

ELDERLY SERVICES PROGRAM (ESPSM)

PERSONAL CARE/RESPITE

SERVICE SPECIFICATION

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(CCESP)**

**PERSONAL CARE/RESPITE
SERVICE SPECIFICATION
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PERSONAL CARE/RESPITE SERVICES

1.0 Objective

The Personal Care/Respite Service assists a client to achieve optimal independence by assisting them with their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

2.0 Unit of Service

2.1 A full unit of service is equal to one hour of in-home service to the client. The smallest unit of service is equal to one-quarter hour of service to the client.

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 Client Eligibility

3.1 Clients who are eligible for this service must be enrolled in Elderly Services Program and meet the following criteria as determined by the Care Manager:

- a) Functional, cognitive and/or mental health impairments restricting his/her ability to perform specific tasks related to daily living activities.

4.0 Provider Requirements

4.1 General

- a) The Provider must be capable of delivering services seven days a week. Telephone coverage must be provided for staff and clients twenty four hours a day, seven days per week including all holidays.
- b) The Provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.
- c) When a provider identifies health and safety issues of a client, the provider will contact care management staff immediately to discuss issues and work collaboratively to ensure client's welfare.
- d) If a client is a no-show, the provider will call their emergency contact and will email care management staff immediately via secured email so that follow up can be completed to ensure client's health and safety. In the event that email is unavailable a phone call will be made.
- e) If an Aide does not show for services, this must be communicated to the Care Manager within one business day from the date the provider becomes aware. The provider must offer to reschedule the service to the client.
- f) Services over and above what are authorized, must be pre-authorized. In the event of an emergency when services need to be rendered

immediately, provider may provide those services without prior authorization. It is expected that provider will contact care management staff within 1 business day to inform of the additional hours and reason for hours.

4.2 Employees

- a) The Provider must maintain in employee files, documented evidence verifying that each of the individuals providing personal care/respice services meet all applicable training and certification requirements prior to client contact.
- b) The Provider must document training and testing for staff, including training site information, the date of 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 to section 5.6 of this specification.
- c) Personal Care/Respice Supervisor for Aides providing personal care/respice services:
 1. The Provider must ensure that all Personal Care/Respice Supervisors and trainers shall be an RN or an LPN. An LPN serving in this capacity must be under the supervision of an RN. RNs and LPNs shall have a current and valid license to practice nursing in the State of Ohio.
 2. The Provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the Personal Care/Respice Aides are scheduled to work
- d) Personal Care/Respice Aide:
 1. The Provider must assure the Personal Care/Respice Aide is qualified to complete the tasks outlined in the Care Manager's authorized plan, which may include any of the following tasks with client approval:
 - a) Personal hygiene and care
 - b) Mobility
 - c) Elimination
 2. The Provider must maintain documented evidence of completion of eight hours of in-service education for each Personal Care/Respice Aide annually, excluding Provider and program-specific orientation, initiated after the first anniversary of employment with the Provider.

Documentation maintained in the employee's file of in-service education must include:

- a) Date
- b) Length of training
- c) Signature of trainer
- d) Signatures of those in attendance

4.3 Service Delivery

1. The Provider must maintain evidence of compliance with the following supervisory requirements:
 - a) Prior to the start of services being provided to the client, the Personal Care/Respite Supervisor must complete and document an initial home visit. The documentation of the initial visit must define the expected activities of the Personal Care/Respite Aide and a written activity plan should be developed prior to service delivery where possible.
2. The Personal Care/Respite Supervisor must conduct and document a visit/call to the client as follows:
 - a) A supervisory visit/call must be completed every 62 days for each client receiving only personal care and/or respite services. A supervisor may alternate between calls and visits. Visits must be done at least every other contact. A home visit must be completed every 124 days.
 - b) The visit must document and address compliance with the activity plan, client satisfaction, and Aide performance. The Personal Care/Respite Supervisor must discuss recommended modifications with the Care Manager and Aide. The Aide need not be present during the visit. The visit must be documented and the documentation must include the date of the visit, the printed name and signature of the Personal Care/Respite Supervisor, printed name and signature of the client. Electronic signatures are acceptable.
 - c) The telephone call must document and address compliance with the activity plan, client satisfaction, and Aide performance. The Personal Care/Respite Supervisor must discuss recommended modifications with the Care Manager and Aide. The call must be documented and the documentation must include the date of the call, the printed name and signature of the Personal Care/Respite Supervisor and printed name of client.
 - d) If the Personal Care/Respite Supervisor identifies any significant change in the client's health, the Provider will notify the Care Manager and recommend service modifications to meet the client's health needs.
3. 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 Personal Care/Respite Aide providing the service(s)
 - d) The Personal Care/Respite Aide's arrival and departure time.
 - e) The Personal Care/Respite 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. If a provider uses an electronic verification system, 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 to verify the accuracy of the record. If a unique identifier is assigned to each Aide, the provider must supply the list of identifiers assigned to each name
 - f) The client's or client's caregiver's electronic signature for each episode of service delivery. If a provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name.
 - g) If a Provider utilizes an electronic verification system and landline 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 4.3, 3 a-f.
 - h) If a provider utilizes an electronic verification system, the provider must round every episode of service delivery to the nearest quarter hour.

To ensure consistent time entry, Aide clock in and out times should be rounded to the nearest quarter hour based on 7 minute time increments

Clock time	Quarter Hour
:00 - :07 minutes	.00
:08 - :22 minutes	.25
:23 - :37 minutes	.50
:38 - :52 minutes	.75
:53 - :60 minutes	1.00

Aide time from 1 to 7 minutes should be rounded down to the nearest quarter hour; time from 8 to 14 minutes should be rounded up to the nearest quarter hour.

