

CLERMONT SENIOR SERVICES

HOME OPTIONS PROGRAM

**PERSONAL CARE
SERVICE SPECIFICATIONS**

EFFECTIVE JANUARY 1, 2016

**PERSONAL CARE SERVICES
SERVICE SPECIFICATIONS**

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PERSONAL CARE SERVICES SERVICE SPECIFICATIONS

1 OBJECTIVE

Personal Care Aide (PCA) Service enables a customer to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). PCA services must be provided in the customer's or caregiver's home. Personal Care activities may include, but are not limited to:

- 1.1 Assisting the customer with eating, bathing, dressing, personal hygiene, grooming, and other ADL's and IADL's.
- 1.2 The preparation of customer meals.
- 1.3 Light housekeeping chores, when time permits, following the completion of assigned personal care tasks.
- 1.4 Laundering customer personal clothing and linens.

2 UNIT OF SERVICE

- 2.1 A unit of service is equal to (1) full hour of direct in-home service to the customer.
- 2.2 The unit rate must include administration, supervision, travel, and documentation costs.
- 2.3 Additional units require prior authorization from the Clermont Senior Services Home Options Program (HOP) Case Manager. **EXCEPT:** where immediate action must take place by the provider's staff to ensure customer protection in high risk or acute episodes. Provider must notify the HOP Case Manager within one (1) business day after completing the service to request authorization for additional units.

3 PROVIDER REQUIREMENTS

The Home Options Program Provider of personal care must maintain evidence that it:

- 3.1 Has the capacity to deliver service seven (7) days a week.
- 3.2 Has a system in place to ensure the Provider's Nurse Supervisor is accessible to respond to emergencies during those times when the Provider's employee is scheduled to work.
- 3.3 Maintains a back-up plan for service delivery in the event of an employee's absence.

- 3.4 Maintains required PCA service specific documentation on file.
Documentation must include:
- (a) Date of service delivery.
 - (b) A description of the service tasks(s) performed.
 - (c) Name of the PCA providing the service.
 - (d) PCA's arrival and departure time.
 - (e) PCA's written or electronic signature to verify the accuracy of the record.
 - (f) If electronic verification system is not utilized to document services, customer's signature must be obtained for each service event.
 - (g) Providers that utilize an electronic verification system must capture all required elements identified in Section 3.4, (a) through (e). **NOTE:** In the event the electronic system is unavailable, the Provider must capture written verification of all required elements identified in Section 3.4, (a) through (f).
- 3.5 Provider has documentation in the customer's record when a customer is unable to sign for the service delivery, reason the customer is unable to sign, and the name of the individual authorized to sign for services delivered.
- 3.6 Provider has a written policy addressing workers handling of customer funds.
- 3.7 Provider has a mechanism in place to verify whether the PCA is present at the time and location that services are to be provided and maintains a record of the information obtained by the monitoring system.

4 PCA TRAINING OR CERTIFICATION REQUIREMENTS

- 4.1 Provider must furnish documented evidence, maintained in the employee's file, verifying that all individuals providing Personal Care Services meet one or more of the following training criteria **prior** to customer contact.
- (a) A verified State Tested Nursing Assistant listed on the Ohio Department of Health's Nurse Aide Registry **AND** who successfully completes the provider's written/oral competency test with a minimum passing score of 70% **AND** completes skills testing by return demonstration **OR**
 - (b) Successfully completed the Medicare Competency Evaluation Program for home health aides set forth in 42 C.F.R. Part 484, **AND**
 - 1. Has a minimum of one (1) year verified direct personal care service under the direction supervision of an RN or LPN (as delegated by an RN) without a twenty four (24) month lapse of employment as a home health aide or nurse aide, **AND**
 - 2. Passes the Provider's written competency or oral test with a minimum passing score of 70%, **AND**
 - 3. Successfully completes skills testing by return demonstration, **OR**
 - (c) Successfully completed a Provider Agency 60 hour Nurse Aide Training Program. Training, competency testing **AND** skills testing with return demonstration must be documented by the Provider and shall include the number of hours, instruction materials and subject areas. It shall include the qualifications, printed name and signature of the trainer and all

testing results with a minimum passing score of 70%. The training program must meet the approval of Clermont Senior Services, Inc. Home Option Program, **OR**

- (d) Successfully completed Mercy Neighborhood Ministries Home Care Aide Training or certified vocational program in health care **AND** successfully completed a written competency or oral test **AND** skills test by return demonstration **prior** to initiation of service provision.

