

POLICY AND PROCEDURE MANUALS

Directions: Save this document to your computer. Complete the Customer information Sheets. The forms are fillable PDF. Complete as applicable. Save the completed document and email it to fboyer@ahcc.com. The manual will be provided to you within 3 days as a draft for your approval. If you approve, you will receive an invoice by email to pay for the documents by credit card and the final manual will be emailed to you as a Word document and PDF.

Copyright © by Floyd Boyer. All rights reserved.

No part of documents purchased by the customer may be reproduced in any form or by any electronic or mechanical means including information storage and retrieval systems, without permission in writing from the author. The purchaser of policies and procedures may make 2 copies of the policies and procedures to place into a Policy and Procedure Notebook for use by the facility and its employees.

The scanning, uploading, and/or distribution of this document via the internet or via any other means without the permission of the publisher are illegal and are punishable by law. Please purchase only authorized editions and do not participate in or encourage electronic piracy of copyrightable materials.

First Printing: January 2001

Floyd Boyer - fboyer@ahcc.com
Visit my website at www.ahcc.com

Printed in the United States of America



End User Legal Agreement (EULA)

Purchased documents are © copyrighted by Floyd Boyer and MAY NOT be reprinted or retransmitted in whole or part without the expressed written consent of the copyright owner. Documents purchased on this website are © copyright by Floyd Boyer, and MAY ONLY be used by the person purchasing the documents for their own or company use and MAY NOT be sold and given to other persons. All copyright notations must remain affixed to the document. You agree that by purchasing documents on AHCC.com, or by using the website that you are entering into a legally binding agreement with Floyd Boyer which is hereby incorporated by reference (collectively referred to as the "Agreement"). If you are using AHCC on behalf of a company or other legal entity, you are nevertheless individually bound by this Agreement even if your company has a separate agreement with Floyd Boyer and/or AHCC. You acknowledge that you have read and understood the terms and conditions of this Agreement and that you agree to be bound by all of its provisions.

CUSTOMER INFORMATION SHEETS

Legal Name _____

DBA Name (if applicable) _____

Contact Person _____ Title _____

Address _____

City _____ State _____ ZIP _____

Phone _____ FAX _____ Email _____

Toll Free Phone Number: _____ Website: _____

Number of locations _____

List location name(s) if different than the DBA Name. List city and state located for each additional location:

Days and Hours of Operation? _____

List each location Days and Hours of Operation, if different than the main office:

CUSTOMER INFORMATION SHEETS

SCOPE OF SERVICES

Which of the following services does your company provide and/or plan to provide? Check all applicable checkbox(es). The policy and procedure manual to be created will contain policies and procedures for the services that you check. The policy and procedure manual will also contain Forms, Job Descriptions and an Employee Handbook.

Choose accreditation organization

- ☐ ACHC
- ☐ CHAP

Check scope of services (check all that apply)

- ☐ DMEPOS equipment and/or supplies
 - ☐ Oxygen Transfilling:
 - ☐ Liquid to gaseous
 - ☐ Gaseous to gaseous
 - ☐ Liquid to liquid

DMEPOS Distinctions: Distinctions must be achieved in combination with Accreditation.

- ☐ **CHAP Accreditation Only-** Clinical Respiratory Home Care Services- focuses on care by licensed Respiratory Care Practitioners (RCPs) or other qualified healthcare professionals for patients with acute or chronic respiratory conditions that can be monitored and managed outside a hospital environment. Emphasis is on a collaborative, team-based approach to assessment and ongoing treatment, disease management, and education. The goal is better clinical outcomes that reduce hospital readmissions, support activities of daily living, and enhance quality of life for the patient. Accountability is established through documentation of outcome-based measures, with the subsequent expectation of improving consistency of care and quality of life. This must be achieved in combination with DMEPOS Accreditation.
- ☐ **ACHC Accreditation Only-** Distinction in Clinical Respiratory Patient Management (CRPM) focuses on care by licensed Respiratory Care Practitioners (RCPs) or other qualified healthcare professionals for patients with acute or chronic respiratory conditions that can be monitored and managed outside a hospital environment. Emphasis is on a collaborative, team-based approach to assessment and ongoing treatment, disease management, and education. The goal is better clinical outcomes that reduce hospital readmissions, support activities of daily living, and enhance quality of life for the patient. Accountability is established through documentation of outcome-based measures, with the subsequent expectation of improving consistency of care and quality of life. This distinction must be achieved in combination with ACHC Home/Durable Medical Equipment (HME) Accreditation.
- ☐ **ACHC Accreditation Only-** Distinction in Custom Mobility (CM) recognizes providers of custom mobility products who are committed to improving activities of daily living and health-related quality of life for clients/patients. Standards address the unique needs of clients/patients and focus on plans of care, goal and outcome monitoring, client/patient follow-up, and making product adjustments or replacements as needed to proactively reduce or prevent complications and maintain or improve mobility and daily life. Emphasis is on improved service and responsive care to clients/patients with conditions requiring mobility support, including 24/7 access to support. The goal is to sustain client/patient activities of daily living and overall quality of life through ongoing assessment of needs, proactive goal setting, and documentation. This distinction must be achieved in combination with ACHC Complex Rehabilitation and Assistive Technology Supplier (RTS) Accreditation.

