

ELDERLY SERVICES PROGRAM (ESPSM)

HOME CARE ASSISTANCE SERVICE SPECIFICATION

Effective October 1, 2026

(BCESP) (CCESP) (HCESP) (WCESP)

ELDERLY SERVICES PROGRAM
HOME CARE ASSISTANCE (HCA) SERVICE SPECIFICATION
Butler, Clinton, Hamilton, and Warren Counties
Effective October 1, 2026

1.0 OBJECTIVE

The Home Care Assistance (HCA) service allows a client to achieve optimal independence by supporting them with their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). This may include homemaking, personal care, respite, or companion services. The goal of HCA is to deliver exceptional service that will allow clients to remain safe in their home.

2.0 UNIT OF SERVICE

- 2.1 A unit of service is equal to fifteen (15) minutes.
- 2.2 The unit rate must include administration, supervision, travel, and documentation costs.
- 2.3 The number of units is determined by the Care Manager.

3.0 PROVIDER REQUIREMENTS

- 3.1 The Provider must initiate services based on authorizations for service on the date specified or on a negotiated start date. Care Managers must be notified of any change in service start date.
- 3.2 Telephone coverage must be provided for staff and clients during working hours including all holidays.
- 3.3 The provider must have the capacity to respond to general inquiries or requests pertaining to client care within 72 hours unless otherwise specified.
- 3.4 In the event of a staff member's absence, the Provider must have and utilize a written backup plan that prioritizes client service needs and service high priority clients first.
- 3.5 The provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA aides are scheduled to work.
- 3.6 If identified change in the client's condition is a health and safety issue, it is the responsibility of the provider to immediately notify APS (Adult Protective Service) or to call 911. Then send notification to the Care Manager within 24 hours.

4.0 SERVICE DELIVERY

- 4.1 The Provider must maintain dated documentation to support services delivered and billed. The provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
 - a. Date of service delivery
 - b. A description of the service tasks performed
 - c. The printed name of the HCA aide providing services
 - d. The HCA aide's arrival and departure time
 - e. The HCA aide's written signature to verify the accuracy of the record
 - f. The client's or client's caregiver's signature for each episode of service delivery

- 4.2 If a provider uses an electronic verification system for service delivery, each record must contain the following:
- a. Date of service delivery
 - b. A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
 - c. Name of the aide providing the service. If the provider utilizes a unique identifier assigned to each aide, the provider must supply the list of identifiers assigned to each name.
 - d. The aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
 - e. The aide's electronic signature
 - f. The client's or client's caregiver's electronic signature.
- 4.3 If a provider utilizes an electronic verification system, or if a landline/cell phone is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.1.
- 4.4 The agency must have documentation in the client's record when a client is unable to sign for service delivery with a reason client is unable to sign. Provision is then to be made for acceptance of the client's initials or signature of choice identified in the client's record with prior approval of Care Manager.
- 4.5 The provider must deliver service only when the client is at home, with the exception that the aide may assist in preparing the client's home prior to their return from the hospital or nursing facility. The client's representative must be present for this service and prior authorization from the Care Manager must be obtained.
- 4.6 Documentation:
- a. Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, with or without prior notice to the provider, the provider shall notify the Care Manager by entering a case note in the provider portal.
 - b. Temporary schedule changes- If the client cancels their service on a temporary basis, for example client has an appointment on a service delivery day and the service needs to be rescheduled, the provider will notify Care Manager by entering a case note in the provider portal. Services must be rescheduled for another day within the frequency of the Service Authorization.
 - c. Permanent schedule changes- Educate client on notifications to the Care Manager for all permanent schedule changes. Client or representative must notify Care Manager of requests to make a permanent schedule change.
 - d. Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family. If a missed visit occurs and the visit is not rescheduled a notification via case note should be sent to the Care Manager.
 - e. Client Termination Notice: Each termination notice must include a reason for termination. Prior to giving a termination notice the following steps must be taken and documented in the client's case note in CareDirector:
 - Step 1: Provider Intervention- Provider must attempt to resolve the issue with client including steps taken by the supervisor. Documentation must include the date and the steps taken.

- Step 2: COA Intervention- Provider should reach out to the Care Management staff for intervention. This may include a care conference with the client, client's family members, Care Manager, and provider. Documentation must include the date the provider contacted COA and the agreed upon action steps.
- Step 3: Effective date of termination notice-It is the expectation that the provider will continue to serve the client until a new provider is awarded.

