CARERULEBOOK MARYLAND MANUAL

Intake questionnaire

This questionnaire lists every question the CareRulebook Maryland manual builder asks: 18 decisions and 23 details, 41 questions in all, including the ones the builder only asks after certain answers. Use it to collect everything from the agency before you open the builder. You do not need to buy the manual first.

How to use it

1. Settle the decisions in Part 1 with the agency's owner or governing body first. They change what the manual says, not just the names in it.
2. Collect the details in Part 2. Questions marked "Only asked if" depend on an earlier answer; skip them when that answer does not apply.
3. Type the answers into the builder at https://www.carerulebook.com/us/maryland/home-care/manual. The builder asks the questions in the same order, step by step: each step asks its decisions first, then its details. The question numbers (Q1, Q2 and so on) are this questionnaire's own, to help you keep track.
4. Part 3 shows a completed example for a fictional agency and what those answers do to the manual.

Good to know

- Every question carries the same help text as the builder, including the rule references the builder gives.
- You can pay before every answer is in. Only the agency's name is needed, and the builder checks a few things first: Type phone numbers in full, with the area code. Type day counts as whole numbers. Any other required answer left blank prints as a gap in square brackets (for example [Office address]) for you to fill in later, and the order page lists them. A question that says what prints if left blank is never a gap.
- After buying, you can change your answers and download again for 12 months, so a new manager or phone number does not mean buying again. One purchase covers one agency, so its name, address can only take small corrections, such as a typo.
- Whatever the manual says, the agency is expected to do. Choose what the agency will really do, not what sounds best.
- This questionnaire and the manual are not legal advice.

Names to have ready

The manual names these people, so agree who they are before you start:

- Governing authority

- Person who manages the agency day to day
- Registered nurse who oversees client care
- Registered nurse who covers when that nurse is away

PART 1

Part 1. Decisions to settle first

These 18 questions change what the manual says. Each one shows the options the builder offers (the builder's default is marked), when it is asked, and which policies it changes. Tick one option for each. The question numbers follow the builder, so they skip where a step asks its details (Part 2) between its decisions and the next step's.

Builder step: Your agency

Q1. Will you have branch offices?

A branch office with the same owner tax ID, upper management, policies and service area may operate under your license (COMAR 10.07.05.02B(3), .03C(2)).

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of Policy 1.3 License, worker classification certification, changes, branches and closure.

Q2. Will you be paid by Maryland Medicaid?

An RSA paid by Medicaid for personal care aide services reports its aides' classification by October 1 each year (Health-General §19-4A-11(c)). Medicaid program rules beyond the license are not covered by this manual.

☐ No, private pay and private insurance (builder default)
☐ Yes, or we plan to enroll

What it changes:

- Changes the wording of 3 policies:
  - Policy 1.3 License, worker classification certification, changes, branches and closure
  - Policy 2.3 Billing, charges and service records
  - Policy 3.7 Employees, independent contractors and subcontracted agencies

Builder step: Services and clients

Q11. Who will you serve?

The application asks which population you will serve. Children bring child abuse reporting duties (Family Law §§5-704, 5-705) and longer record retention, to age 21 or 5 years, whichever is later (COMAR 10.07.05.15A).

☐ Adults only (builder default)
☐ Adults and children under 18

What it changes:

- Changes the wording of 10 policies:
  - Policy 1.4 Advertising and public representation
  - Policy 2.1 Scope of services and care coordination
  - Policy 2.2 Admission criteria and assessment before acceptance
  - Policy 3.5 Training, including dementia training
  - Policy 4.1 Provision of services and criteria for skilled services
  - Policy 4.2 Medication: reminders, help with self-administration and administration
  - Policy 5.1 Informed consent, waivers and client representatives
  - Policy 7.1 Client rights and responsibilities, disclosures and advance directives
  - Policy 7.3 Abuse, neglect, self-neglect and exploitation: reporting
  - Policy 7.4 Clinical records, confidentiality and retention

Q12. What will your staff do with clients' medication?

This sets your RN's on-site supervision interval: at least every 45 days if staff administer medication, every 3 months if they help with self-administration, every 4 months if neither (COMAR 10.07.05.12E(2)). The manual treats reminders as help with self-administration (every 3 months) until OHCQ says otherwise.

