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Admission Professional Staff Training

Completing the Client Information Handbook & Admission Package for Every New Home Health Patient

For staff who conduct patient intake, admission, and consent — nurses, intake coordinators, and administrators.

Training Objectives

- Understand why every item in the Admission Package exists — regulatory, accreditation, and patient-safety purpose, not just paperwork.
- Walk through the admission visit in the correct order: identity verification → consents → required notices → safety orientation → clinical intake tools.
- Know exactly which forms require a patient or representative signature, and which are informational only.
- Recognize the “one patient signature” design of the Client Service Agreement, and why it must never be split into separate signings.
- Correctly explain the Artificial Intelligence (AI) documentation disclosure — new content every admitting clinician must be able to describe accurately.
- Avoid the most common admission documentation errors that trigger audit findings.

Why the Admission Package Matters

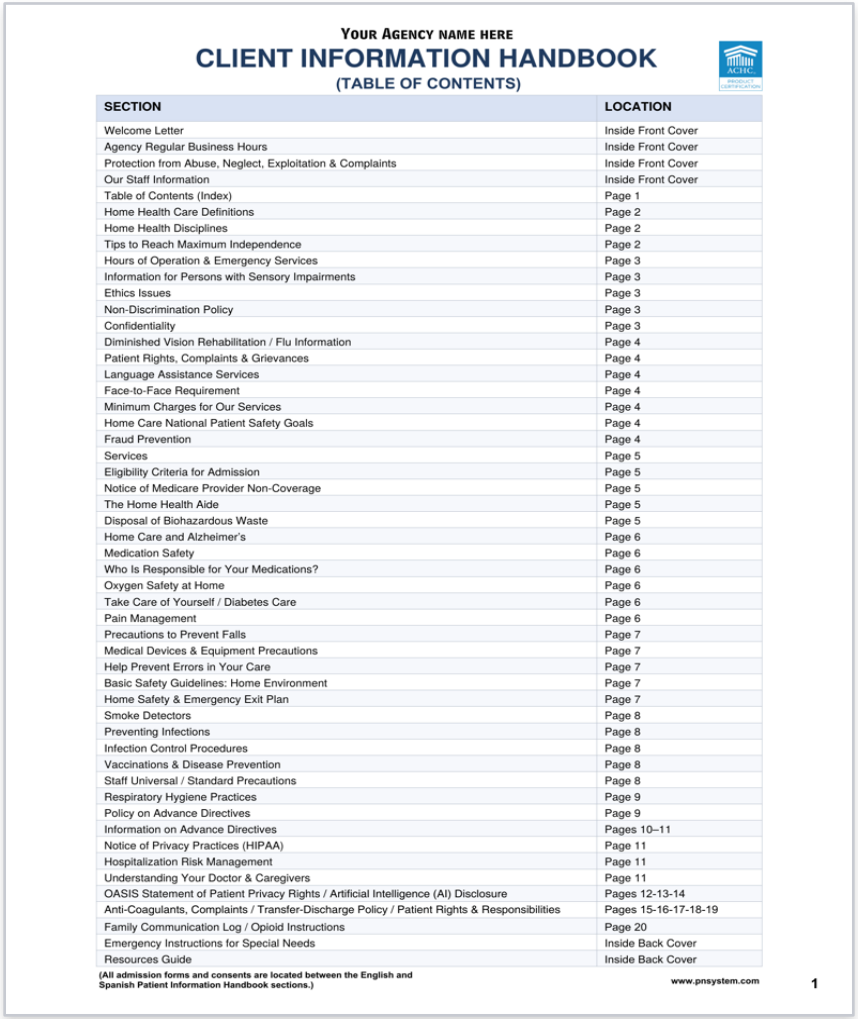
- It is the patient's first impression of the agency — accuracy and a calm, unhurried explanation build trust before care even begins.
- It satisfies Medicare Conditions of Participation, HIPAA, and state licensure requirements in a single visit.
- It is a legal record: the signed Client Service Agreement is the patient's consent to treatment, to billing, and to the use of their health information.
- It protects the patient: Bill of Rights, grievance procedures, abuse/neglect reporting lines, and the emergency/disaster plan all exist to keep patients safe and informed.
- It protects the agency: correctly executed consents and disclosures are what surveyors and auditors check first.