The Provider must deliver service only when the client is at home. With the exception, that the Personal Care/Respite 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.

5. Monitoring System

- a) The Provider shall have a monitoring system to verify services are provided according to the care plan:
 1. In this system, the Provider shall include a written plan for monitoring:
 - a) Whether the Personal Care/Respite Aide is present at the location where the services are to be provided and at the time the services are to be provided
 - b) At the end of each working day, whether the provider's employees have provided the services at the proper location and time
 2. A protocol to be followed in scheduling a substitute employee when the monitoring system identifies that an employee has failed to provide home care services at the proper location and time, shall include standards for determining the maximum length of time that may lapse before the substitute arrives at the client's home without jeopardizing the health and safety of the client;
 3. Procedures and written documentation for maintaining records of the information obtained through the monitoring system;
 4. Procedures and written documentation for compiling annual reports of the information obtained through the monitoring system, including statistics on the rate at which home care services were provided at the proper location and time; and,
 5. Procedures and written documentation for conducting random checks of the accuracy of the monitoring system. A random check is considered to be a check of not more than five percent of the home care visits each Personal Care/Respite Aide makes to different clients.

5.1 Requirements of Personal Care/Respite Aide

5.1 The Personal Care/Respite Aide will assist client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

5.2 Must be at least 18 years old and meet one of the training criteria requirements

listed under Section 5.6 of this specification.

- 5.3 Is able to understand the written or electronic task sheet, execute instructions, and document services delivered.
- 5.4 Is able to communicate with clients/families and emergency service systems personnel.
- 5.5 The Personal Care/Respite Aide must be able to assist the client with personal care/hygiene as authorized.
- 5.6 Each Personal Care/Respite Aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
 - a) Be listed on the Ohio Department of Health's Nurse Aide Registry; or
 - b) Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct care health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or
 - c) 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
 - d) 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,
 - e) Successfully complete training, including, but not limited to instruction on areas outlined on Attachment A. In addition aide must complete return demonstration in the areas marked with an ** in Attachment A:
- 5.7 Specialized Skills Training
Prior to performing specialized skills not included in initial training, Personal Care/Respite Aides 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.
- 5.8 The Provider must assure that these specific tasks are **never** assigned as Personal Care/Respite Aide client care responsibilities:
 - a) Administration of over-the-counter medications or eye drops
 - b) Administration of prescription medications or application of topical prescription medications or eye drops
 - c) Perform tasks that require sterile techniques

- d) Administration of irrigation fluids to intravenous lines, Foley catheters or ostomies
- e) Administration of food and fluids via feeding tubes
- f) Administration of enemas or suppositories
- g) Filing/cutting a client's finger nails or toe nails.

NOTE: Personal Care/Respite Aides may not drive clients in their cars or clients' car. However, Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA to meet the transportation needs of the client. Personal Care/Respite aides are prohibited from purchasing alcohol and/or tobacco products for clients.

Personal Care/Respite

Training Requirements

Attachment A

Below are the training requirements that are expected for home care aides performing personal care and/or respite. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

Understanding and Working With Differing Client Populations

- Basic Human Needs
 - Physical Needs
 - Psychological Needs
- Working With the Family Unit
- Customs and Cultures

Principles of Safety

- General Home Safety Rules
 - Bathroom Safety
 - Kitchen Safety
 - Bedroom Safety
 - Living Room Safety
 - Stair Way Safety
 - Fire Safety
 - Medication Safety
 - Equipment Safety
 - Oxygen Safety
- Principles of Body Mechanics

Preventing Falls in the Elderly

- Risk Factors
- Risk factors for the Aide

Communication

- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

Observations, Reporting and Documentation

- Observation and Reporting
- Legality
- HHA Note
- Care Plan

Infection Control and Universal or Standard Precautions

- Infection
- Chain of Infection
- Preventing the Spread of Infection
- Standard or Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
 - Engineering and Work Practice Controls
 - Personal Protective Equipment **
 - Handwashing **

Homemaking Services (Incidental to Respite Services)

- Introduction
- Cleaning a Client's Home
- How To Keep a House Clean
- Basic Kinds of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
 - Dusting **
 - Washing Dishes **
 - Cleaning Bathrooms **
 - Laundry **
 - Rugs and Carpeting, Floors **
 - Pests and Bugs
 - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

Laundry (Incidental to Respite Services)

- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat
- Ironing **

Nutrition

- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

Elder Abuse

- Types of Abuse
- Signs of Abuse and Neglect
- Intervention

Personal Care/ ADL Assistance

- Oral Hygiene
 - Brushing/ Flossing **
 - Denture Care **
 - Mouth Care for the Unconscious Client **
- Bathing the Client
 - Complete Bed Bath **
 - Partial Bath **
 - The Tub Bath **
 - The Shower **
- Skin Care
- Skin Integrity
- Pressure Sores
- Positioning
- Nutrition
- Prevention
- Treatment
- Incontinence
- Hair Care
 - Shampoo- Shower /Tub/Sink **
- Nail Care
- Giving the Client a Back Rub
- Shaving the Male Client **
- Dressing / Undressing Client **

Procedures

- Handwashing **
- Using the Urinal / Bedpan **
- Using the Bedside Commode **

- Assisting the Client With a Sitz Bath **
- Positioning, Lifting and Exercising
 - Moving Up in Bed **
 - Moving Up in Bed with Assistance **
 - Turning the Client in Bed **
 - Transferring to Chair From Bed **
 - Transferring From Chair to Bed **
 - Transferring From Chair to Chair **
 - Positioning **
 - Using a Mechanical Lift **