☐ Nothing: staff do not remind, help with or give medication
☐ Reminders only, for clients who take their own medication
☐ Help with self-administration, with the client's signed informed consent (builder default)
☐ Licensed staff or certified medication technicians administer medication

What it changes:

- Changes the wording of 13 policies:
  - Policy 1.1 Governing authority: annual meeting and minutes
  - Policy 1.4 Advertising and public representation
  - Policy 2.1 Scope of services and care coordination
  - Policy 2.2 Admission criteria and assessment before acceptance
  - Policy 2.4 Quality assurance program

- Policy 3.1 Job descriptions and educational qualifications
- Policy 3.2 Skills assessment and demonstration
- Policy 3.5 Training, including dementia training
- Policy 4.1 Provision of services and criteria for skilled services
- Policy 4.2 Medication: reminders, help with self-administration and administration
- Policy 4.4 Frequency of client monitoring and RN supervision
- Policy 5.1 Informed consent, waivers and client representatives
- Policy 6.2 Infection control and disposal of biomedical waste

Q13. Will nurses give skilled nursing care beyond assessment and supervision?

Every agency needs an RN for clients who need help with activities of daily living (COMAR 10.07.05.12E(1)). Skilled visits add skilled nursing care given under currently effective health care orders, which are kept in the client's record (COMAR 10.07.05.14A(2)).

☐ No: the RN assesses, plans, delegates, supervises and trains only (builder default)
☐ Yes, nurses also give skilled nursing visits

What it changes:

- Changes the wording of 9 policies:
  - Policy 1.1 Governing authority: annual meeting and minutes
  - Policy 1.3 License, worker classification certification, changes, branches and closure
  - Policy 1.4 Advertising and public representation
  - Policy 2.1 Scope of services and care coordination
  - Policy 2.2 Admission criteria and assessment before acceptance
  - Policy 3.1 Job descriptions and educational qualifications
  - Policy 4.1 Provision of services and criteria for skilled services
  - Policy 4.2 Medication: reminders, help with self-administration and administration
  - Policy 6.2 Infection control and disposal of biomedical waste

Q14. Which caregivers will you send to clients?

An uncertified caregiver may serve a client who needs no help with activities of daily living, one whose supervising nurse sees no predictable adverse health consequences, or a cognitively capable adult who signs a waiver of skilled services (COMAR 10.07.05.10D). Otherwise the agency provides or refers a certified caregiver (COMAR 10.07.05.10E).

☐ Certified nursing assistants where the RN requires them, and uncertified aides where the rules allow (builder default)
☐ Only certified nursing assistants (CNA-I or CNA-II) or medication technicians

What it changes:

- Changes the wording of 8 policies:

- Policy 1.1 Governing authority: annual meeting and minutes
- Policy 2.1 Scope of services and care coordination
- Policy 2.2 Admission criteria and assessment before acceptance
- Policy 2.5 Clinical management: nursing assessment, plan of care and delegation
- Policy 3.1 Job descriptions and educational qualifications
- Policy 3.6 Certified and uncertified caregivers
- Policy 4.1 Provision of services and criteria for skilled services
- Policy 5.1 Informed consent, waivers and client representatives

Q15. Will you provide invasive medical equipment or supplies (for example IV lines or feeding tubes)?

The application asks. An agency that provides invasive equipment or supplies arranges 24-hour equipment maintenance service (COMAR 10.07.05.08B(3)). This manual is written for personal care agencies; choose yes only if you will.

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of 7 policies:
  - Policy 1.2 Policies: adoption, the application index, waiver requests and revisions
  - Policy 1.4 Advertising and public representation
  - Policy 2.1 Scope of services and care coordination
  - Policy 2.2 Admission criteria and assessment before acceptance
  - Policy 4.3 Enteral and parenteral nutrition
  - Policy 6.1 Supplies and equipment: preparation, storage and maintenance
  - Policy 6.2 Infection control and disposal of biomedical waste

Q16. For policy items that do not fit your agency (such as enteral and parenteral nutrition), what do you want?

The Department may waive a policy on the agency's written explanation of why it is inappropriate or unnecessary (COMAR 10.07.05.08B(2)). The application has a field for the request and asks you to enter N/A in the index for waived items.