THE ONE-SIGNATURE DESIGN

- All admission consents — Bill of Rights, grievance procedures, emergency plan, transfer/discharge policy, advance directives, HIPAA/OASIS, AI disclosure — live inside ONE booklet.
- The patient (or representative) signs the Client Service Agreement ONE time to acknowledge the entire booklet.
- Do not ask the patient to sign each policy separately — that defeats the purpose and confuses patients.
- Confirm the patient actually received a physical or electronic copy of the full handbook before you leave.

What's Inside the Admission Package

- The Client Information Handbook Table of Contents (right) maps every topic to a page — use it to locate a section quickly during a visit.
- The handbook runs front-to-back in English, then repeats in Spanish — all admission forms and consents sit between the two language sections.
- **Four broad categories to keep in mind:**
  - Agency & program information (hours, services, staff, QAPI)
  - Patient rights, privacy & consent (Bill of Rights, HIPAA, OASIS, AI disclosure)
  - Safety education (medication, oxygen, falls, infection control, disaster plan)
  - Clinical intake tools (vulnerability assessment, care plan, med schedule, calendar)



YOUR AGENCY NAME HERE

CLIENT INFORMATION HANDBOOK

(TABLE OF CONTENTS)

(All admission forms and consents are located between the English and Spanish Patient Information Handbook sections.)

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Client Information Handbook – Table of Contents

Admission Workflow — Five Stages

1

Verify & Introduce

Confirm patient identity; introduce agency, staff roles, and 24/7 contact.

2

Consents

Client Service Agreement Sections 1 & 2 — one patient signature covers the full booklet.

3

Required Notices

OASIS privacy rights, Privacy Act statement, HIPAA notice, AI disclosure, Bill of Rights.

4

Safety Orientation

Medication, oxygen, fall, infection-control, and disaster-plan education.

5

Clinical Intake

Vulnerability assessment, HHA care plan, medicine schedule, visit calendar.

Verify Identity & Introduce the Agency

- Verify the patient's identity before providing any care or services — this is printed at the top of the handbook cover for a reason.
- Record the names of the assigned Nurse, Aide, Therapist, and Physician on the cover sheet so the patient has them in writing.
- Introduce how to report concerns or complaints, and give the name of the Director of Nursing/Clinical Manager and the Administrator.
- Explain office hours and confirm the patient understands the answering service reaches an on-call representative 24 hours a day, 7 days a week.
- Note any allergies in the designated allergy box — this travels with the patient's copy of the handbook.

Consents — Client Service Agreement, Section One

WHAT SECTION ONE COVERS

- Voluntary Admission — confirm the patient consents to admission and treatment; ask if they want a copy of the Plan of Treatment.
- Consent to Receive Services — covers diagnostic/therapeutic treatment, blood draws, injections, and IV therapy under physician orders.
- Emergency Medical Services — explains the agency does not provide emergency care and will call 911 when needed.
- Release of Information — authorizes sharing records with providers, payers, and accredited institutions per HIPAA.
- Insurance Benefits & Payment — select the correct payer box (Medicare, Medicaid, managed care, HMO, private pay) and complete only that section.

STAFF CHECKPOINTS

- Confirm only ONE payer box is checked and matches the insurance verification on file.
- If the patient cannot sign, complete the authorized-signer section and document the reason in their own words.
- Never leave the payer section blank — an unchecked box is a common audit finding.
- Confirm the patient understands only one home health agency may be paid at a time.

Consents — Client Service Agreement, Section Two

- Services to Be Furnished — list each discipline (SN, HHA, PT, OT, ST, MSW) with frequency, and the RN/RPT supervisory visit interval.
- Statement of Patient Rights, Responsibility & Abuse Registry — confirm verbal explanation was given and the toll-free abuse and HHA hotline numbers were provided.
- Advance Directive & Living Will — ask all four questions (has directive / living will / proxy / wants DNR) and record proxy contact details if applicable.
- HIPAA/OASIS Notice of Privacy Practices — confirm the patient received and discussed the Notice and the Client Information Handbook.
- Consent for Home Visit — explain this covers a voluntary state/federal/accreditation survey visit, separate from routine clinical visits.
- **Consent for the Use of Artificial Intelligence (AI) — see the dedicated AI slide next; do not rush this explanation.**
- Patient Release to Photograph — optional; only check if the patient agrees.
- One Patient Signature — a single signature on the last page acknowledges the entire booklet. Confirm date and, if applicable, the authorized representative's relationship to the patient.

