

HOMEMAKER SERVICES SERVICE SPECIFICATIONS

OBJECTIVE

Homemaker Services (HM) assist a customer in maintaining a clean, healthy and safe environment. The Homemaker Service component is intended for the customer and specifically excludes services for all other household members. The provider must deliver service only when the customer is at home. (Exception: When two Home Options Program (HOP) Customers share the home and homemaking services, service may be transferred from one customer to the other if the scheduled customer is not at home due to hospitalization, doctor visit, or essential business. The Clermont Senior Services, Inc. HOP Case Manager must be notified of the change and reason for the change of service.)

Homemaker activities are designated for the immediate living area of the customer. Activities include, but are not limited to:

- 1.1 Light housekeeping chores such as vacuuming, dusting, sweeping, damp mopping of non-carpet areas.
- 1.2 Cleaning primary (1) bathroom including fixtures and mirrors.
- 1.3 Cleaning kitchen, including outside of appliances. Occasional cleaning of the inside of the refrigerator and oven. Washing dishes only when used in meal preparation by homemaker. (Dishwashing is a daily task and dirty dishes should not be allowed to accumulate until Homemaker visits.)
- 1.4 Laundry, including bed linens.
- 1.5 Cleaning primary (1) bedroom where the customer sleeps.
- 1.6 Grocery and essential errands.
- 1.7 Light meal preparation.
- 1.8 Removal of trash and garbage.

UNIT OF SERVICE

- 1.9 A unit of service is equal to (1) full hour of direct in-home service to the customer.
- 1.10 The unit rate must include administration, supervision, travel, and documentation costs.
- 1.11 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.

PROVIDER REQUIREMENTS

Home Options Program Provider of homemaking services must maintain evidence that it:

- 1.12 Has the capacity to deliver service five (5) days a week.
- 1.13 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.
- 1.14 Maintains a back-up plan for service delivery in the event of an employee's absence.
- 1.15 Maintains required Homemaker (HM) 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 homemaker providing the service.
 - (d) Homemaker's arrival and departure time.
 - (e) Homemaker's written or electronic signature to verify the accuracy of the record.
 - (f) If an electronic verification system is not utilized to document services, provider must obtain customer's signature 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).
- 1.16 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.

1.17 Provider has a written policy addressing workers handling of customer funds.

1.18 Provider has a mechanism in place to verify whether the HM 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.

HOMEMAKER TRAINING REQUIREMENTS

1.19 Provider must furnish documented evidence, maintained in the employee's file, verifying that all individuals providing Homemaker Services has successfully completed 20 hours required classroom training/instruction, passed the provider's written competency or oral testing with a score of at least 70% **AND** successfully completed skills testing by return demonstration **prior** to independently serving Home Options Program customers. Return demonstration may be performed under supervision in the field. Trainer must meet Homemaker supervisor qualifications.

1.20 The required content for the 20 hour provider training shall include instruction in the subject area in Section 5.1 (a) through (h).

1.21 Exceptions for the required classroom training will be allowed for persons with the following:

- (a) A verified State-Tested Nursing Assistant (STNA) listed on the Ohio Department of Health's Nurse Aide Registry **AND** who successfully completes the Provider's written or oral competency test with a minimum score of 70% **AND** completes skills testing by return demonstration; **OR**
- (b) Has a minimum of one (1) year verified experience as a supervised home care aide or homemaker under direct supervision of an RN or a LPN as delegated by an RN; **AND**
 - 1. Passes the Provider's written competency or oral test with a minimum passing score of 70%, **AND**
 - 2. Successfully completes skills testing by return demonstration, **OR**
- (c) Verified successful completion of and documentation of twenty (20) hours classroom training under the direction of an RN or the Supervisor Trainer **prior** to customer contact. Training and testing shall be documented by the Provider and shall include training site information, date, and length of training that includes the number of hours, instruction materials, subject areas, qualifications and signature of trainer and all testing results. The training program must meet approval of Clermont Senior Services, Inc. Home Options Program; **AND**
 - 1. Passes the Provider's written competency or oral test with a minimum score of 70%, **AND**
 - 2. Successfully complete skills testing by return demonstration; **OR**

- (d) Graduate of Mercy Neighborhood Ministries Home Care Aide Training or other certified vocational program in health care **AND**
 - 1. Passes a provider's written competency or oral test with a minimum score of 70% **AND**
 - 2. Successfully completes skills testing by return demonstration.

