with the family and agency, dress appropriate, report any changes to the patient's physical care, respect the privacy of the patient and family and respect the property of the patient and family.
- Receive information about the scope of services that the Agency will provide and specific limitations on those services.
- Participate in the development and periodic revision of the plan of care/service.
- Refuse care if the items from the Patient and Family responsibility section are not being met.
- Have one's property and person treated with respect, consideration, and recognition of client/patient dignity and individuality.

- Be able to identify visiting personnel members through agency generated photo ID.
- Be advised on the agency's policies and procedures regarding the disclosure of client/patient records.
- Be informed of any financial benefits.
- Be fully informed of one's responsibilities, confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information.

The client/patient has the right to be informed and exercise their rights.

- If the client/patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the client/patient are exercised by the person appointed to act on the client's/patient's behalf.
- If a state court has not adjudged a client/patient incompetent, any legal representative designated by the client/patient in accordance with state law may exercise the client's/patient's rights to the extent allowed by state law.
- The Agency protects and promotes the exercise of these rights. The Agency also develops a statement of client/patient responsibilities.
- Your Personnel are provided client care orientation and office protocol during initial applicant interview at least annually thereafter concerning the Agency's policies and procedures on the client's/patient's rights and responsibilities.
- It is preferred that the Client/Patient Rights and Responsibilities statement be reviewed with the client/patient on an annual basis as a reminder of the client/patient rights and responsibilities or when necessary.

Each client is provided home health care services according to A Caring Connection Inc.'s Client Bill of Rights/Responsibilities. Each client admitted to the agency is given a written notice of the Client Bill of Rights/Responsibilities. Clients turning 18 will be informed of the Client Bill of Rights if it is determined that the client is competent to make decisions and their expectation of reasonably being able to express their concerns. The agency will however, make every effort to respect any grievance or worry initiated by that client.

1. If a client/patient cannot read the statement of rights and responsibilities, it is read and clearly explained and given to the client/patient for interpretation by their interpreter. For a minor or a client/patient needing assistance in understanding these rights and responsibilities, both the client/patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities.
2. The agency requires that clients are provided Advance Directives information before start of care. It is included in this handbook.
 - a. If a client/patient is visually impaired the information can be read and the caregiver can speak into their phone message service sent, or their phone app such as a braille voice over app.

The Director of Patient Services:

- A. Answers any questions the client, family member or guardian may have regarding the Client's Rights/Responsibilities
- B. Reviews the Client Care Plan with the client, family member or guardian
- C. Service Agreement contains a statement regarding Client's Rights/Responsibilities and that their signature on this agreement is also signifying their receipt and understanding of Client Rights/Responsibilities

Solving Problems or Concerns

This plan outlines what to do in case of a problem or emergency. Please keep this information where you can find it easily.

Call 911 if you have:

- A fall or injury
- Difficulty breathing
- Severe or prolonged bleeding
- Sudden weakness/slurred speech
- Chest pain
- Are unable to wake the patient
- Severe or prolonged pain
- Sudden unconsciousness
- Stroke symptoms such as
 - Dizziness or temporary unsteadiness
 - Sudden temporary dimness or loss of vision
 - Recent severe headaches or change in pattern of headaches
 - Numbness or weakness in face, arm or leg--Sudden mental confusion
 - Trouble speaking or understanding speech

Call your doctor for:

- Sudden changes in physical or mental condition
- Prescription Refills

Urinary/Bowl Problems:

- Foul odor to urine
- Abdominal, back or flank pain
- Are not able to urinate
- Bloody, cloudy or change in urine color
- No bowl movement in 4 days
- Ostomy leakage/problem
- Catheter came out or not draining

Signs of Infection:

- Wound/area gets bigger
- Wound/area in more painful
- Temp of 100 degrees or more
- Change or new odor from wound

Diabetic Problems:

- Drowsiness
- Uncontrollable thirst or hunger
- Sudden dizziness
- Sweating spells
- Frequent Headaches

Other Problems:

- New skin problems
- Change in strength
- Redness or drainage change to wound
- Change in mental status

Heart and Lung Problems:

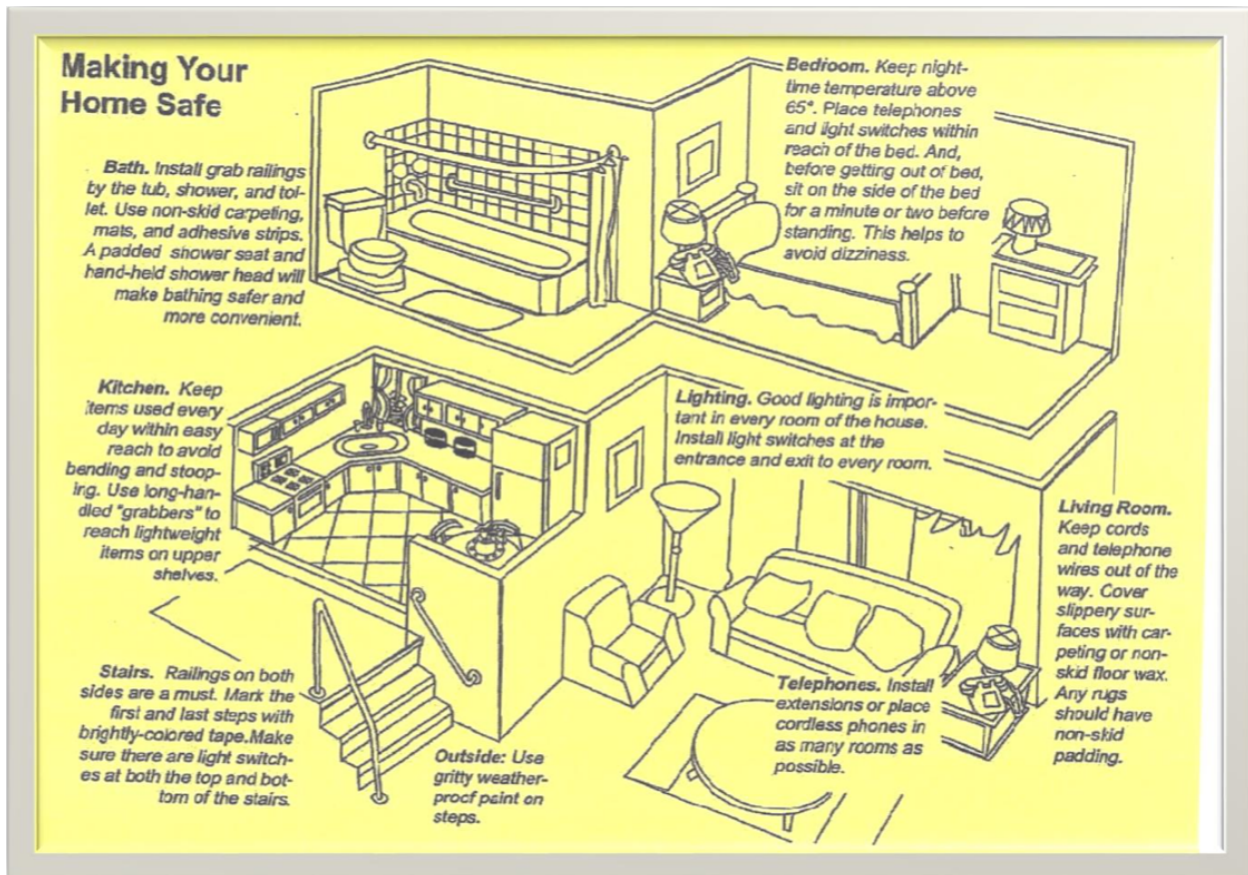
- A productive or frothy cough
- New or increased congestion
- Increased shortness of breath
- More swelling in your legs or feet
- Weight gain of 2 pounds in 24 hrs

Blood Thinner Effects:

- Bleeding from nose, mouth, gums or rectum
- Bruising
- Leg pain
- Tarry Stool

Making Your Home Safe

The more a clients home is safe and equipt to accept Home Care the better!