Required Notices You Must Explain

OASIS Statement of Patient Privacy Rights

Explains why CMS requires health information, that it stays confidential, and that the patient can refuse to answer any question.

Privacy Act Statement

Not a consent form — it is required legal notice about why Social Security Number and OASIS data are collected, and that a signature is NOT required.

HIPAA Notice of Privacy Practices

Covers the patient's rights (access, correction, restriction, accounting of disclosures) and how the agency may use or share health information.

Bill of Rights Statement

Rights to respectful treatment, complaints, participation in care planning, confidentiality, and transfer/discharge protections.

Explaining the AI Documentation Disclosure

WHAT YOU CAN TELL THE PATIENT

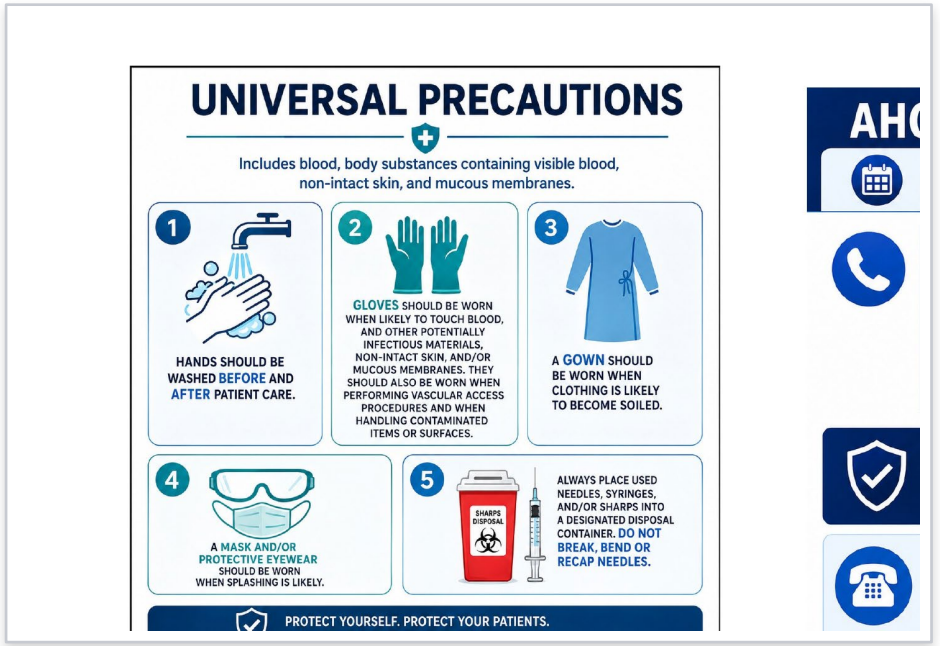
- The agency may use AI-assisted technology to help with administrative and clinical documentation — drafting notes, organizing formats, improving grammar and consistency.
- **AI never diagnoses, prescribes, or sets the treatment plan. Every assessment and care decision is made by a licensed clinician.**
- Every AI-assisted document is reviewed, edited if needed, approved, and authenticated by the responsible clinician before it becomes part of the record.
- Any AI tool used is intended to comply with HIPAA, HITECH, CMS requirements, and the agency's own privacy/security policies.

WHAT REQUIRES ACKNOWLEDGMENT

- The patient acknowledges they received/had explained the AI Disclosure page in the handbook.
- The actual AUTHORIZATION is signed on the Client Service Agreement (Section Two) — not a separate form.
- If a patient asks “is a robot writing my chart?” — answer plainly: a licensed clinician writes and is responsible for every note; AI, when used, only assists with formatting and clarity, and every note is reviewed before it's finalized.
- If a patient declines AI use entirely, document that preference and notify your supervisor — do not argue or pressure.