5 PCA TRAINING/TESTING WITH RETURN DEMONSTRATION

The PCA supervisor, trainer and tester must be an RN or LPN under the direction of an RN.

5.1 Course content (*components requiring skills testing with return demonstration)

- (a) *Personal Hygiene and Care
 1. Bathing: bed, tub, shower, complete, partial and/or supervision of customer's bathing activities
 2. Oral hygiene, including denture care
 3. Hair care
 4. Shaving (electric or safety razor)
 5. Peri Care
 6. Hand and foot care (not cutting of nails)
 7. Skin care
 8. Dressing and grooming
- (b) *Mobility
 1. Turning and positioning using proper body mechanics
 2. Assisted transfers and ambulation, with and without assistive devices
 3. Active and passive range of motion
- (c) *Elimination
 1. Assist in use and cleaning of bedpan, bedside commode, and toileting activity
 2. Incontinence care
 3. Catheter care limited to cleansing/position of external parts of drainage systems and emptying drainage systems
- (d) *Nutrition
 1. General meal preparation and clean up
 2. Cleaning of food preparation and eating areas
 3. Encourage and facilitate adequate nutritional and fluid intake
- (e) *Homemaking (incidental to personal care services)
 1. Bed making: occupied and unoccupied, with linen change
 2. Cleaning of the bathroom
 3. Laundry (customer's personal laundry)
 4. Trash removal
 5. Essential errands (securing groceries and prescriptions)
- (f) *Safety
 1. Identify and report safety hazards to immediate supervisor
 2. Eliminate safety hazards with customer and supervisor's approval
 3. Knowledge of emergency protocol, recognizing and accessing emergency assistance

4. Knowledge of signs and symptoms of elder abuse, neglect, or exploitation and requirements for reporting to Adult Protective Services
5. Body Mechanics for the personal care aide (PCA)
- (g) *Communication Skills
 1. The ability to read and write
 2. The ability to make brief and accurate oral or written report
 3. Must be able to communicate observations and document changes in the customer's status such as change in body function that should be reported to the supervisor
 4. Be able to accurately document services provided
- (h) *Standard Precautions/Infection Control Practices
 1. Handwashing, gowning and gloving techniques
 2. Blood and body fluid precautions
- (i) Other
 1. Knowledge of the basic elements of body functioning and changes that must be reported to Supervisor
 2. Role and expectations of the personal care aide
 3. Special needs of the elderly

5.2 Specialized Skills Training

- (a) Prior to performing specialized skills not included in initial training, PCA must be trained by supervisor and perform a successful return demonstration. (Example but not limited to: TED hose, assistive devices, prosthetics, etc.)

5.3 Ongoing Supervision/Observation of PCA

- (a) A supervisory visit will be completed at least every 6 months to observe PCA's knowledge and skill level in performing ADL and IADL tasks outlined in Section 5.1 (a) through (i). An RN or a LPN, as delegated by an RN, supervises the PCA performing customer care tasks. Supervisory visit documentation should be retained in the PCA personnel file and will include:
 1. Date of visit
 2. Printed name and signature of PCA
 3. Printed name and signature of supervisor
 4. Skills observed and expectations met and/or need for corrective training/instruction identified
 5. Corrective action taken to improve performance with evidence that corrective action met expectations