☐ A short policy saying we do not provide it and what we do instead
☐ A short policy plus waiver request text for the application (builder default)

What it changes:

- Changes the wording of 2 policies:
  - Policy 1.2 Policies: adoption, the application index, waiver requests and revisions
  - Policy 4.3 Enteral and parenteral nutrition

Builder step: People and dates

Q18. How will your registered nurse work for you?

The RSA rules do not say. Medicaid's Community First Choice program requires its personal assistance providers to employ an RN (COMAR 10.09.84.06A).

☐ As an employee (builder default)
☐ Under a written contract

What it changes:

- Changes the wording of 5 policies:
  - Policy 1.1 Governing authority: annual meeting and minutes
  - Policy 2.5 Clinical management: nursing assessment, plan of care and delegation
  - Policy 3.1 Job descriptions and educational qualifications
  - Policy 3.7 Employees, independent contractors and subcontracted agencies
  - Policy 4.4 Frequency of client monitoring and RN supervision

Builder step: How you'll operate

Q28. Will your caregivers be employees or independent contractors?

The rules allow independent contractors (COMAR 10.07.05.03E), but the Attorney General's guidance says hourly personal care aides are usually employees, and Medicaid pays an RSA for personal assistance only when an employee provides it (Health-General §19-4A-10(b)). Get employment advice before choosing contractors.

☐ All employees (builder default)
☐ All independent contractors
☐ Some of each

What it changes:

- Changes the wording of 7 policies:
  - Policy 1.1 Governing authority: annual meeting and minutes
  - Policy 3.1 Job descriptions and educational qualifications
  - Policy 3.2 Skills assessment and demonstration
  - Policy 3.3 Staff health requirements and TB screening
  - Policy 3.4 Screening and criminal history records checks
  - Policy 3.7 Employees, independent contractors and subcontracted agencies
  - Policy 7.1 Client rights and responsibilities, disclosures and advance directives

Q29. Will you subcontract with another licensed agency for some care?

The other agency verifies its staff's screening and gives you evidence (COMAR 10.07.05.10H), and clients are told about any subcontractual relationship (COMAR 10.07.05.16C(7)).

☐ No (builder default)
☐ Yes

What it changes:

- Changes the wording of 6 policies:
  - Policy 2.1 Scope of services and care coordination
  - Policy 3.2 Skills assessment and demonstration
  - Policy 3.3 Staff health requirements and TB screening
  - Policy 3.4 Screening and criminal history records checks
  - Policy 3.7 Employees, independent contractors and subcontracted agencies
  - Policy 7.1 Client rights and responsibilities, disclosures and advance directives

Q30. How will you run criminal history checks?

Before an eligible employee begins work, the agency applies for a State criminal history records check or has a licensed private agency run a background check, and requests a reference from the most recent employer (Health-General §19-1902). The agency pays.

☐ State criminal history records check through CJIS (fingerprints) (builder default)
☐ A licensed private agency covering every state lived or worked in for 7 years

What it changes:

- Changes the wording of Policy 3.4 Screening and criminal history records checks.

Q31. Will you wait for criminal history check results before sending someone to clients?

The law requires you to apply for the check, and to request the reference, before an eligible employee begins work (Health-General §19-1902(a)). It does not say you must have the results first. Waiting is the safer choice for clients, and OHCQ can hold you to whichever you choose.

☐ Yes, wait for the results before the person is referred to any client (builder default)
☐ No, refer once the check has been applied for, and act on the results when they arrive

What it changes:

- Changes the wording of Policy 3.4 Screening and criminal history records checks.

Q32. Will you also run criminal history checks on certified and licensed staff (CNAs, CMTs, nurses)?

The statute's "eligible employee" excludes people licensed or certified under the Health Occupations Article (Health-General §19-1901(h)), but COMAR's screening list applies to everyone who will serve clients (COMAR 10.07.05.10A-B). Checking everyone is the cautious choice until OHCQ says otherwise.

☐ Yes, everyone who will serve clients (builder default)
☐ No, only staff the statute covers

What it changes:

- Changes the wording of Policy 3.4 Screening and criminal history records checks.

Q33. Who trains your caregivers?

Training covers the seven topics in COMAR 10.07.05.11C, plus 3 hours of dementia training within 45 days and 2 hours each calendar year (Health-General §19-4A-03.1). An outside trainer needs OHCQ's written approval (COMAR 10.07.05.11B).