Safety Orientation — Infection Control

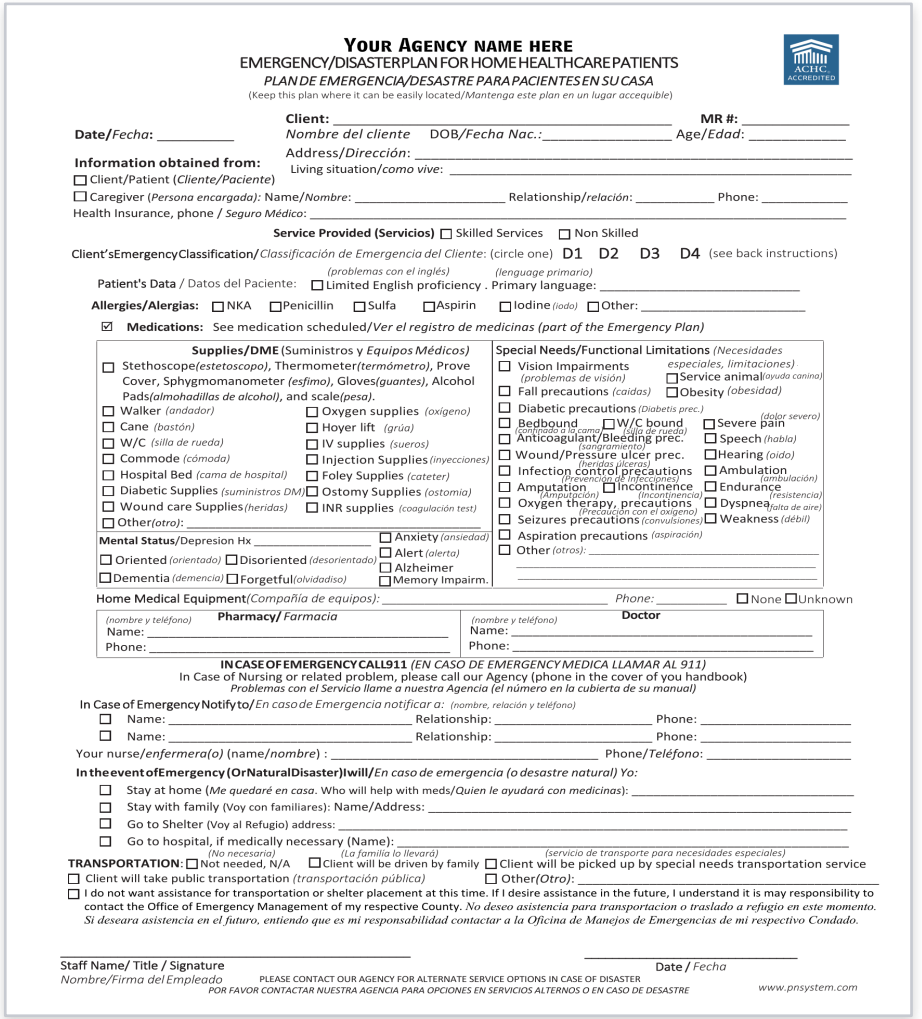
- Walk the patient and caregiver through Universal/Standard Precautions using the illustration — hands, gloves, gown, mask/eyewear, sharps disposal.
- Confirm the patient knows to ask staff to wash hands or wear gloves — this is a stated patient right, not just a staff duty.
- Cover respiratory hygiene / cough etiquette: cover coughs, use tissues or the elbow, and staff may request the patient wear a mask during high respiratory-illness periods.
- Review sharps and biohazardous waste handling if applicable to this patient's care — note the contracted waste vendor in the record.



Universal Precautions — patient education illustration

Safety Orientation — Emergency & Disaster Plan

- Complete the Emergency/Disaster Plan for Home Healthcare Patients at admission — not after the fact.
- **Classify the patient's emergency risk using the back-of-form key:**
  - D1 – High risk (cannot safely forgo care: IV therapy, life-sustaining equipment, unstable, no caregiver)
  - D2 – Moderate risk (condition recently worsened; untrained caregiver present)
  - D3 – Low risk (routine/supervisory visits; competent caregiver)
  - D4 – Patient declined information or signed a release from evacuation responsibility
- Record supplies/DME on hand, special needs, allergies, mental status, and where the patient will go in an emergency (home, family, shelter, hospital).
- Confirm the patient's emergency contact and their own nurse's name/phone are filled in before you leave.



YOUR AGENCY NAME HERE
EMERGENCY/DISASTER PLAN FOR HOME HEALTHCARE PATIENTS
PLAN DE EMERGENCIA/DESASTRE PARA PACIENTES EN SU CASA
(Keep this plan where it can be easily located/*Mantenga este plan en un lugar accequible*)