5.4 Annual PCA In-Service Training Requirements

- (a) Provider must maintain documented evidence of completion of eight (8) hours of annual in-service education for each PCA, excluding Agency and program specific orientation, initiated after the first anniversary of employment with provider agency and each year following. Documentation should include:
 1. Date of training
 2. Length of training
 3. Printed name and signature of trainer

4. Printed name and signature of those in attendance

5.5 Tasks that **MUST NOT** be Assigned to the PCA

(a) Provider must assure that these specific tasks are **never** assigned as PCA customer care responsibilities:

1. Administer any prescription medication, over-the-counter medications, eye drops or apply medicated topical preparations
2. Provide medication reminders
3. Perform any type of dressing change or perform any tasks that require sterile techniques
4. Administer food and fluids via feeding tubes
5. Administer enemas or suppositories
6. Administer irrigation fluids to intravenous lines, foley catheters or ostomies
7. Cut toenails or fingernails

6 SUPERVISION OF CUSTOMER'S PCA SERVICE

The Provider must assure a PCA performs services as outlined in the Home Options Program Case Manager's authorized plan which may include any of the PCA duties and responsibilities as identified in Section 5.1 (a) through (i) of this specification and in keeping with the Clermont Senior Services Home Options Program Code of Ethics. An RN or a LPN, as delegated by an RN, supervises the PCA in customer care tasks.

6.1 The Nurse Supervisor must complete and document in the customer's case notes:

- (a) A home visit with the HOP contracted customer **prior** to the initial PCA visit to define expected activities of the PCA and prepare a written task sheet consistent with the HOP Case Manager's authorized plan and HOP Code of Ethics. The Supervisor must:
1. Make available to each customer and PCA a copy of the task sheet
 2. E-mail or fax a copy of the task sheet to the CSS Case Management Administrative Assistant to be scanned into the customer's record.
- (b) A PCA Supervisory visit to the customer at least every 62 days to evaluate PCA compliance and the daily task sheet, HOP Code of Ethics and customer satisfaction. Tasks sheets must be reviewed and updated to meet the changing needs of the customer in compliance with the HOP Case Manager's authorized plan. Any follow-up collaboration with the PCA must also be noted. The PCA does not have to be present during these visits. Visit documentation must include:
1. Date of visit
 2. Printed name and signature of the customer
 3. Printed name and signature of the supervisor
 4. Printed name and signature of the PCA, if present
- (c) Each PCA Supervisory visit to a HOP customer must be documented in the customer's record within seven (7) business days. Documentation must include:
1. Date of the visit
 2. Services provided to the customer
 3. Number of hours and frequency of services provided

- 4. Any identified changes in the customer's needs or task sheet
- (d) When the Nurse Supervisor identifies any significant changes in the customer's health and safety, including any recommended service needs or modifications, the Provider must notify the Home Options Program Case manager within one 24 hour business day.
- (e) The PCA Supervisor must notify Adult Protective Services and the HOP Case Manager when signs of elder abuse, neglect or exploitation are reported or identified within one (1) hour of discovery.
- (f) Review of PCA customer contact forms/time slips to assure the PCA tasks performed coincide with the PCA task assignment sheets.
- (g) Follow-up activity on reported PCA pertinent customer observations.

7 PERSONNEL QUALIFICATIONS

The provider must assure that position job description states and that PCA staff possess the following qualifications.

7.1 Personal Care Aide

- (a) Must be at least 18 years of age, **AND** be a high school graduate **or** have completed a G.E.D., **or** has a minimum of one (1) year of verified related work experience, **AND**
- (b) Demonstrates the ability to understand the written task sheet, execute instructions, and document services delivered
- (c) Demonstrates the ability to communicate with customers/families and emergency service system personnel

7.2 Personal Care Supervisor/Trainer

- (a) The PCA Supervisor and/or trainer shall be an RN or a LPN, under the direction of an RN. The RN and/or LPN shall have a current and valid license to practice nursing in the State of Ohio and a minimum of two (2) years of nursing experience.