☐ We train them ourselves (with our RN) (builder default)
☐ An OHCQ-approved outside trainer
☐ Both, depending on the topic

What it changes:

- Changes the wording of Policy 3.5 Training, including dementia training.
- Decides whether the builder asks Q37.

Q34. Who answers the 24-hour on-call line?

Emergency inquiries are recognized and handled consistent with medical and nursing standards, directed to the right person, and answered within 1 hour or sooner (COMAR 10.07.05.12G(2)-(4)).

☐ A registered nurse on a written on-call schedule (builder default)
☐ Agency staff on a written schedule, who pass clinical questions to the RN

What it changes:

- Changes the wording of 2 policies:
  - Policy 4.7 24-hour on-call service
  - Policy 7.1 Client rights and responsibilities, disclosures and advance directives

Q35. How will you keep client and personnel records?

Notes in the clinical record may be electronic (COMAR 10.07.05.14D(2)), and orders may be accepted with an electronic signature (COMAR 10.07.05.14E).

☐ Partly on paper and partly electronically (builder default)
☐ On paper
☐ Electronically

What it changes:

- Changes the wording of 4 policies:
  - Policy 1.2 Policies: adoption, the application index, waiver requests and revisions
  - Policy 1.5 Inspections, surveys and plans of correction
  - Policy 3.4 Screening and criminal history records checks
  - Policy 7.4 Clinical records, confidentiality and retention

Q36. Include recommended practices?

Some policies end with steps that go beyond Maryland's current rules, such as hands-on CPR every 2 years, emergency preparedness training and a training schedule within 45 days of hire and yearly (all marked by OHCQ as a coming rule update), each labeled as not yet a rule. Once adopted they are your policies and OHCQ can expect you to follow them, so leave them out if you won't.

☐ Yes, include them (builder default)
☐ No, only what the rules require

What it changes:

- Keeps or removes the "Recommended practice" section at the end of 33 policies. Once adopted, recommended practices are the agency's own commitments, so only keep them if the agency will follow them.
- Changes the wording of 4 policies:
  - Policy 1.2 Policies: adoption, the application index, waiver requests and revisions
  - Policy 3.3 Staff health requirements and TB screening
  - Policy 4.8 Discharge, transfer and ending services
  - Policy 7.3 Abuse, neglect, self-neglect and exploitation: reporting

Also decide: commitments you write in Part 2

These details are commitments too: the manual prints them as what the agency will do, and the regulator can check that it does. Agree them at the same time.

- Q8. Routine business hours (as on your application) (pre-filled: Monday to Friday, 8:00 a.m. to 5:00 p.m.)
- Q20. Month of the yearly governing authority meeting (pre-filled: January)
- Q22. Job title of that person (pre-filled: Agency Director)
- Q38. Days to finish investigating a written complaint (pre-filled: 14)
- Q39. How often your quality assurance team meets (pre-filled: every 3 months)

- Q40. Days for staff to file visit and care notes in the client record (pre-filled: 7)
- Q41. Days of written notice before you end a client's services (pre-filled: 14)

PART 2

Part 2. Agency details

These 23 answers fill in the names, contacts, dates and numbers the manual prints. Write each answer exactly as it should appear.

Builder step: Your agency

Q3. Agency legal name

Required.

Exactly as registered with the Maryland Department of Assessments and Taxation (SDAT) and on your OHCQ application, including LLC or Inc. The application needs an SDAT letter of good standing (OHCQ application, attachment 4).

Example: Sample Home Care, LLC
Prints in: the cover page and 33 policies (including 1.1, 1.2, 1.3 and 1.4)

Answer: _____

Q4. Office address

Required.

The license is displayed at or near the entrance of the agency's office (COMAR 10.07.05.03D). Files on current clients, recently discharged clients, current and recent staff and quality assurance activities are kept here (COMAR 10.07.05.07C(2)).

Example: 100 Main Street, Suite 200, Baltimore, MD 21201
Prints in: the cover page and 10 policies (including 1.1, 1.2, 1.3 and 1.5)

Answer: _____

Q5. Office phone

Required.

Format: a full phone number, with area code
Example: (410) 555-0100
Prints in: 15 policies (including 1.2, 2.1, 2.2 and 2.3)

Answer: _____

Q6. 24-hour on-call number for clients

Required.

