

**ELDERLY SERVICES PROGRAM  
(ESP<sup>SM</sup>) HOME CARE ASSISTANCE  
(HCA) SERVICE SPECIFICATION**

**EFFECTIVE JANUARY 2023  
(CLINTON COUNTY ESP)**

**HOME CARE ASSISTANCE  
SERVICE SPECIFICATION  
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## **HOME CARE ASSISTANCE (HCA) SERVICE**

### **1.0 OBJECTIVE**

The HCA (Home care Assistance) 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. A 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 one-quarter hour.

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 General**

- a) The provider must be capable of delivering services to meet the needs of the client's authorized plan.
- b) Telephone coverage must be provided for staff and clients during working hours including all holidays.
- c) The provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.
- d) If a provider identifies health and safety issues with the client, the provider will take immediate action based on circumstances with the situation. This could include action such as calling 911 or making a referral to Adult Protective Services. The provider shall contact the care management staff, within one business day, to discuss issues and work collaboratively to ensure the client's welfare.
- e) Client is a no-show- If the client is a no-show, the provider will call their emergency contact and will email Care Manager immediately via secured email so that follow up can be completed to ensure client's health and safety. In the event an email is unavailable, a phone call will be made.
- f) 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, notification to the Care Manager is not needed. This is considered a temporary schedule change. Services must be rescheduled for another day within the same week.

- g) Permanent schedule changes- Notification to the Care Manager must be given for all permanent schedule changes. The reason for the request must be given.
- h) Client missed visits- If a client misses consecutive visits in accordance with their authorized plan service, without prior notice to the provider, notification to the Care Manager must be made.
- i) Aide no-show- In the event of an aide no-show, communication must be made to the client and/or family immediately. The provider must offer to reschedule the service to the client. Care management must be notified within one business day from the date the provider becomes aware if the client goes without services because of an aide no show.
- j) Request for unit adjustments- In the event of an emergency (i.e. the family caregiver running late, unplanned needs, etc.) when services need to be rendered immediately, the provider may provide those services without prior authorization. It is the provider's responsibility to monitor the client delivered service units to ensure the client does not go over what is authorized in their plan. If the provider identifies the client is over or under their authorized units on a regular basis, a request to adjust the units must be made to the Care Manager.
- k) The provider must maintain documented evidence of completion of eight 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.

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.

### 3.2 Employees

- a) The provider must maintain in the employee files, documented evidence verifying that each of the individuals providing HCA service 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 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.

#### **Supervisors**

- c) HCA Supervisor for HCA aides providing personal care service:

1. The provider must ensure that the HCA Supervisor and trainer shall have at a minimum:

- Experience supervising employees in a direct care setting to aging adults or individuals with developmental disabilities
  - Effective communication and problem resolution skills
  - Possess specialized skill set to train and guide home care aides to complete tasks outlined in the client's authorized plan
  - Ability to maintain high standards of efficiency, client safety, and client satisfaction
2. 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.
- d) HCA Supervisor for HCA aides providing only homemaking, companion, or respite service:
1. The provider must ensure that the HCA Supervisor and trainer shall have:
    - experience in environmental/homemaking service or home health services
    - is responsible for independently managing the homemaking aides who render environmental/homemaking, companion, or respite services in the home
  2. 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.

**HCA Aide**

- e) The provider must assure 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.
- f) Must be at least 18 years of age and meet one of the criteria requirements listed under section 3.2 (m) of this specification.
- g) Must be able to understand the written or electronic task sheet, execute instructions, and document services delivered.
- h) Must be able to effectively communicate with the client, family members, and emergency service systems personnel.
- i) 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.
- j) The aide can provide indirect care in the form of relief for the caregiver who is responsible for 24 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.

- k) 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.
- l) The provider must ensure that the following tasks are **never** assigned as HCA aide client care responsibilities:
  - Administration of over-the-counter medications or eye drops
  - Administration of prescription medications or application of topical prescription medications or eye drops
  - Perform tasks that require sterile techniques
  - Administration of irrigation fluids to intravenous line, Foley catheters or ostomies
  - Administration of food and fluids via feeding tube
  - Administration of enemas or suppositories
  - Filing or cutting a client's finger nails or toenails
  - The aide shall not drive the clients in their cars or client's 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.
  - Are prohibited from purchasing alcohol and or tobacco products for the client
- m) Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
  - Be listed on the Ohio Department of Health's Nurse Aide Registry; or
  - 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
  - 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
  - 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
  - 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.

**For an HCA homemaking only aide**

Each HCA aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

- Be listed on the Ohio Department of Health's Nurse Aide Registry; or
- 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

- 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
- 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
- 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; or
- Successfully complete training, including, but not limited to instruction on areas outlined on attachment B. In addition, the aide must complete return demonstration in the areas marked with an \*\* in attachment B.

### 3.3 Service Delivery

#### *Supervisory Visits or Call*

- a) A supervisory visit or telephone call must be conducted if the following issues arise:
- Client dissatisfaction with their authorized plan or service delivery
  - A Major Unusual Incident
  - Health and safety issue
  - Any event that may lead to a disruption of service
  - Aide performance issue

The goal of supervisor intervention is to avoid service disruption. The visit or call must include action steps to achieve this goal. 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.

- b) An in-home supervisory visit or telephone call must document the visit. The aide need not be present during the visit or call. The in-home visit must be documented, and the documentation must include the date of the visit, the printed name and signature of the Supervisor, printed name, and signature of the client. Electronic signatures are acceptable.
- c) Telephone calls must be documented, and the documentation must include the date of the call, the printed name and signature of the Supervisor and printed name of the client.
- d) The provider must provide a copy of the documentation of the supervisory visit or telephone call to the COA staff upon request.

#### *General Service Delivery*

- e) If the provider identifies any significant change in the client's condition, the

provider will notify the Care Manager within 24 hours.

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. Once the provider contacts the proper reporting agency notification to the Care Manager and documentation in client's case notes must be made within 24 hours.

- f) 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:
- Date of service delivery
  - A description of the service tasks performed
  - The printed name of the HCA aide providing services
  - The HCA aide's arrival and departure time
  - The HCA aide's written signature to verify the accuracy of the record
  - The client's or client's caregiver's signature for each episode of service delivery
- g) If a provider uses an electronic verification system for service delivery, each record must contain the following:
- Date of service delivery
  - 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
  - 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.
  - 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
  - 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
  - The client's or client's caregiver's electronic signature for each episode of service delivery. If the provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name
  - If a provider utilizes an electronic verification system, or if a 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 3.3 f
  - A provider utilizing an electronic verification system must round every episode of service delivery to the nearest quarter hour
- h) 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.

#### 4.0 PROVIDER QUALITY MEASURES

a) 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

b) Rounding to the proper 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.

c) Fast Track Home (FTH) Referrals

It is our expectation that service delivery will begin within 24 hours of award for FTH referrals.

d) 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.

e) 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.

f) 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.

## Personal Care

### 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 \*\*

## Homemaking

### Training Requirements-Homemaking

#### Attachment B

Below are the training requirements that are expected for home care aides performing homemaking only. 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.

\*The Trainer must meet Homemaker supervisor requirements.

#### 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

#### Communication

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

#### Observations, Reporting and Documentation

- Observation and Reporting
- Legality

### Infection Control and Universal or Standard Precautions

- Infection/Chain of Infection
- Preventing the Spread of Infection

### Standard/Universal Precautions

- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
  - Engineering and Work Practice Controls
  - Personal Protective Equipment \*\*
  - Handwashing \*\*

### Homemaking 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

- 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

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HOMEMAKING  
ATTACHMENT B