Is my home safe?

- Clear the path
- Install handrail on stairs
- Install handrail in tub
- Use a shower seat/rubber mat
- Remove lose rugs
- Remove dangerous cords

What can I do to make my home safer?

- Wear your glasses if needed
- Have help during baths
- Do some exercises, or range of motion and stay active
- Have a Lifeline, and of a cordless phone or cell phone
- Annual doctor checkups
- Wear rubber sole shoes
- Don't stretch for objects

Can my medications fail?

- Know your medication schedule
- Understand side effects
- Be clear on the dosage
- Follow instructions from the doctor and pharmacist

How can I safely use my oxygen?

- Keep away from sources of heat
- Keep a dated fire extinguisher within reach
- Have a working smoke alarm
- Have a working carbon monoxide detector
- Store tanks upright and secured
- Never store tanks in closets or near flammable materials
- NO SMOKING!
- Use a bedside commode if needed
- Use a night light
- Use your walker or cane

Keep Medical Information Posted

It is suggested that the following information be available at all times:

- Patient Name
- Contact Number
- Additional Contacts or Comments
- Physicians
- Emergency Physician
- Insurance
- Allergies
- Medical History
- Medication/dosage/condition
- Medical/Medication Location
- Action Plan
- Stocked Go Bag for emergency travel in safe convenient place

Fall Prevention Checklist

- Always clear walk paths and repair as needed to prevent falls/trips.
- Inspect & repair stairs or any unlevelled area or change in height for safety and install rails or handrails.
- Install non-skid material in high water areas such as bathtub or shower and non-skid material under rugs.
- Do not use throw rugs unless they have secured in the corners and have non-skid material underneath to prevent slips and trips.
- Install color contrast at top and bottom of stairs or at change in height of flooring.
- Install adequate lighting in all areas of home indoors and outdoors and use nightlights in walk path from bedroom to bathroom to kitchen.
- Install grab bars or hand rails in bathroom for safety getting in/out of tub/shower.
- Use equipment in bathroom where needed over toilet or in shower or tub for safety and assistance in transfers.
- Have a physical therapy evaluation for fall prevention or home safety assessment for any needed equipment.
- Use a cane or walker for ambulation if you have balance problems or weakness.

Emergency Observation

- Have alarm system monitored or alarm devices on areas of your home to prevent theft, fire or smoke monitoring and other emergencies. Other safety detectors in home such as smoke and carbon monoxide detectors. Medical alert monitoring system in home for older adults if needed.
- Place medical alerts and contact numbers for all members of family visible on fridge or near phone. Post Poison Control Hot-Line on fridge & telephones: 1-800-222-1222.
- Have needed medical emergency equipment for major or minor problems in home such as first aid kit, blood pressure cuff, AED, diabetic kit, or pulse ox to use if needed by self or family members.
- Have a designated place to keep all equipment and medicine that is labeled and locked if needed for safety of others.
- Have appointed person to handle important papers and finances in the event of a medical emergency.
- Prepare a disaster kit for an external disaster. Have an action plan for emergencies for the family and practiced.

Monthly Observation List

Recommended all checks be performed by a professional for safety.

- Smoke detectors and carbon monoxide detectors; test and check batteries.
- Check flashlights and batteries where you have placed for emergencies; have back-up batteries.

- Replace or clean all filters where needed in heat/air unit, at return vents, room air conditioner, and air purifier machines, etc.
- Replace carbon cartridge of water filter.
- Inspect fire extinguishers for proper working condition and check gauge for charge.
- Check fireplace monthly when using for creosol buildup.
- Check breaker box monthly or have a professional, especially if fuses blow or trip often.
- Have a Family Disaster Plan (See below)
- It's important to know what types of emergencies are likely in your area and the best way to respond. The family may contact their local Red Cross to find these answers. All plans should be posted in clear places for the caregiver to know and understand.
- Find the safe spots in your home for each type of disaster.
- Choose multiple meeting places.
- Determine the best escape routes.
- Keep all medications with a list in a safe zone and out of reach of children.
- Be prepared for the possibility that ATM's can be out. Keep cash on hand.