Clients or their representatives must be able to reach the agency 24 hours a day, 7 days a week, with a response within 1 hour (COMAR 10.07.05.12G). The number is given to clients in writing (.12G(6), .16C(6)). It can be the office number if calls are forwarded.

Format: a full phone number, with area code
Example: (410) 555-0199
Prints in: the cover page and 17 policies (including 1.2, 1.3, 2.1 and 2.2)

Answer: _____

Q7. Agency email address

Required.

Printed in client notices so clients and families can reach you in writing.

Example: office@samplehomecare.com
Prints in: 7 policies (including 2.1, 2.2, 2.3 and 3.4)

Answer: _____

Q8. Routine business hours (as on your application)

Pre-filled if left blank.

The application asks for your normal business hours, and the agency must be open for inspection during all of them (COMAR 10.07.05.07A(2)). Use the same hours here as on the application.

Format: days and times
Example: Monday to Friday, 8:00 a.m. to 5:00 p.m.
If left blank, prints as: Monday to Friday, 8:00 a.m. to 5:00 p.m.
Prints in: 7 policies (including 1.2, 1.3, 1.5 and 2.1)

Answer: _____

Q9. Counties you serve

Required.

Part of your scope of services (COMAR 10.07.05.08B(1)(a)(i)). A branch office must serve the same geographic area as the parent agency (COMAR 10.07.05.02B(3)).

Example: Baltimore City, Baltimore County and Anne Arundel County
Prints in: the cover page and 8 policies (including 1.3, 1.4, 2.1 and 2.2)

Answer: _____

Q10. OHCQ license number

Optional.

Leave blank if you are still applying: the manual shows a space to write it in. Once licensed, the number goes on all advertising and marketing (COMAR 10.07.05.06A).

Example: R0000
Prints in: policies 1.1, 1.2, 1.3, 1.4, 1.5 and 2.1

Answer: _____

Builder step: Services and clients

Q17. Your charges

Required.

Write it the way a client would read it. Clients get an estimate of costs and a statement of what they pay if a third party does not (COMAR 10.07.05.16C(1)-(2)). These are your prices, not a state fee.

Example: $34.00 per hour for personal care, with a 4-hour minimum visit; RN visits $95.00 each
Prints in: policies 2.3 and 7.1

Answer: _____

Builder step: People and dates

Q19. Governing authority

Required.

The person or body with full responsibility for policy, management, operation and financial liability (COMAR 10.07.05.02B(11)). It meets management at least yearly to review and advise on policies, and keeps minutes (COMAR 10.07.05.08A).

Example: Sample Home Care, LLC, through its members Morgan Ellis and Riley Chen
Prints in: the cover page and 14 policies (including 1.1, 1.2, 1.3 and 1.4)

Answer: _____

Q20. Month of the yearly governing authority meeting

Pre-filled if left blank.

The rule says at least annually. Choose a month you will keep. Minutes record who attended, the agenda items and the actions taken (COMAR 10.07.05.08A(2)(b)).

Example: January
If left blank, prints as: January
Prints in: policies 1.1 and 1.3

Answer: _____

Q21. Person who manages the agency day to day

Required.

Maryland's RSA rules set no qualifications for an administrator or manager. The application asks for a primary and a secondary contact.

Example: Jordan Lee
Prints in: the cover page and 33 policies (including 1.1, 1.2, 1.3 and 1.4)

Answer: _____

Q22. Job title of that person

Pre-filled if left blank.

Maryland does not name this role. Choose the title you use everywhere. Used throughout the manual, in job descriptions (COMAR 10.07.05.08B(1)(b)(i)) and on your organizational chart.

Example: Agency Director
If left blank, prints as: Agency Director
Prints in: 33 policies (including 1.1, 1.2, 1.3 and 1.4)

Answer: _____

Q23. Registered nurse who oversees client care

Required.

For clients who need skilled services or help with activities of daily living, the agency must have a registered nurse overseeing the care plan, delegation, supervision and training (COMAR 10.07.05.12E(1)). The RN assesses new clients and decides whether a certified nursing assistant is needed (COMAR 10.07.05.12B).

Example: Avery Quinn, RN
Prints in: the cover page and 31 policies (including 1.1, 1.2, 1.3 and 1.5)

Answer: _____

Q24. Registered nurse who covers when that nurse is away

Required.

