

# **Client Termination Policy**

**Effective Date:** 01/01/2025

## **1. Purpose**

This Client Termination Policy outlines the procedures and guidelines for terminating the care services of clients at Paramount Home Care Services, LLC in accordance with Indiana state laws and best practices. The goal is to ensure that client terminations are handled professionally, with respect for the dignity and safety of both clients and employees, while maintaining compliance with all relevant regulations.

## **2. Scope**

This policy applies to all clients receiving personal care services from Paramount Home Care Services, LLC, including but not limited to, assistance with activities of daily living (ADLs), personal hygiene, mobility assistance, medication reminders, and companionship services. It covers voluntary and involuntary terminations of services.

## **3. Definitions**

- **Client Termination:** The discontinuation of personal care services provided by the agency to the client.
- **Involuntary Termination:** The discontinuation of services initiated by the agency due to specific reasons outlined in this policy.
- **Voluntary Termination:** The discontinuation of services initiated by the client or their legal representative.

## **4. Grounds for Client Termination**

The following are situations where termination of services may be necessary:

### **4.1 Voluntary Termination by Client**

A client may discontinue services at any time. The client or their legal representative must provide written notice of their intent to terminate services. The preferred notice period is 7 days prior to termination, but the agency will accommodate shorter notice periods as feasible.

### **4.2 Involuntary Termination by the Agency**

The agency may initiate termination of services under the following circumstances:

1. **Non-payment or Late Payment:** The client or responsible party fails to pay for services according to the agreed payment schedule, and payment is not made after a reasonable attempt to resolve the issue.
2. **Non-compliance with Care Plan:** The client consistently refuses or neglects to follow the care plan established by the agency and healthcare providers, which significantly impairs the ability to deliver effective care.
3. **Unsafe Environment:** The client's home or living environment is unsafe for care staff, including but not limited to, exposure to violent behavior, unmanageable health risks, or unsanitary conditions.
4. **Failure to Provide Necessary Information:** The client or their responsible party fails to provide necessary information related to the client's health condition, medications, or special needs, impeding the agency's ability to provide adequate care.
5. **Aggressive Behavior:** The client or their family exhibits physical, verbal, or emotional abuse toward staff members. This includes threats, physical violence, or intimidation.
6. **Disrespectful or Abusive Conduct Toward Agency Staff:** Any behavior that is disruptive, disrespectful, or harmful to staff may lead to termination of services. This includes but is not limited to discriminatory remarks, harassment, or threats.
7. **Changes in Medical or Care Needs:** If a client's care needs exceed the agency's capacity or licensing, the client may be referred to a more suitable facility or service provider.
8. **Legal and Regulatory Compliance Issues:** The agency will terminate services if continued care would violate state or federal regulations, or if the client no longer meets the eligibility criteria.

#### **4.3 Termination for Lack of Availability of Care Staff**

In rare cases, services may need to be discontinued if the agency is unable to meet the client's care needs due to a lack of available staff or if staffing becomes inadequate to maintain the level of care required by the client.

### **5. Notice of Termination**

In the event of either voluntary or involuntary termination, the agency will provide the following:

#### **5.1 Written Notice**

A formal written notice of termination will be provided to the client or responsible party, stating the reason for termination and the effective date of termination. This notice will be delivered a minimum of 7 days before the effective date of termination, except in cases of immediate threats to safety or health.

#### **5.2 Client Rights Notification**

The written notice will also include information regarding the client's right to appeal the termination, should they choose to dispute the decision. Clients will be informed of their right to

seek assistance from an advocacy organization, or the Indiana State Department of Health (ISDH), for resolution.

## 6. Appeal Process

In cases of involuntary termination, the client or responsible party may file a written appeal to the agency. The agency will review the appeal and consider any mitigating circumstances. The agency will notify the client or their representative of the decision within 10 business days of receiving the appeal.

- **Appeal Procedure:**
  - The client or responsible party must submit the appeal in writing within 5 business days of receiving the termination notice.
  - The agency will review the appeal and any supporting documentation.
  - A final decision will be provided to the client or responsible party in writing within 10 business days of receiving the appeal.

## 7. Documentation of Termination

The agency will maintain thorough records of all terminations, including:

- The reason for termination (either voluntary or involuntary)
- The notice of termination
- Any appeal or dispute resolution steps taken
- Communication with the client and responsible party

## 8. Post-Termination Procedures

After a termination, the following steps will be taken to ensure a smooth transition:

1. **Referral to Other Services:** If appropriate, the agency will assist the client in finding alternative care services, including referrals to other home health care agencies or facilities that may better meet their needs.
2. **Final Billing and Accounts:** The client or their responsible party will receive a final invoice for services provided, and any outstanding balances must be paid.
3. **Return of Agency Property:** If applicable, any property or equipment belonging to the agency (such as medical devices or supplies) must be returned.

## 9. Confidentiality

All information related to client termination will be kept confidential in accordance with HIPAA (Health Insurance Portability and Accountability Act) regulations and agency privacy policies. Information regarding termination will only be shared with authorized personnel or entities as required by law.

## **10. Compliance with Indiana State Laws**

This policy complies with all relevant Indiana state laws, including the Indiana Home Health Agency Licensing requirements, and federal regulations, such as those outlined by Medicare and Medicaid, if applicable.

## **11. Policy Review**

This policy will be reviewed annually, or more frequently as needed, to ensure compliance with changes in state and federal regulations, and to maintain best practices in client care.

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By implementing this policy, Paramount Home Care Services, LLC aims to ensure that terminations are handled fairly, respectfully, and in compliance with all applicable legal standards.

