

(A) Definitions:

(1) "Personal care" means a service that is comprised of tasks that help a consumer to achieve optimal functioning with ADLs and IADLs. Some examples of components of personal care are:

(a) Tasks that are components of the homemaker service under rule 173-3-06.4 of the Administrative Code, if the tasks of the homemaker service are specified in the consumer's service plan and are incidental to the services furnished, or are essential to the health and welfare of the consumer, rather than the consumer's family. The tasks include routine meal-related tasks, routine household tasks, and routine transportation tasks;

(b) Tasks that assist the consumer with managing the household, handling personal affairs, and providing assistance with self-administration of medications;

(c) Tasks that assist the consumer with ADLs and IADLs; and,

(d) Respite services.

(2) "PCA" means "personal care aide."

(3) "Respite" means the service must provide relief for a documented family caregiver.

(B) Unit of service:

A unit of personal care is one hour of personal care provided to a consumer to provide relief for a documented family caregiver.

(C) Provider Requirements

In addition to the requirements for all provider agreements under rule 173-3-06 of the Administrative Code, a personal care provider shall comply with the following requirements:

(1) In general:

(a) In home: With the exception of any transportation services that are components of personal care, a provider shall only perform personal care in the consumer's home.

(b) Availability: The provider shall maintain the capacity to provide personal care at least five days a week and possess a back-up plan for providing the service when the provider has no PCA available.

(2) PCA qualifications: A provider shall not allow a person to serve as a PCA unless the provider retains records to show that the person satisfies the requirements of paragraphs (B)(2)(a), (B)(2)(b), and (B)(2)(c) of the rule.

(a) Required subjects: To qualify to be a PCA, the person shall complete the training and pass the evaluations in a nurse aide training and competency evaluation program (NATCEP) that addresses the nine subject areas outlined in 42 C.F.R. 484.36 (October 1, 2012 edition), each of which are repeated below:

(i) Communications skills, including the ability to read, write, and make brief and accurate reports (oral, written, or electronic).

(ii) Observation, reporting, and retaining records of a consumer's status and services provided to the consumer.

(iii) Reading and recording a consumer's temperature, pulse, and respiration.

(iv) Universal precautions for infection control, including hand washing and the disposal of bodily waste.

(v) Basic elements of bodily functioning and changes in body function that should be reported to a supervisor.

(vi) The homemaker service under rule 173-3-06.4 of the Administrative Code, which includes routine meal-related tasks, routine household tasks, and routine transportation tasks.

(vii) Recognition of emergencies, knowledge of emergency procedures, and basic home safety.

(viii) Physical, emotional, and developmental needs of consumers, including the need for privacy and respect for consumers and their property.

(ix) Techniques in personal hygiene and grooming that include bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate nutrition and fluid intake.

(b) Approved NATCEPs: To satisfy paragraph (B)(2)(a) of the rule, the person shall complete the training and pass the evaluations in one or more of the following five categories of NATCEPs:

(i) STNA: A NATCEP approved by the Ohio department of health under section 3721.31 of the Revised Code.

(ii) COALA: The "Council on Aging Learning Advantages Program" ("COALA Program"),

(iii) Medicare: The Medicare NATCEP for home health aides that complies with 42 C.F.R., Part 484 (October 1, 2012 edition), but only if the provider retains records (e.g., verification of employment history on job application) to verify that the person has furnished home health care for compensation at least once during the previous twenty four months. (cf., 42 C.F.R. 484.4 (October 1, 2012 edition))

(iv) Vocational school: A NATCEP offered by a vocational school that included at least sixty hours of training on the subject areas listed under paragraph (B)(2)(a) of the rule.

(v) The provider's NATCEP: The provider conducted its own NATCEP, but only if the provider retains records to verify the following: The NATCEP included at least sixty hours of training on the subject areas listed under paragraph (B)(2)(a) of the rule. The provider shall verify this by retaining the records of the site, dates and times of training, and a list of the instructional materials. Each trainer and tester was a RN (or LPN under the direction of a RN). The provider shall verify this by retaining the names and credentials of each trainer and tester. The person completed the training and passed the testing. The provider shall verify this by retaining records of the testing results, the trainer's signature, and the tester's signature.