Client: _____ MR #: _____
Date/*Fecha*: _____ *Nombre del cliente* DOB/*Fecha Nac.*:_____ Age/*Edad*: _____
Address/*Dirección*: _____
Information obtained from: Living situation/*como vive*: _____
☐ Client/Patient (*Cliente/Paciente*)
☐ Caregiver (*Persona encargada*): Name/*Nombre*: _____ Relationship/*relación*: _____ Phone: _____
Health Insurance, phone / *Seguro Médico*: _____
Service Provided (Servicios) ☐ Skilled Services ☐ Non Skilled
Client'sEmergencyClassification/*Clasificación de Emergencia del Cliente*: (circle one) D1 D2 D3 D4 (see back instructions)
Patient's Data / Datos del Paciente: ☐ Limited English proficiency . Primary language: _____
(*problemas con el inglés*) (*lenguage primario*)
Allergies/Alergias: ☐ NKA ☐ Penicillin ☐ Sulfa ☐ Aspirin ☐ Iodine (*iodo*) ☐ Other: _____
☑ **Medications:** See medication scheduled/*Ver el registro de medicinas (part of the Emergency Plan)*

Supplies/DME (Suministros y *Equipos Médicos*)
☐ Stethoscope(*estetoscopo*), Thermometer(*termómetro*), Prove Cover, Sphygmomanometer (*esfimo*), Gloves(*guantes*), Alcohol Pads(*almohadillas de alcohol*), and scale(*pesa*).
☐ Walker (*andador*) ☐ Oxygen supplies (*oxígeno*)
☐ Cane (*bastón*) ☐ Hoyer lift (*grúa*)
☐ W/C (*silla de rueda*) ☐ IV supplies (*sueros*)
☐ Commode (*cómoda*) ☐ Injection Supplies (*inyecciones*)
☐ Hospital Bed (*cama de hospital*) ☐ Foley Supplies (*cateter*)
☐ Diabetic Supplies (*suministros DM*) ☐ Ostomy Supplies (*ostomia*)
☐ Wound care Supplies (*heridas*) ☐ INR supplies (*coagulación test*)
☐ Other(*otro*): _____

Mental Status/Depresion Hx _____ ☐ Anxiety (*ansiedad*)
☐ Oriented (*orientado*) ☐ Disoriented (*desorientado*) ☐ Alert (*alerta*)
☐ Dementia (*demencia*) ☐ Forgetful(*olvidadiso*) ☐ Alzheimer ☐ Memory Impairm.

Special Needs/Functional Limitations (*Necesidades especiales, limitaciones*)
☐ Vision Impairments (*problemas de visión*) ☐ Service animal(*oyuda canina*)
☐ Fall precautions (*caidas*) ☐ Obesity (*obesidad*)
☐ Diabetic precautions (*Diabetis prec.*)
☐ Bedbound (*Confinado a la cama*) ☐ W/C bound (*Silla de rueda*) ☐ Severe pain (*dolor severo*)
☐ Anticoagulant/Bleeding prec. (*sangramiento*) ☐ Speech (*habla*)
☐ Wound/Pressure ulcer prec. (*heridas ulceras*) ☐ Hearing (*oido*)
☐ Infection control precautions (*Prevencion de infecciones*) ☐ Ambulation (*ambulación*)
☐ Amputation (*Amputación*) ☐ Incontinence (*incontinencia*) ☐ Endurance (*resistencia*)
☐ Oxygen therapy, precautions (*Precaución con el oxigeno*) ☐ Dyspnea (*falta de aire*)
☐ Seizures precautions (*convulsiones*) ☐ Weakness (*débil*)
☐ Aspiration precautions (*aspiración*)
☐ Other (*otros*): _____

Home Medical Equipment/*Compañia de equipos*): _____ *Phone:* _____ ☐ None ☐ Unknown

(*nombre y teléfono*) **Pharmacy/** *Farmacia*	(*nombre y teléfono*) **Doctor**
Name: _____	Name: _____
Phone: _____	Phone: _____

IN CASE OF EMERGENCY CALL 911 *(EN CASO DE EMERGENCY MEDICA LLAMAR AL 911)*
In Case of Nursing or related problem, please call our Agency (phone in the cover of you handbook)
Problemas con el Servicio llame a nuestra Agencia (el número en la cubierta de su manual)

In Case of Emergency Notify to/*En caso de Emergencia notificar a:* (*nombre, relación y teléfono*)
☐ Name: _____ Relationship: _____ Phone: _____
☐ Name: _____ Relationship: _____ Phone: _____
Your nurse/*enfermera(o)* (name/*nombre*) : _____ Phone/*Teléfono*: _____