Name the registered nurse who covers when your RN is away: another employee, a contracted RN or a nurse staffing service. The rules' assessment deadlines (48 hours, 7 days) and on-site supervision intervals keep running when your RN is away. Named in the clinical management and on-call policies (COMAR 10.07.05.12C(2)-(3), .12E(2)).

Example: Casey Morgan, RN
Prints in: 9 policies (including 1.1, 2.1, 2.2 and 2.5)

Answer: _____

Q25. Person who receives and investigates complaints

Required.

Clients get notice of your internal complaint process and of OHCQ's complaint hotline (COMAR 10.07.05.09A, .09C).

Example: Jordan Lee, Agency Director
Prints in: policies 1.1, 7.1 and 7.2

Answer: _____

Q26. Date you adopt the manual

Required.

Format: a date
Example: November 1, 2026
Prints in: the cover page and policies 1.2 and 3.1

Answer: _____

Q27. Next review date

Required.

The governing authority reviews and advises on policies at least once a year (COMAR 10.07.05.08A(2)(a)), so choose a date within a year of adoption.

Format: a date
Example: November 1, 2027
Prints in: the cover page and policies 1.1, 1.2, 1.3, 6.3, 7.1 and 7.4

Answer: _____

Builder step: How you'll operate

Q37. Outside training provider you use

Only asked, and then required, if Q33 is not "We train them ourselves (with our RN)".

Sources other than the agency may train staff only as approved in writing by OHCQ (COMAR 10.07.05.11B). Check that your provider's approval covers the course you use.

Example: Sample Caregiver Academy
Prints in: policy 3.5

Answer: _____

Q38. Days to finish investigating a written complaint

Pre-filled if left blank.

No rule sets this number. Choose one you can always meet. The rule asks for the timely investigation of written complaints without disrupting the client's services (COMAR 10.07.05.09A(3)). OHCQ can hold you to the number you choose.

Format: a whole number of up to three digits
Example: 14
If left blank, prints as: 14

Prints in: policy 7.2

Answer: _____

Q39. How often your quality assurance team meets

Pre-filled if left blank.

No rule sets this. Choose one you can always keep, written to follow the word "meets" (for example "every 3 months" or "every month"). The agency must have a quality assurance program, and its records are kept at the office for inspection (COMAR 10.07.05.08B(1)(a)(vii), .07C(2)(a)(v)). OHCQ can hold you to the frequency you choose.

Example: every 3 months
If left blank, prints as: every 3 months
Prints in: policy 2.4

Answer: _____

Q40. Days for staff to file visit and care notes in the client record

Pre-filled if left blank.

No rule sets this number. Choose one you can always meet; care notes themselves are written at least weekly. Care notes are written on admission and at least weekly, on significant changes and when the care plan changes (COMAR 10.07.05.14D).

Format: a whole number of up to three digits
Example: 7
If left blank, prints as: 7
Prints in: policies 2.3, 2.5, 4.4, 5.1 and 7.4

Answer: _____

Q41. Days of written notice before you end a client's services

Pre-filled if left blank.

No rule sets this number for a single client. Choose one you can always meet, with exceptions for emergencies. On discharge the record holds directions for the safe continuation of care (COMAR 10.07.05.14A(12)). Closing the agency needs 45 days' written notice to clients (COMAR 10.07.05.05B(3)).

Format: a whole number of up to three digits
Example: 14
If left blank, prints as: 14
Prints in: policy 4.8

Answer: _____

PART 3

Part 3. Sample completed questionnaire

This is the questionnaire filled in for Sample Home Care, LLC, a fictional agency, with the builder's example answers and default choices. It is an illustration of the format, not a recommendation: every agency's answers will differ.