5.0 SUPERVISORY OVERSIGHT

- 5.1 A supervisory visit must be conducted if the following issues arise:
 - a. A Major Unusual Incident
 - b. Health and safety issue
- 5.2 A supervisory telephone call must be conducted if the following issues arise:
 - a. Client dissatisfaction with their authorized plan or service delivery
 - b. Any event that may lead to a disruption of service
 - c. Aide performance issue
- 5.3 An in-home supervisory visit or supervisory telephone call must be documented. The aide need not be present during the visit or call. Documentation shall include:
 - a. The in-home visit documentation must include the date of the visit, action steps to avoid service disruption, the printed name and signature of the Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
 - b. The telephone call documentation must include the date of the call, action steps to avoid service disruption, the name of the Supervisor and name of the client.
- 5.4 The supervisor will work with the client, Care Manager, client representative or other parties to achieve resolution. Any recommended modifications must be discussed with the Care Manager and aide and documentation shall be provided upon request.

6.0 PERSONNEL REQUIREMENTS

- 6.1. The provider must maintain records on every staff member and volunteer who provides service to ESP clients which includes:
 - a. A resume or application outlining work history and training
 - b. A signed and dated job description
 - c. Evidence of qualifications/certifications including verification of previous experience
 - d. Results of free database and BCII/FBI checks
 - e. Skills Testing and return demonstration
 - f. Emergency procedures
 - g. Universal precautions for infection control
 - h. Evidence of performance appraisals, signed and dated by the staff member
 - i. Evidence of annual in-service trainings/continuing education
 - j. Documentation signed and dated by each staff member indicating completion of orientation prior to providing service to ESP clients. Orientation must include:
 - i. Receipt of an employee handbook
 - ii. Overview of agency personnel policies
 - iii. Incident reporting procedures and policies
 - iv. COA ESP Code of Ethics

- 6.2 The provider must document training and testing for staff, including training site information, the date of the training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable.
- Documentation maintained in the employee's file of in-service education must include: Date, length of training, signature of trainer and signatures of those in attendance.
- 6.3 The provider must maintain documented evidence of completion of six hours of in-service education for each HCA aide annually, excluding the provider and program specific orientation, initiated after the first anniversary of employment with the provider. In-service education should increase staff knowledge and enhance the worker's performance. Examples of a yearly training may include but are not limited to how to care for an elderly client with dementia, universal precautions, identifying red flags and proper reporting procedures.
- 6.4 The Provider must retain records showing compliance to the staff orientation and in-service/continuing education requirements. The documentation must include:
- the instructor's name, title, qualifications, and signature;
 - the date and time of instruction;
 - the content of the instruction; and
 - the name and signature of the direct care staff member completing the training.
- 6.5 Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

	Personal Care	Homemaking, Companion, Respite
Be listed on the Ohio Department of Health's Nurse Aide Registry; or	Yes	Yes
Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct health care worker without a 24-month lapse in employment as a home health aide or nurse aide; or	Yes	Yes
Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or	Yes	Yes
Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or	Yes	Yes
Successfully complete training, including, but not limited to instruction on areas outlined on Attachment A. In addition, the aide must complete return demonstration in the areas marked with an ** in Attachment A: or	Yes	Yes

Have at least one-year employment experience as a supervised homemaker or in environmental or housekeeping services, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision.	No	Yes
General Aide Requirements		
The provider must ensure the HCA aide is qualified to complete the tasks outlined in the Care Manager's authorized plan. The HCA aide will assist the client to achieve optimal function with tasks as identified in the client's authorized plan.	Yes	Yes
Must be at least 18 years of age.	Yes	Yes
Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.	Yes	Yes
Must be able to effectively communicate with the client, family members, and emergency service systems personnel.	Yes	Yes
Must be able to assist a client to maintain a clean and safe environment. The HCA aide will assist a client to reduce isolation and maintain socialization. The aide is intended for the client and specifically excludes direct services for all other household members.	Yes	Yes
The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 hour care of the client who requires constant supervision and may never be alone. The purpose is to decrease stress and or isolation for the caregiver and ensure time to care for personal responsibilities	Yes	Yes
Prior to performing specialized skills not included in the initial training, the aide must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to Hoyer lift, TED hose, and assisting with prosthetics.	Yes	Yes

6.6 The Provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

	Personal Care	Homemaking, Companion, Respite
Experience in environmental/homemaking service or home health services	No	Yes
Capable of being responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home	No	Yes
Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities	Yes	No
Effective communication and problem resolution skills	Yes	Yes
Possess specialized skills set to train and guide home care aides to complete tasks outlined in the client's authorized plan	Yes	No
Ability to maintain high standards of efficiency, client safety, and client satisfaction	Yes	Yes