In the event of Emergency (Or Natural Disaster) I will/*En caso de emergencia (o desastre natural) Yo:*
☐ Stay at home (*Me quedaré en casa*. Who will help with meds/*Quien le ayudará con medicinas*): _____
☐ Stay with family (Voy con familiares): Name/Address: _____
☐ Go to Shelter (Voy al Refugio) address: _____
☐ Go to hospital, if medically necessary (Name): _____
(*No necesaria*) (*La familia lo llevará*) (*servicio de transporte para necesidades especiales*)

TRANSPORTATION: ☐ Not needed, N/A ☐ Client will be driven by family ☐ Client will be picked up by special needs transportation service
☐ Client will take public transportation (*transportación pública*) ☐ Other(*Otro*): _____
☐ I do not want assistance for transportation or shelter placement at this time. If I desire assistance in the future, I understand it is may responsibility to contact the Office of Emergency Management of my respective County. *No deseo asistencia para transportacion o traslado a refugio en este momento. Si deseara asistencia en el futuro, entiendo que es mi responsabilidad contactar a la Oficina de Manejos de Emergencias de mi respectivo Condado.*

_____ _____
Staff Name/ Title / Signature Date / *Fecha*
Nombre/Firma del Empleado

PLEASE CONTACT OUR AGENCY FOR ALTERNATE SERVICE OPTIONS IN CASE OF DISASTER
POR FAVOR CONTACTAR NUESTRA AGENCIA PARA OPCIONES EN SERVICIOS ALTERNOS O EN CASO DE DESASTRE
www.pnsystem.com

Emergency/Disaster Plan for Home Healthcare Patients

Advance Directives, Eligibility & Homebound Status

ADVANCE DIRECTIVES

- Ask if the patient has a Living Will, Health Care Surrogate, or wants a DNR order on file.
- The presence or absence of a directive never changes whether care is provided.
- Give printed materials explaining state regulations at admission.

ELIGIBILITY

- Admission must be physician-directed and based on identified care needs.
- Face-to-face encounter must fall within 90 days before or 30 days after admission.
- If needs exceed what the agency (or its arrangements) can provide, do not initiate services.

HOMEBOUND STATUS

- Criterion 1: needs a device, special transport, or assistance to leave home — OR leaving is medically contraindicated.
- Criterion 2: leaving home is normally difficult AND requires a considerable, taxing effort.
- Infrequent short absences (church, adult day care, funerals, barber) don't break homebound status.

Language & Communication Access

- Interpreter services are free to the patient — confirm this explicitly; do not rely on family members for medical interpretation.
- Use the Language Assistance poster: the patient points to their language and an interpreter is called through HHS at 1-877-696-6775.
- For hearing impairments, sign-language interpreting is arranged through the Florida Coordinating Council for the Deaf and Hard of Hearing.
- For visual impairments, read materials aloud and offer large-print, taped, or braille formats through the Clinical Manager.
- For speech impairments, offer writing materials, TDD devices, or communication boards.

Language Assistance Services: Point to your language.
An interpreter will be called. The interpreter is provided at no cost to you.
1-877-696-6775 (U.S. Department of Health & Human Services)
https://www.hhs.gov/civil-rights/for-individuals/language-assistance/index.html