Builder step: Your agency

	Question	Sample answer
Q1	Will you have branch offices?	No
Q2	Will you be paid by Maryland Medicaid?	No, private pay and private insurance
Q3	Agency legal name	Sample Home Care, LLC
Q4	Office address	100 Main Street, Suite 200, Baltimore, MD 21201
Q5	Office phone	(410) 555-0100
Q6	24-hour on-call number for clients	(410) 555-0199
Q7	Agency email address	office@samplehomecare.com
Q8	Routine business hours (as on your application)	Monday to Friday, 8:00 a.m. to 5:00 p.m.
Q9	Counties you serve	Baltimore City, Baltimore County and Anne Arundel County
Q10	OHCQ license number	R0000

Builder step: Services and clients

	Question	Sample answer
Q11	Who will you serve?	Adults only
Q12	What will your staff do with clients' medication?	Help with self-administration, with the client's signed informed consent
Q13	Will nurses give skilled nursing care beyond assessment and supervision?	No: the RN assesses, plans, delegates, supervises and trains only
Q14	Which caregivers will you send to clients?	Certified nursing assistants where the RN requires them, and uncertified aides where the rules allow
Q15	Will you provide invasive medical equipment or supplies (for example IV lines or feeding tubes)?	No

	Question	Sample answer
Q16	For policy items that do not fit your agency (such as enteral and parenteral nutrition), what do you want?	A short policy plus waiver request text for the application
Q17	Your charges	$34.00 per hour for personal care, with a 4-hour minimum visit; RN visits $95.00 each

Builder step: People and dates

	Question	Sample answer
Q18	How will your registered nurse work for you?	As an employee
Q19	Governing authority	Sample Home Care, LLC, through its members Morgan Ellis and Riley Chen
Q20	Month of the yearly governing authority meeting	January
Q21	Person who manages the agency day to day	Jordan Lee
Q22	Job title of that person	Agency Director
Q23	Registered nurse who oversees client care	Avery Quinn, RN
Q24	Registered nurse who covers when that nurse is away	Casey Morgan, RN
Q25	Person who receives and investigates complaints	Jordan Lee, Agency Director
Q26	Date you adopt the manual	November 1, 2026
Q27	Next review date	November 1, 2027

Builder step: How you'll operate

	Question	Sample answer
Q28	Will your caregivers be employees or independent contractors?	All employees
Q29	Will you subcontract with another licensed agency for some care?	No
Q30	How will you run criminal history checks?	State criminal history records check through CJIS (fingerprints)
Q31	Will you wait for criminal history check results before sending someone to clients?	Yes, wait for the results before the person is referred to any client

	Question	Sample answer
Q32	Will you also run criminal history checks on certified and licensed staff (CNAs, CMTs, nurses)?	Yes, everyone who will serve clients
Q33	Who trains your caregivers?	We train them ourselves (with our RN)
Q34	Who answers the 24-hour on-call line?	A registered nurse on a written on-call schedule
Q35	How will you keep client and personnel records?	Partly on paper and partly electronically
Q36	Include recommended practices?	Yes, include them
Q37	Outside training provider you use	Not asked with these answers
Q38	Days to finish investigating a written complaint	14
Q39	How often your quality assurance team meets	every 3 months
Q40	Days for staff to file visit and care notes in the client record	7
Q41	Days of written notice before you end a client's services	14

What these answers do to the manual

- In 29 policies, passages written for other answers are left out and the ones that match these answers are kept, so the manual describes only the services and arrangements this agency chose.
- Every name, phone number, address and date above prints where the manual needs it. Part 2 shows where each one prints.

How answers become policy text

Examples from the manual itself, with the sample answers filled in.

Q12. What will your staff do with clients' medication?

In Policy 1.4 Advertising and public representation, the sample answer "Help with self-administration, with the client's signed informed consent" prints:

> 4. medication administration or management, because staff only help clients with self-administration, with the client's signed informed consent (Policy 4.2);
>
> `Policy 1.4 Advertising and public representation, sample answer`

The answer "Nothing: staff do not remind, help with or give medication" prints this instead:

> 4. any help with medication, because staff do not remind, help with or give medication (Policy 4.2);
>
> `Policy 1.4 Advertising and public representation, other answer`

Q11. Who will you serve?

In Policy 1.4 Advertising and public representation, the sample answer "Adults only" prints:

> 5. care for children, because the agency serves adults only; or
>
> `Policy 1.4 Advertising and public representation, sample answer`

The answer "Adults and children under 18" prints this instead:

> 5. any care for children that Policy 2.1 does not describe; or
>
> `Policy 1.4 Advertising and public representation, other answer`

See it printed. The free sample policy uses exactly these answers: Policy 7.3, Abuse, neglect, self-neglect and exploitation: reporting, as it prints in the Maryland manual: https://www.carerulebook.com/samples/us-maryland-home-care.pdf