

HUMANE HOMECARE AGENCY
Home Health Aide Examination
Participant Complaint Resolution, QM Plan, Dept. Issues P&P, HIPPA, Compliance

Date: _____

Employee Name

Employee Signature

Please read the following questions carefully, and answer either True (+) of False (0).

1. You as the Home Health Aide have the responsibility of explaining to the client that he/she cannot contact the State Department of Health until they speak to us first. _____.
2. The Agency has a Complaint Management System. _____.
3. The ultimate goal of the Complaint Management System is to stop the client from calling the Department of Health. _____.
4. Complaints are reviewed every six months to ensure that all were resolved satisfactorily. _____.
5. You as the Home Health Aide can promote quality by performing additional tasks that are not on the Home Health Aide Care Plan. _____.
6. The “Code of Conduct” means you will provide care in an excellent, respectful manner. _____.
7. It is not the obligation of Humane to provide “special accommodation” for individuals with disabilities who are seeking employment. _____.
8. Contact the Administrator when there is any sign of discrimination. _____.
9. The client always has “freedom of choice,” when choosing his/her provider. _____.
10. The Non-Discrimination Law protects the client’s health information. _____.
11. The client has the right to ask you to leave his/her home. _____.
12. You are permitted to disclose confidential health information regarding the client to your family. _____.
13. You must place the exact date and time on your time sheet when you provided care to your client. _____.
14. If you suspect any type of fraud or abuse regarding your client, you must contact your Supervisor immediately. _____.
15. The Agency may bill for services even if the client was not home to receive, and then make up and provide the services another day. _____.