PHARMACY, HOME INFUSION THERAPY AND AMBULATORY INFUSION CENTER::

- ☐ PHARMACY
 - ☐ Specialty Pharmacy (SRX)
 - ☐ Infusion Pharmacy (IRX)
 - ☐ Compounding
- ☐ HOME INFUSION THERAPY (HIT)
- ☐ AMBULATORY INFUSION CENTER (AIC)

CUSTOMER INFORMATION SHEETS

DMEPOS

Scope of Services

(Please check all products you provide)

- ☐ DM01 Automatic External Defibrillators (AEDs)
- ☐ DM02 Commodes/Urinals/Bedpans
- ☐ DM03 Continuous Passive Motion (CPM) Devices
- ☐ DM04 Contracture Treatment Devices: Dynamic Splint
- ☐ DM05 Blood Glucose Monitors and Supplies (non-mail order)
- ☐ DM06 Blood Glucose Monitors and Supplies (mail order)
- ☐ DM07 Gastric Suction Pumps
- ☐ DM08 Heat & Cold Applications
- ☐ DM09 Hospital Beds- Electric
- ☐ DM10 Hospital Beds- Manual
- ☐ DM11 Infrared Heating Pad Systems
- ☐ DM12 External Infusion Pumps and Supplies
- ☐ DM13 Insulin Infusion Pumps and Supplies
- ☐ DM14 Implanted Infusion Pumps and Supplies
- ☐ DM15 Negative Pressure Wound Therapy Pumps and Supplies
- ☐ DM16 Neuromuscular Electrical Stimulators (NMES)
- ☐ DM17 Osteogenesis Stimulators
- ☐ DM18 Pneumatic Compression Devices
- ☐ DM19 Speech Generating Devices
- ☐ DM20 Support Surfaces: Pressure Reducing Beds/Mattresses/Overlays /Pads
- ☐ DM21 Traction Equipment
- ☐ DM22 Transcutaneous Electrical Nerve Stimulators (TENS)
- ☐ DM23 Ultraviolet Light Devices
- ☐ DM24-External Infusion Supplies
- ☐ DM25-External Ambulatory Insulin Supplies
- ☐ DM26-Pressure reducing Beds/Mattresses/Overlays/pads – Used
- ☐ DM27 Cognitive Behavioral Therapy Devices
- ☐ DM28 Rehabilitative Therapy Device
- ☐ DM29 Urinary Suction pump
- ☐ DM30 External Electrical Stimulation Devices (not otherwise classified)
- ☐ M01 Canes and Crutches
- ☐ M02 Patient Lifts
- ☐ M03 Power Operated Vehicles (Scooters)
- ☐ M04 Seat Lift Mechanisms
- ☐ M05 Walkers
- ☐ M06 Wheelchairs-Standard Manual
- ☐ M06a Wheelchairs-Standard Manual Related Accessories
- ☐ M07 Wheelchairs-Standard Power
- ☐ M07a Wheelchairs-Standard Power Related Accessories
- ☐ M08 Wheelchairs-Complex Rehabilitative Manual Wheelchairs
- ☐ M08a Wheelchairs-Complex Rehabilitative Manual Wheelchairs Related Accessories
- ☐ M09 Wheelchairs-Complex Rehabilitative Power Wheelchairs
- ☐ M09a Wheelchairs-Complex Rehabilitative Power Wheelchairs Related Accessories
- ☐ M10 Wheelchair Seating/Cushions
- ☐ OR01 Orthoses: Custom Fabricated
- ☐ OR02 Orthoses: Prefabricated - Custom Fabricated
- ☐ OR03 Orthoses: Off-The-Shelf
- ☐ OR04 Penile Pumps
- ☐ PD01 Breast Prostheses and Accessories
- ☐ PD02 Cochlear Implants
- ☐ PD03 Facial Prostheses
- ☐ PD04 Neurostimulators
- ☐ PD06 Ostomy Supplies
- ☐ PD08 Tracheostomy Supplies
- ☐ PD09 Urological Supplies

