

## **PERSONAL CARE/RESPITE SERVICE SPECIFICATIONS** *(These rules are subject to change with each new contract cycle.)*

### **1.0 Definition**

Personal Care/Respite (PC/R) services enable a client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and/or provide the client's informal caregiver a respite from care-giving duties. Personal care assistance may include help with personal hygiene, grooming, foot care and moving about the home. All services will be provided in the client's home of residence.

### **2.0 Unit of Service**

- 2.1 A unit of service is one hour of direct in-home service to the client.
- 2.2 Service exceeding eight consecutive hours will be billed at the Provider twenty-four hour weekend rate or at the contracted hourly, rate whichever is lower, as authorized by the FCSO case manager.
- 2.3 The unit rate shall include administration, supervision, travel and documentation time.

### **3.0 Provider Agency Requirements**

- 3.1 The Provider must assure service delivery capability seven days a week.
- 3.2 The Provider shall have a written policy that addresses workers handling of client funds.
- 3.3 The Provider shall have a monitoring system/method in place to verify service delivery. This mechanism must verify the following:
  - a) That the PC/R aide is present at the scheduled time and location where services are to be provided and at the time the services are to be provided.
  - b) A protocol to be followed in scheduling a substitute worker when the monitoring system identifies that an employee has failed to provide home care services at the proper time and location, including standards for determining the length of time that may elapse without jeopardizing the health and safety of the client.
  - c) Procedures for maintaining records of the information obtained through the monitoring system.

- d) Procedures 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,
- e) A procedure for conducting random checks of the accuracy of the monitoring system to assure system is in proper working order. For purposes of conducting these checks, a random check is considered to be a check of not more than five percent of the home care visits each PC/R aide makes to different consumers.

#### 4.0 **Personnel Qualifications**

The Provider shall assure that position descriptions and PC/R staff possess the following qualifications:

##### 4.1 PC/R Aide:

- a) High school graduate, **OR** has completed a GED, **OR** has a minimum of two years of related work experience.
- b) Is able to understand the written care plans, execute instructions, and document services delivered.
- c) Is able to communicate with clients/families and emergency service systems personnel.
- d) All individuals providing PC/R services must meet at a minimum of at least **ONE** of the following criteria **prior to initiating service** for a FCSO client:
  - Be listed on the Ohio Department of Health's Nurse Aide Registry.
  - Successfully complete the Medicare competency evaluation program for home health aides set forth in 42 C.F.R. Part 484, as a direct care health care worker without a twenty-four (24) month lapse in employment as a home health aide or nurse aide.
  - 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.
  - Successfully complete the COALA home health training program, or 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

- Successfully complete sixty hours of training, including, but not limited to instruction on the following:
  - a) Communication skills, including ability to read, write and make brief and accurate oral or written reports.
  - b) Observation, reporting and documentation of client status and services provided.
  - c) Reading and recording temperature, pulse and respiration.
  - d) Universal precautions for infection control procedures, hand washing, disposal of bodily waste.
  - e) Basic elements of body functioning and changes in body function that should be reported to supervisor.
  - f) Maintenance of a clean, safe and healthy environment of house cleaning that include dusting furniture; sweeping, vacuuming, and washing floors; kitchen care, including dishes, appliances, and counters; bathroom care; emptying and cleaning bedside commodes and urinary catheter bags; changing bed linens; washing inside windows within reach from floor; removing trash; and washing and drying, folding, ironing, and putting away laundry.
  - g) Recognition of emergencies; knowledge of emergency procedures; and basic home safety.
  - h) The physical, emotional and developmental needs of the client, including the need for respect of person, property, and privacy.
  - i) Appropriate and safe 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.
  - j) Meal preparation and nutrition planning that include special diet preparation, grocery purchase, planning and shopping; and errands.

4.2 Prior to provision of services to a client, the provider must conduct

written testing and skills testing by return demonstration of PC/R Aide. Testing shall cover all topics covered in the (60) hours of training

4.3 The sixty (60) hours of instruction shall not include FSCO program and agency orientation hours required for new agency employees as specified in the Conditions of Participation.

4.4 Documentation of successful completion of training and skills testing shall be placed in the personnel file of the PC/R Aide and shall include:

- a) Signatures of both the Nurse Supervisor/Trainer/Tester and PC/R Aide.
- b) Training site information and location.
- c) Dates of and length of training (number of hours).
- d) Instruction materials given and a description of the content/subject areas.
- e) All testing results.

4.5 **Personal Care/Respite Supervisor:**

- a) Has a current Ohio license as a Registered Nurse, or
- b) Has a current licensure as Licensed Practical Nurse and is under the supervision of a Registered Nurse.

## 5.0 **Continuing Education**

The Provider shall assure the completion of a minimum of eight hours of continuing (in-service) education for each PC/R Aide annually.