Family Disaster Plan

Phone lines in the emergency area may be busy. It may be easier to make phone calls into a different town than to connect by phone with someone in the same town. There should be multiple emergencies contacts. Text messages may still go through, even when phone lines are very busy. Complete a contact card for each family member. Everyone should keep these cards with them at all times. Choose an emergency contact, memorize their phone number. A friend or relative who lives out of town might be easier to reach in an emergency. During an emergency, family members can text or call this person to let them know that they are safe. Know emergency telephone numbers. Keep them in your cell phone and post them near your home phones. Some good numbers to have are your emergency contact, the fire department, police station, and the hospital near you. Keep a medication list on the contact card. Keep all medications together in a bag or box. If necessary/capable purchase refills.

Pack an emergency supply kit with at Least a 3-day supply of food and water. Think about what you would do with your pets, because they may not be allowed in emergency shelters.

County Resources

Medical Emergency	9-1-1
NJ State Health Insurance Resource (SHIP)	1-800-792-8820
Medicare	1-800-MEDICARE
Medicaid	1-800-356-1561
NJ Division of Aging Main Number	1-877-222-3737

Poison Control Hotline	(973) 926-8008
Division of Aging	
Essex County	1-973-395-8375
Morris County	1-973-285-6848
Somerset County	1-908-704-6346
Sussex County	1-973-579-0555
Union County	1-908-527-4869
Warren County	1-908-475-6591
Home Delivered Meals	
Essex County	1-973-744-0473
Morris County	1-973-285-6856
Somerset County	1-908-704-6346
Sussex County	1-973-579-0555
Union County	1-908-486-5100
Warren County	1-908-475-6591
Adult Care Centers	
Essex County	1-973-783-5589
Morris County	1-973-326-7288
Somerset County	1-908-725-0068
Sussex County	1-973-579-6699
Union County	1-908-598-5520
Warren County	1-908-580-0099
Home Repair Services	
Essex County	1-973-405-0245
Morris County	1-973-361-5555
Somerset County	1-908-541-5715
Sussex County	1-973-383-6020

Union County	1-908-686-6150
Warren County	1-908-475-6591
Medical Equipment	
At Home Medical	1-800-287-0643
Goodwill Home Medical Equipment	1-609-530-1513
Transportation Services	
Essex County	1-973-395-5858
Morris County	1-973-829-9378
Somerset County	1-908-831-7115
Union County	1-908-241-8300
Warren County	1-908-454-4044
Emergency and toll free customer service phone numbers	
Atlantic Electric (Conectiv)	1-800-833-7476
Rockland Electric Company	1-877-434-4100
GPU	1-800-545-7738
PSEG	1-800-880-7734
New Jersey Natural Gas	1-800 492-4009
NJ Natural gas 24-Hour Gas Leak Hotline	1-800-427-5325
South Jersey Gas	1-888-766-9900
South Jersey Emergency 24-Hour Gas Leak	1-800-582-7060
Water Emergencies	1-973 648-2026
Consumer Inquiries and Complaints	1-973 648-2670
U.S. Environmental Protection Agency (EPA)	1-202-260-7786
New Jersey Division of Enviro Protection	1-609 292-2885
Hotlines and Information Helplines	
Addictions Hotline of NJ	1-877-844-276-2777
Health Benefits Identification (HBID) Card	1-877-414-9251