CUSTOMER INFORMATION SHEETS

- ☐ PD10 Voice Prosthetics
- ☐ PD11 Prosthetic Lenses: Conventional Eyeglasses
- ☐ PD12 Prosthetic Lenses: Conventional Contact Lenses
- ☐ PD13 Prosthetic Lenses: Prosthetic Cataract Lenses
- ☐ PE03 Enteral Nutrients
- ☐ PE04 Enteral Equipment and/or Supplies
- ☐ PE05 Parenteral Nutrients
- ☐ PE06 Parenteral Equipment and/or Supplies
- ☐ PR01 Limb Prostheses
- ☐ PR02 Eye Prostheses
- ☐ R01 Continuous Positive Airway Pressure (CPAP) Devices
- ☐ R02 High Frequency Chest Wall Oscillation (HFCWO) Devices
- ☐ R04 Intermittent Positive Pressure Breathing (IPPB) Devices
- ☐ R05 Intrapulmonary Percussive Ventilation Devices
- ☐ R06 Mechanical In-Exsufflation Devices
- ☐ R07 Nebulizer Equipment and Supplies
- ☐ R08 Oxygen Equipment and Supplies
- ☐ R09 Respiratory Assist Devices
- ☐ R10 Respiratory Suction Pumps
- ☐ R12 Ventilators: All types, not CPAP and RAD
- ☐ R13 Multi-Function Respiratory Devices (excluding Ventilators)
- ☐ S01 Surgical Dressings
- ☐ S02 Diabetic Shoes/Inserts – Off-the-shelf
- ☐ S03 Diabetic Shoes/Inserts – Custom
- ☐ S04 Lymphedema Compression Treatment Items

ORTHOTIC / PROSTHETIC / FITTER SERVICES: DEFINITIONS

Custom-Fabricated: A custom-fabricated item is individually made for a specific patient. No other patient can use this item. A custom-fabricated device is made on clinically derived and rectified castings, tracings, measurements, and/or other body part images, such as X-rays. Fabricating may involve calculations, templates, and components. This process uses basic materials including, but not limited to, plastic, metal, leather, or cloth in the form of uncut or unshaped sheets, bars, or other basic forms, and involves substantial work such as vacuum forming, cutting, bending, molding, sewing, drilling, and finishing before a patient fitting.

Custom-Fitted: Custom-fitted orthotics are prefabricated devices. The DMEPOS organization or a manufacturer may supply them as a kit that requires assembly. They all require fitting and adjustment (for example, an individual with modifying expertise must trim it, bend it, mold it [with or without heat], or otherwise modify it for a specific patient). A patient's custom-fitted orthotic requires item modification for an individualized fit. Modifications must involve altering the item beyond simple adjustments made by bending, trimming, and/or item molding, installing add-on components, or item assembly.

Custom-Molded Shoes:

- Are constructed over a positive model of the patient's foot;
- Are made from leather or other suitable, equal quality material;
- Have removable inserts that the Organization staff can alter or replace as the patient's condition warrants; and
- Have some form of shoe closure.

Depth Shoes:

- Have a full length, heel-to-toe filler that when removed, gives a minimum of 3/16 inch of additional depth to accommodate custom-molded or customized inserts;
- Are made from leather or other suitable, equal quality material;
- Have some form of shoe closure; and
- Are available in full and half sizes with a minimum of three widths so the sole is graded to the size and width of the upper portions of the shoes according to the American standard last sizing schedule (the U.S. numerical shoe sizing system) or its equivalent.

External Breast Prostheses: Prefabricated or custom-fabricated forms, bras, and sleeves.

CUSTOMER INFORMATION SHEETS

Facial Prostheses: Custom-fabricated prosthetic face restoration including auricular, nasal, mid-facial, orbital (including ocular), upper facial, hemifacial, partial facial, nasal septal, and other face areas disfigured by traumatic injury, disease, and/or ablative surgery, or congenital malformation.

Inserts: Are total contact, multiple density, removable inlays; directly molded to the patient's foot or a model of the patient's foot or directly carved from a patient-specific, rectified model; and are made of a suitable material for the patient's condition.

Minimal Self-Adjustment: 42 CFR § 414.402 defines minimal self-adjustment as an adjustment the patient, caretaker for the patient, or DMEPOS organization can perform without needing certified orthotist services (that is, an individual certified by the American Board for Certification in Orthotics and Prosthetics, Inc., or by the Board for Orthotics/Prosthetist Certification) or an individual with specialized training.