American Sign Language Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.	**Korean** 한국어 귀하께서 사용하는 언어를 지정하시면 해당 언어 통역 서비스를 무료로 제공해 드립니다.
Arabic عربي أشر إلى لغتك. وسيتم الاتصال بمترجم فوري. كما سيتم إحضار المترجم الفوري مجانًا.	**Mandarin** 國語 請指認您的語言， 以便為您提供免費的口譯服務。
Bengali বাংলা আপনার ভাষার দিকে নির্দেশ করুন। একজন দোভাষীকে ডাকা হবে।দোভাষী আপনি বিনামূল্যে পাবেন।	**Nepali** नेपाली आफ्नो भाषातर्फ औंल्याउनुहोस्। एक दोभाषेलाई बोलाइनेछ। तपाईंको लागि कुनै खर्चको, एकजना दोभाषे उपलब्ध गराइनेछ।
Burmese မြန်မာ သင့်ဘာသာစကားကို ညွှန်ပြပါ။ စကားပြန် ခေါ်ပေးပါမယ်။ သင့်အတွက် စကားပြန် အခမဲ့ ပေးပါမယ်။	**Polish** Polski Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewniana jest bezpłatnie.
Cantonese 廣東話 請指認您的語言， 以便為您提供免費的口譯服務。	**Portuguese** Português Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.
Farsi فارسي زبان مورد نظر خود را مشخص کنید. یک مترجم برای شما درخواست خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.	**Punjabi** ਪੰਜਾਬੀ ਆਪਣੀ ਭਾਸ਼ਾ ਵੱਲ ਇਸ਼ਾਰਾ ਕਰੋ। ਜਿਸ ਮੁਤਾਬਕ ਇਕ ਦੁਭਾਸ਼ੀਆ ਬੁਲਾਇਆ ਜਾਵੇਗਾ। ਤੁਹਾਡੇ ਲਈ ਦੁਭਾਸ਼ੀਆ ਦੀ ਮੁਫ਼ਤ ਇੰਤਜ਼ਾਮ ਕੀਤਾ ਜਾਂਦਾ ਹੈ।
French Français Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.	**Romanian** Română Indicaţi limba pe care o vorbiţi. Vi se va face legătura cu un interpret caare vă este asigurat gratuit.
Haitian Creole Kreyòl Lonje dwèt ou sou lang ou pale a epi n ap rele yon entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.	**Russian** Русский Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.
Hindi हिंदी अपनी भाषा को इंगित करें। जिसके अनुसार आपके लिए दुभाषिया बुलाया जाएगा।आपके लिए दुभाषिया की निशुल्क व्यवस्था की जाती है।	**Somali** Af-Soomaali Farta ku fiiqluqadaada… Waxa laguugu yeeri doonaa turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.
Hmong Hmoob Taw rau koj hom lus. Yuav hu rau ib tug neeg txhais lus. Yuav muaj neeg txhais lus yam uas koj tsis tau them dab tsi.	**Spanish** Español Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.
Italian Italiano Indicare la propia lingua. Un interprete sarà chiamato. Il servizio è gratuito.	**Tagalog** Tagalog Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.
Japanese 日本語 あなたの話す言語を指してください。 無料で通訳サービスを提供します。	**Vietnamese** Tiếng Việt Hãy chỉ vào ngôn ngữ của quý vị. Một thông dịch viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.

Language Assistance Services poster

Clinical Intake Tools to Complete

Assessment for Client Vulnerability to Abuse/Neglect

Rate each risk factor Yes/No; signed and dated by the assessor. Part of the confidential medical record.

Home Health Aide Care Plan

Precautions, vitals parameters, and every assigned task circled/specified — reviewed/revised at least every 60 days.

Medicine Schedule / Reconciliation

Every medication with dose, route, frequency, and administration time; flag interactions, duplicates, or non-compliance.

Medicare Secondary Payor Questionnaire

Determines if Medicare is primary or secondary — required before billing.

Calendar of Visits

Documents visit frequency by discipline so the patient can see the schedule at a glance.

Case Management / Care Coordination Note

Ongoing log for interdisciplinary communication — start it at admission.

Common Admission Errors — and How to Avoid Them

✗ **Blank or double-checked payer box**	✓ Verify insurance before the visit; check exactly one box and complete only that subsection.
✗ **Vague narrative comments (“??”, “N/A” with no explanation)**	✓ Write specific, complete sentences — auditors read these word for word.
✗ **Missing emergency contact or classification (D1–D4)**	✓ Complete the Emergency/Disaster Plan the same visit, not “later.”
✗ **Separate signatures collected for each policy**	✓ Use the one-signature Client Service Agreement design — don't re-invent the process.
✗ **AI disclosure skipped or rushed**	✓ Read it in plain language; confirm the patient had a chance to ask questions before moving on.
✗ **Handbook copy not left with the patient**	✓ Confirm and document that a copy (paper or electronic) was provided before you leave.

Summary — Before You Leave the Home

- Patient identity verified and assigned staff names recorded on the cover sheet.
- Client Service Agreement Sections 1 & 2 complete, correct payer box checked, one patient signature obtained.
- Required notices explained: OASIS privacy rights, Privacy Act statement, HIPAA notice, Bill of Rights, AI disclosure.
- Safety orientation given: universal precautions, medication/oxygen safety, fall prevention, emergency/disaster plan with D1–D4 classification.
- Clinical intake tools started: vulnerability assessment, HHA care plan, medicine schedule, calendar of visits.
- A copy of the Client Information Handbook left with the patient or caregiver.

Questions?

Contact your Director of Nursing / Clinical Manager, or the Administrator, with any questions about completing the Admission Package.