HOMEMAKER TRAINING/TESTING WITH RETURN DEMONSTRATION

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

- (a) *House cleaning skill.
 - 1. Dusting and straightening furniture. Light furniture may be moved to complete jobs (i.e. dining chairs, small objects, etc.)
 - 2. Cleaning floors and rugs by wet/dry mop, vacuum, and/or sweeping.
 - 3. Cleaning the kitchen, including washing dishes, pots and pans used by staff in meal preparation for customer.
 - 4. Cleaning outsides of appliances/counters/cabinets.
 - 5. Cleaning ovens, defrosting/cleaning refrigerators, and disposal of spoiled/outdated food items.
 - 6. Cleaning the bathroom, including tub, sink, shower, toilet bowl and base, and emptying and cleaning of a commode chair/urinal.
 - 7. Changing linens and re-making beds.
 - 8. Removing trash from the home.
 - 9. Washing storm doors and sliding glass patio doors, wiping off window sills.
 - 10. Standard precautions and infection control to prevent cross contamination during homemaking.
 - 11. Cleaning of equipment (i.e. walkers, wheelchairs, BSC, tub bench, canes, etc.)
- (b) Prevention of dangerous chemical mixtures and proper use of equipment
- (c) *Laundry
 - 1. Washing and drying customer's clothes and linens in the home, or at a designated laundry area.
 - 2. Folding clothes and linens. Remake bed.
 - 3. Putting away finished laundry.
- (d) 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 physical, emotional, or sexual abuse, self-neglect, neglect, or exploitation and requirements for reporting to Adult Protective Services
 - 5. Body Mechanics for the Homemaker (HM)
- (e) *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
- (f) *Meal Preparation/Nutrition/Food Storage/Shopping
 1. Menu planning
 2. Special diet preparation with qualifying instructions
 3. Cleaning eating and food preparation areas
 4. Essential errands and grocery shopping when authorized
 5. Safe food handling and storage
 6. Light meal preparation and clean up
- (g) *Standard Precautions/Infection Control Practices
 1. Handwashing, gowning and gloving techniques
 2. Blood and body fluid precautions
- (h) Other
 1. Role and expectations of the homemaker
 2. Special Needs of the Elderly
 3. Basic understanding of body functions and ability to recognize changes that must be reported to Supervisor

1.23 Annual Homemaker In-Service Training Requirement.

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

1.24 Ongoing Supervision/Observation of Homemaker

- (a) A supervisory visit will be completed at least every 6 months to observe HM's knowledge and skill level in performing homemaking tasks and skills as outlined in Section 5.1 (a) through (i). Supervisory visit documentation should be retained in the HM's personnel file and will include:
 1. Date of visit
 2. Printed name and signature of HM
 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

1.25 Tasks that **MUST NOT** be Assigned to the HM

- (a) Provider must assure that these specific tasks are **never** assigned as HM customer care responsibilities:
 - 1. Caring for or cleaning up after pets.
 - 2. Moving heavy furniture or turning mattresses.
 - 3. Climbing on ladders, chairs or step stools.
 - 4. Care for outside of home/yard/deck.
 - 5. Shoveling snow or raking leaves.
 - 6. Transport or ride with customer or driver customer's vehicle.
 - 7. Engage in heavy cleaning activities (washing windows, walls, shampooing carpets, etc.)
 - 8. Provide any service for which they have not been trained or supervised.

SUPERVISION OF CUSTOMER'S HOME MAKING SERVICE

The Provider must assure a homemaker performs services as outlined in the Home Options Program Case Manager's authorized Plan which may include any of the Homemaker duties and responsibilities as identified in Section 5.1 (a) through (h) of this specification and in keeping with the Clermont Senior Services Home Options Program Code of Ethics. The supervisor oversees the homemaker in the customer homemaking tasks.

1.26 The HM Supervisor must complete and document in the customer's case notes:

- (a) A home visit with the HOP contracted customer **prior** to the initial HM visit to define expected activities of the HM and prepare a written task sheet signed by customer, consistent with the HOP Case Manager's authorized plan and HOP Code of Ethics. The Supervisor must:
 - 1. Make available to each customer and HM a copy of the task sheet
 - 2. Attach a copy of task sheet to customers file in ServTracker.
- (b) A HM Supervisory visit to the customer at least every 93 days to evaluate HM 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 HM must also be noted in ServTracker. The HM 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 HM, if present
- (c) Each HM Supervisory visit to a HOP customer must be documented in the customer's record in Servtracker 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 HM 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 twenty-four (24) hour business day.
 - (e) The HM Supervisor must notify Adult Protective Services at Clermont Senior Services at (513) 536-4085 and the HOP Case Manager when signs of physical, emotional or sexual abuse, self-neglect, neglect or exploitation are reported or identified within one (1) hour of discovery.
 - (f) Review of HM customer contact forms/time slips to assure the homemaker tasks performed coincide with the HM task assignment sheets.
 - (g) Follow-up activity on reported HM pertinent customer observations.

PERSONNEL QUALIFICATIONS

The provider must assure position descriptions include the following as applicable and that Homemaking staff meets the following qualifications.

1.27 Homemaker

- (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

1.28 The HM Supervisor and/or trainer must meet at least one of the following qualifications:

- (a) Registered Nurse, Licensed Practical Nurse, or Licensed Social Worker, currently licensed in the State of Ohio.
- (b) Possess a Bachelor's Degree (BS or BA) or Associate Degree in one of the following areas:
 1. Family and Consumer Sciences
 2. Counseling
 3. Gerontology
 4. Public health
- (c) Documented verification of a minimum of two (2) years of direct community service experience in the provision of Home Care or Housing Cleaning Services.
- (d) Own an established business in House Cleaning and/or chores for a minimum of two (2) years.