Molded-to-Patient-Model - is defined as:

- Creating a specific body part impression (for example, a foam box impression, a plaster, or fiberglass cast) directly on the patient and using it to make a positive model of the body part when crafting the final product;
- Computer-Aided Design–Computer-Aided Manufacturing (CAD-CAM) systems software creates a digital image of the patient's body part. This technology includes specialized probes, digitizers, and scanners that create a computerized positive model that uses direct milling equipment to carve a positive model. The DMEPOS Organization fabricates and molds the device individually over the positive patient model;
- For therapeutic shoe inserts for diabetics, a digitally created patient's body part using CAD-CAM systems software. This technology includes specialized probes/digitizers and scanners that create a computerized positive model, and then direct milling equipment to carve a patient-specific insert.

Ocular Prostheses: Custom-fabricated ocular prostheses that replace the globe of the eye or cover the existing eye resulting from traumatic injury, disease, and/or ablative surgery, or congenital malformation. Custom-made eye prostheses include conformers, scleral shells, and ocular prostheses that fit within the natural socket tissue and eyelids, and the custom-made ocular prosthesis component integrated into an orbital, upper facial, or hemifacial prosthesis.

Off-The-Shelf (OTS): prefabricated orthotics items need minimal self-adjustment for appropriate use and need no expertise in trimming, bending, molding, assembling, or customizing to fit the individual.

Orthotic Devices: rigid and semi-rigid devices used for supporting a weak or deformed body member or restricting or eliminating motion in a diseased or injured body part.

Positive Patient Model:

- Is a negative impression taken of the patient's body member and used to make a positive model rectification;
- CAD-CAM system uses digitizers to send surface contour data the practitioner uses to rectify or modify the model on the computer screen. The data showing the modified shape goes to a commercial milling machine that carves the rectified model;
- The patient serves as the positive model in a direct formed model. The device is constructed over the patient's model, and then fabricated to the patient. The DMEPOS Organization checks the completed custom fabrication and makes all necessary adjustments;
- For diabetic therapeutic shoe inserts, a CAD-CAM system uses a digitizer to send surface contour data the practitioner uses to rectify or modify the model on the computer screen. The data showing the rectified model goes to a commercial milling machine that carves the patient-specific insert.

Prosthetic Devices: replace all or part of an internal body organ (including contiguous tissue) or replace all or part of the permanently inoperative or malfunctioning internal body organ's function, except dental. Medicare does not need a determination of no possibility the patient's condition may improve in the future. The device passes the performance test when the attending physician's or prescriber's opinion and patient's medical condition are long and of indefinite duration.

Somatic Prostheses: Custom-fabricated somatic prostheses replace areas of the human body not included under definitions of facial and ocular prosthetics but need visual and functional integration. Somatic prosthetics typically include finger, thumb, partial hand, hand, and toe disfigured by traumatic injury, disease, and/or ablative surgery, or congenital malformation.

Specialized Training: Individuals specially trained to give custom fitting services to patients with a medical need for orthotics, include: a physician, a treating practitioner (a physician assistant, nurse practitioner, or clinical nurse specialist), an occupational therapist, or physical therapist who complies with all applicable Federal and State licensure and regulatory requirements.

Therapeutic Shoes and Inserts: Include depth or custom-molded shoes along with inserts for individuals with diabetes.

CUSTOMER INFORMATION SHEETS

JOB DESCRIPTIONS

Check the job descriptions that you need from the list below. For the job descriptions checked, write in the Job title this person reports to on the line provided.

The pharmacy may use any form of organization, such as a partnership, sole proprietorship, or corporation. Depending on the company structure, examples of leadership positions may include:

- The owner(s),
- Leadership,
- President,
- Chief Executive Officer,
- Governing Body, or
- Other individuals responsible for managing the organization and its services.

☐ Leadership Check the Leadership's Title below: _____

- ☐ Owner, or
- ☐ Owners, or
- ☐ President, or
- ☐ Chief Executive Officer, or
- ☐ Governing Body, or
- ☐ Other (list title) _____

☐ Manager Check the Manager's Title Below; _____ Reports to Leadership _____

- ☐ Manager, or
- ☐ General Manager, or
- ☐ Director of Operations, or
- ☐ Other (list Title) _____