- 5.1 The Provider shall maintain documentation of PC/R Aide participation in continuing education sessions.
- 5.2 The eight-hour continuing education requirement is excluded during the first year of employment for those staff members completing the 60-hour training/skill testing requirement.
- 5.3 The following topics are recommended for PC/R aide paraprofessional continuing education instruction.
  - a) Health and Wellness
  - b) Normal Aging
  - c) Illness and Disability
  - d) Chronic Diseases
  - e) Special Needs of the Elderly
  - f) Death and Dying
  - g) Universal Precautions
  - h) Culture Diversity

- i) LGBTQ Education and Sensitivity
- j) Maintaining Professional Boundaries
- k) Bed Bug Precautions

## 6.0 **Duties and Responsibilities of the PC/R Aide**

The Provider shall assure PC/R Aide assignment and capability to perform services outlined in the FCSO authorized plan that may include any of the following client care tasks.

### 6.1 Personal Hygiene and Care:

- Bathing: bed, tub, shower, complete, partial and/or supervision of the client bathing activities
- Oral hygiene, including denture care
- Hair care
- Shaving
- Perineal care
- Skin care
- Nail and foot care , unless contraindicated by client's condition  
Footcare includes: Washing/drying feet with attention between toes (never leave the feet wet); visual examination of feet for sores, cracking, discoloration, swelling (all should be reported to nurse); filing of toenails (absolutely no trimming of toenails; application of lotion before putting on socks (if client prefers walking in bare feet, no lotion).
- Dressing and grooming

### 6.2 Mobility:

- Turning and positioning
- Assisted transfers and ambulation; with and without assistive devices
- Passive range of motion exercises under the direction of the LPN (under the supervision of an RN) and/or Physical Therapist

### 6.3 Elimination:

- Measure intake and output (I&O)
- Assist with use of bedpan, bedside commode, toileting activity
- Incontinence care
- Catheter care, limited to cleansing and positioning of external parts of drainage systems and emptying drainage systems

### 6.4 Nutrition:

- Meal planning and preparation
- Special diet preparation with qualifying instruction
- Cleaning of eating and food preparation areas
- Encouraging and facilitating adequate nutritional and fluid intake
- Recording weight, nutritional and fluid intake as requested

- 6.5 Homemaking:
- Cleaning of the client's bedroom: bed making, occupied and unoccupied, including linen change
  - Cleaning of the client's bathroom: tub, sink, commode, vanity and floor
  - Laundry, client's personal bed linen, towels, underwear, sleeping gowns and other clothes
  - Dishwashing
  - Trash removal
  - Vacuuming
  - Wet mopping non-carpeted floors
- 6.6 Safety:
- Identify and report safety hazards to immediate supervisor
  - Eliminate safety hazards with client and supervisor approval
- 6.7 Other:
- Reality orientation and sensory stimulation
  - Listen and converse
  - Complete errands; i.e., securing groceries and prescriptions
  - Accompany client to appointments

#### 7.0 **Special Tasks that shall not be assigned to the PC/R Aide**

- 7.1 The Provider shall assure that the PC/R Aide **never:**
- a. Administers over the counter medications to be ingested.
  - b. Administers oral prescription medications or applies topical prescription medications.
  - c. Performs tasks that require sterile technique.
  - d. Administers irrigation fluids to intravenous lines, Foley catheters or ostomies.
  - e. Administers food and fluids via feeding tubes.
  - f. Administers enemas.

#### 8.0 **PC/R Aide Supervision**

The Provider shall assure that a PC/R Aide performs services outlined in the FCSO authorized plan and that a registered nurse or an LPN under the supervision of an RN supervises the PC/R Aide in client care tasks.

- 8.1 The supervisor shall complete and document a home visit to define the expected daily activities of the PC/R **before client care is initiated.**

- a) The supervisor shall prepare a written initial client assessment and PC/R Aide care plan specific to each client consistent with the FCSO authorized plan.
  - b) The supervisor shall obtain client's signature and date on the care plan.
  - c) The supervisor shall provide each PC/R Aide a copy of the care plan for each client assigned.
- 8.2 The supervisor shall evaluate PC/R Aide compliance with the care plan and FCSO authorized plan at least every 60 days.
- a) Review the PC/R Aide documented client contacts to assure PC/R task completion is consistent with the care plan and FCSO authorized plan.
  - b) Complete and document a PC/R supervisory visit to client at least every 60 days to evaluate PC/R compliance with the care plan and FCSO authorized plan.
  - c) The supervisor shall obtain the client's signature and date on the ***Client Supervisory Visit Report***.
- 8.3 The supervisor shall assure that the PC/R Aide and the client/caregiver sign each episode of PC/R service delivery, including a listing of tasks performed by the PC/R Aide and client response to the service, the date and time in/out.
- 8.4 The supervisor shall evaluate client response to the care plan and reflect any problems identified by the client through the documentation review and supervisory visit process identified in Section 9.0, Item 9.2 and notify FCSO via the ***Client Supervisory Report*** of recommended modifications and resolutions of any problems identified.
- 8.5 The supervisor shall complete and sign/date the ***Client Supervisory Report*** every 60 days and maintain documentation to show the report was forwarded to the FCSO case manager within two weeks of the visit.
- 8.6 The Provider shall assure that the Nurse Supervisor is available to Personal Care/Respite aides for emergencies during hours of service provision.