(c) Competency verification: Before allowing a person to begin serving as a PCA for the agency, the provider shall verify that the person is competent in the subject areas listed under paragraph (A)(2)(a) of the rule, as follows:

(i) STNA: If a NATCEP listed in paragraph (B)(2)(b)(i) of the rule trained the person, being listed as "active" on the state-tested nurse aide registry verifies the person's competency.
(https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx) The provider does not need to conduct additional testing to re-verify the person's competency.

(ii) Not in-house NATCEP: Except as permitted in paragraph (B)(2)(c)(iii) of the rule, if a NATCEP listed in paragraphs (B)(2)(b)(ii) to (B)(2)(b)(v) of the rule trained the person, a RN (or LPN under the direction of an RN) who works for the provider shall verify the person's competency by conducting written testing and skill testing by return demonstration upon the person. A passing score on the testing verifies the person's competency. For each person the provider tests under this paragraph, the provider shall retain records to verify the testing site, the testing date, the testing results, the name and credentials of the tester, and the tester's name, credentials, and signature

(iii) In-house NATCEP: If a provider operated an in-house NATCEP listed under paragraph (B)(2)(b)(i), (B)(2)(b)(iii), or (B)(2)(b)(v) of the rule, and if the person completed the training and passed the competency evaluations, the provider does not need to conduct additional testing to re-verify the person's competency before allowing the person to begin serving as a PCA.

(3) Policies and procedures:

(a) The provider shall maintain, and comply with, its policies and procedures.

(b) At a minimum, the policies and procedures shall address:

(i) The procedure for reporting and retaining a record of an incident;

(ii) The need to obtain the consumer's written permission before releasing information concerning the consumer to anyone;

(iii) The content, handling, storage, and retention of consumer records; and,

(iv) Personnel matters, including job descriptions, qualifications to provide the service, performance appraisals, retaining records of orientation training, and employee ethical standards.

(c) The provider shall make its policies and procedures available to any employee and to ODA (or ODA's designee) any time an employee or ODA (or ODA's designee) requests a policy or procedure.

(4) PCA training:

(a) Orientation training: Before allowing an employee to have direct, face-to-face contact with a consumer, the provider shall provide the PCA or other employee with orientation training that, at a minimum, addresses the expectations of employees, employee ethical standards, an overview of the provider's personnel policies, incident reporting procedures, the provider's organization and lines of communication, and emergency procedures.

(b) Additional training: The provider shall conduct additional training and skill testing by return demonstration of PCAs who are expected to provide tasks that are not included in the subject areas listed under paragraph (B)(2)(a) of the rule.

(c) Continuing education: The provider shall retain records to show that each PCA successfully completes eight hours of in-service continuing education every twelve months, excluding agency orientation and program-specific orientation.

(5) PCA supervision:

(a) The provider shall ensure that a PCA supervisor is available to respond to emergencies when the PCAs are scheduled to work.

(b) The provider shall only allow a RN (or a LPN under the direction of a RN) to be the PCA supervisor, trainer, or tester.

(c) Before allowing a PCA to begin providing personal care to an individual consumer, the PCA supervisor shall visit the consumer's home to define the expected activities of the PCA and prepare a written activity plan for consumer. The visit may occur at the PCA's initial visit to the consumer.

(d) After the PCA's initial visit to the individual consumer, the PCA supervisor shall evaluate compliance with the activity plan, the consumer's satisfaction, and the PCA's performance by conducting a visit to the consumer at least once every sixty-two days and retaining a record of this evaluation. The PCA supervisor may do this without the presence of the PCA being evaluated. In the record, the PCA supervisor shall include the date of the visit, the PCA supervisor's name and signature, and the consumer's name and signature.

(6) Service verification:

(a) To effectively monitor the delivery of services by its employees, each provider that is an agency provider shall use a monitoring system that complies with section 121.36 of the Revised Code.

(b) For each service performed, the provider shall retain a record of the consumer's name; service date, arrival time, and departure time; service description; service units; name of each PCA in contact with the consumer; PCA's signature; and consumer's signature.

(c) The provider may use a technology-based system to collect or retain the records required under this rule.

(d) The provider shall retain records required under this rule and provide access to those records for monitoring according to paragraph (A)(20) of rule 173-3-06 of the Administrative Code.

(D) Reporting

Individual client and caregiver reporting is required in the specified electronic client registration and billing system as outlined in the COA NAPIS Manual.

(E) Consumer Cost Sharing

This service is subject to Rule 173-3-07, Consumer Cost Sharing Policies. The Provider shall have in place policies and procedures that verify compliance with this rule.