☐ Performance Improvement Coordinator _____ Reports to Leadership _____

☐ Compliance Officer _____ Reports to Leadership _____

☐ Privacy Officer _____ Reports to Leadership _____

☐ Safety Officer _____ Reports to _____

☐ Administrative Assistant _____ Reports to _____

☐ Human Resources Director _____ Reports to _____

☐ Director of Reimbursement _____ Reports to _____

☐ Purchasing Manager _____ Reports to _____

☐ Chief Financial Officer _____ Reports to _____

☐ Controller _____ Reports to _____

☐ Accountant _____ Reports to _____

☐ Billing Department Supervisor _____ Reports to _____

☐ Billing Clerk _____ Reports to _____

☐ Office Manager _____ Reports to _____

☐ Customer Service Supervisor _____ Reports to _____

☐ Customer Service Representative _____ Reports to _____

☐ Intake Coordinator _____ Reports to _____

☐ Receptionist _____ Reports to _____

☐ Filing Clerk _____ Reports to _____

☐ Accounts Receivable Supervisor _____ Reports to _____

☐ Accounts Receivable Clerk _____ Reports to _____

☐ Sales and Marketing Manager _____ Reports to _____

☐ Sales and Marketing Representative _____ Reports to _____

CUSTOMER INFORMATION SHEETS

<input type="checkbox"/> Medical Director	Reports to _____
<input type="checkbox"/> Director Of Pharmacy	Reports to _____
<input type="checkbox"/> Pharmacist in Charge	Reports to _____
<input type="checkbox"/> Pharmacist	Reports to _____
<input type="checkbox"/> Pharmacy Technician	Reports to _____
<input type="checkbox"/> Registered Nurse	Reports to _____
<input type="checkbox"/> Licensed Practical Nurse	Reports to _____
<input type="checkbox"/> Respiratory Therapy Supervisor	Reports to _____
<input type="checkbox"/> Respiratory Therapist	Reports to _____
<input type="checkbox"/> Assistive Technology Professional (ATP)	Reports to _____
<input type="checkbox"/> Complex Rehab Technology Supplier (CRTS)	Reports to _____
<input type="checkbox"/> Orthotist	Reports to _____
<input type="checkbox"/> Orthotic Fitter	Reports to _____
<input type="checkbox"/> Masectomy Fitter	Reports to _____
<input type="checkbox"/> Pedotrist	Reports to _____
<input type="checkbox"/> Prothesist	Reports to _____
<input type="checkbox"/> DME Technician Supervisor	Reports to _____
<input type="checkbox"/> DME Technician	Reports to _____
<input type="checkbox"/> Delivery Technician	Reports to _____
<input type="checkbox"/> Warehouse Supervisor	Reports to _____
<input type="checkbox"/> Shipping and Receiving Clerk	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____
<input type="checkbox"/> Other _____	Reports to _____

OTHER INFORMATION

Which job title from the job description list is designated as the Performance Improvement Coordinator for the company?

Which job title from the job description list is designated as the as temporary leader in the absence of the Manager?

Your Payday is?

- ☐ Weekly
- ☐ Biweekly (every 2 weeks)
- ☐ Monthly, or
- ☐ Other _____

CUSTOMER INFORMATION SHEETS

Please describe your holiday policy. Check the appropriate checkboxes. Add to as needed.

- ☐ New Year's
- ☐ Good Friday
- ☐ Memorial Day
- ☐ Juneteenth
- ☐ Independence Day
- ☐ Labor Day
- ☐ Veterans' Day
- ☐ Thanksgiving Day
- ☐ Day after Thanksgiving
- ☐ Christmas Day
- ☐ Chanukah / Hanukkah
- ☐ Passover
- ☐ New Year's Eve
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____
- ☐ Other(s): _____

CUSTOMER INFORMATION SHEETS

PLEASE DESCRIBE YOUR VACATION POLICY

(Before filling out this page and page 11, see PTO on page 12)

- ☐ My company does not provide vacation.
- ☐ My company provides Paid Time Off instead of vacation.
- ☐ The sample policy below is acceptable.
- ☐ I have revised the sample policy below.
- ☐ I have deleted the sample policy below and pasted my company's policy.

CUSTOMER INFORMATION SHEETS

PLEASE DESCRIBE YOUR SICK LEAVE POLICY.

- ☐ My company does not provide sick leave.
- ☐ My company provides Paid Time Off instead of sick leave.
- ☐ The sample policy below is acceptable.
- ☐ I have revised the sample policy below.
- ☐ I have deleted the sample policy below and pasted my company's policy.

CUSTOMER INFORMATION SHEETS

INSTEAD OF VACATION AND SICK LEAVE you may choose to use Paid Time Off (PTO).

- ☐ My company does not provide Paid Time Off.
- ☐ My company provides vacation and/or sick leave instead of PTO.
- ☐ The sample policy below is acceptable.
- ☐ I have revised the sample policy below.
- ☐ I have deleted the sample policy below and pasted my company's policy.

Person completing forms: _____ Date: _____

Please complete, save to your computer and email to me at fboyer@ahcc.com. Email me with any questions.

Floyd Boyer