Low Income Home Energy Assistance	1-800-510-3102
Medicaid Fraud and Abuse Hotline	1-888-937-2835
NJ FamilyCare/Medicaid Call Center	1-800-356-1561
NJ Disaster Mental Health Helpline	1-877-294-HELP
NJ Family Care	1-800-701-0710
NJ Housing Resource Center (HRC)	1-877-428-8844
Commission for the Blind & Visually Impaired	1-877-685-8878
Child Care Help Line	1-800-332-9227
Child Support Hotline	1-877-NJ KIDS1
Disaster Mental Health	1-877-294-HELP
AIDS Drug Distribution	1-877-613-453
Hearing Aid Assistant to Aged and Disabled	1- 800-792-9745
Division of the Deaf and Hard of Hearing	1-800-792-8339 V/TTY
NJ MentalHealthCares (NJMHC)	1-866-202-HELP
NJ WorkAbility - DiscoverAbility	1-888-285-3036
Postpartum Mood Disorders	1-800-328-3838
State Disability Insurance	1-609-292-7060
Traumatic Brain Injury Fund	1-888-285-3036
Universal Service Fund	1-866-240-1347
Work First NJ	1-800-792-9773
Adoption Information	1-800-99-ADOPT
Child Abuse/ Neglect Hotline	1-877-NJ ABUSE
Child Behavioral Health Services	1-877-652-7624
Division of Youth and Family Services DYFS	1-800-331-DYFS
Family Help Line	1-800-THE KIDS
Foster Care Information	1-877-NJ FOSTER
Safe Haven for Infants	1-877-839-2339

Teen Pregnancy Hotline	1-800-THE KIDS
Division of Developmental Disabilities (DDD)	1-800-832-9173
Catastrophic Illness in Children Relief Fund	1-800-335-3863
Division of Disability Services (DDS)	1-888-285-3036
Division of Family Development (DFD)	1-800-792-9773
Division of Mental Health Services (DMHS)	1-800-382-6717
Domestic Violence	1-800-572-7233
Food Stamps	1-800-687-9512
Good Neighbors - Community Living for People with Disabilities	1-877-DHS-LINE
Kinship Navigator Program	2-1-1
Low Income Home Energy Assistance	1-800-510-3102

Client Guarantor Letter Sample

This page is a sample of the original Client Guarantor Letter signature page signed at the onset of care

PATIENT NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ Phone#: _____

Legal Guardian, Executor or Representative

NAME: _____ DATE: _____
ADDRESS: _____ CITY: _____ STATE: _____
ZIP: _____ Phone#: _____

Request for information:

By signing this agreement, the client/patient authorizes the agency to secure any medical information necessary to provide care.

Letter of Acknowledgement

By accepting this home care service, I, _____ understand that if there is no qualified caregiver my family/guardian or myself are responsible for providing my own care and will not be billed. Guarantor: I _____ or my legal guardian _____

understand and authorize, all services requested by me or my referral agent. Including all nursing services, treatments and physicians orders to be carried out by the staff of the agency. I also authorize invoices to be sent from and payments to be made directly to billing agency. I understand that I am fully responsible for co-payments, payments not approved by my health insurance or referral agency and yet requested by me, I will pay the amount billed within 15 days of invoice. This may be including overtime, and generally accepted Dept. of Labor regulations and guidelines regarding hours and wages. I have been fully informed in advance about care/service to be provided, including the disciplines that furnish care/service and the frequency of visits, as well as any modifications to the plan of care/service I have been fully informed, both orally and in writing, in advance of care/service being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible.

- Received information about the scope of services that the Agency will provide and specific limitations on those services.
- Participated in the development and periodic revision of the plan of care/service.
- Understand that if I refuse care or treatment I understand the consequences as fully presented
- Understand that a periodic review of care may alter hours of care, medication and dosage, treatments or procedures as per doctor orders and/or insurance approval.

I also authorize my power of attorney, legal representative, or significant other, to make payments immediately upon invoice without "estate" matters taking precedence.

Do you have an Advance Directive? Yes NO Do you have a Living Will? Yes NO

May we have a copy of them YES NO

*Location of advance directive and living will: _____

The agency suggests that a copy of your advance directive or living will be kept at home and located in a secure and convenient location

I have received the Clients Bill of Rights Yes NO

CLIENT/GUARDIAN SIGNATURE: _____ DATE _____

WITNESS: _____ DATE _____

Form 1007 & 1008