6.7 The provider must ensure that the following tasks are excluded from HCA aide assignments.

Can the aide complete the following tasks?	Personal Care	Homemaking, Companion, Respite
Administration of over-the-counter medications or eye drops	No	No
Administration of prescription medications or application of topical prescription medications or eye drops	No	No
Tasks that require sterile techniques	No	No
Administration of irrigation fluids to intravenous line, Foley catheters or ostomies	No	No
Administration of food and fluids via feeding tube	No	No
Administration of enemas or suppositories	No	No
Filing or cutting a client's finger nails or toenails	No	No
Driving clients in their cars or client's car. Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA.	No	No
Purchase alcohol, tobacco, and marijuana products for the client	No	No

7.0 PROVIDER QUALITY MEASURES

7.1 Rounding to the proper quarter hour to ensure consistent entry, Aide clock in and out times should be rounded to the nearest quarter hour based on the chart below.

Clock time	Quarter Hour	Billable Units
00:01 - 15:59 minutes	.25	1
16:00 - 34:59 minutes	.50	2
35:00 - 45:59 minutes	.75	3
46:00 - 60:59 minutes	1.00	4

7.2 Provider Quality Reports (PQR): The Provider Quality Reports will be reviewed with the provider on a routine basis to outline increases or decreases in market share, client counts, and units billed. If areas of improvement are identified, COA staff will discuss with provider.

7.3 Service Adequacy Satisfaction Instrument (SASI) -SASI results and comments will be reviewed with the provider on a regular basis. COA staff will discuss scores that fall below the percentage threshold identified. Discussion will include best practices and quality improvement strategies to improve scores and percentages.

7.4 Complaints and Incidents: Complaints and Incidents will be reviewed with the provider on a routine basis to identify root cause, trends, and areas of improvement. A quality action plan (QAP) may be requested for deficiencies in quality that need improvement.

Attachment A

Home Care Assistance Training Program.

Below are the training requirements that are expected for home care aids performing personal care, homemaking, companion, or respite.

Areas marked with ** require skills testing through return demonstration.

Course	Personal Care	Homemaking, Companion, and Respite
<u>Understanding and Working with Differing Client Populations</u> - Working with the family unit - Customs and Cultures - Physical, emotional, and developmental needs of clients, including privacy and respect for personal property. - Working with clients with dementia or other cognitive impairments.	Yes	Yes
<u>Appropriate and Safe Techniques for Personal Care (** includes all within this section)</u> Personal hygiene and grooming include bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; oral hygiene; toileting and elimination; safe transfer and ambulation; and positioning.	Yes	No
<u>Principles of Safety</u> General Home Safety Rules Bathroom safety, kitchen safety, bedroom safety, living room safety, stairway safety, fire safety, medication safety, equipment safety, oxygen safety,	Yes	Yes
<u>Preventing Falls in the Elderly</u> - Risk Factors to the client. - Risk factors for the Aide	Yes	Yes
<u>Communication (** includes all within this section)</u> - Ability to read, write, and make brief and accurate reports. - Understanding non- verbal communication and body language	Yes	Yes
<u>Observations, Reporting and Documentation (** includes all within this section)</u> Observation, reporting, and retaining records of a client 's status and activities provided to the client including completion of time sheets.	Yes	Yes
<u>Emergency Procedures</u> Recognition of emergencies, knowledge of emergency procedures, and basic home safety.	Yes	Yes
<u>Infection Control and Universal or Standard Precautions</u> Basic infection control, standard universal precautions, preventing the spread of infection	Yes	Yes
<u>Appropriate and Safe Techniques for Homemaking Services. (** includes all within this section)</u> Maintaining a clean, safe, and healthy environment, including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, removing trash, and folding, ironing, and putting away laundry.	Yes	Yes
<u>Laundry (** includes all within this section)</u> Sorting clothes and linens, preparing the clothes for washing loading the washer, drying, folding, putting away clothes, the laundromat, and ironing.	Yes	Yes
<u>Nutrition (** includes all within this section)</u> Special diets, including special diet preparation, , grocery purchase, planning, shopping; and errands such as picking up prescriptions and groceries;., instructions for preparing food and serving a meal.	Yes	Yes
<u>Elder Abuse</u> Types of abuse, signs of abuse and neglect, and intervention.	Yes	Yes
<u>Procedures (** includes all within this section)</u> Handwashing, using the urinal or bedpan, using a bedside commode, assisting clients with a sitz bath, transferring clients, positioning, using a mechanical lift.	Yes	No