

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 mechanism to verify:
 - a) That the PC/R aide is present at the scheduled time and location where 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 time and location
 - c) 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 consumer
 - d) Procedures for maintaining records of the information obtained through the monitoring system, and compiling annual reports which include statistics on the rate at which home care services were provided at the proper time and location

- e) Procedures for conducting random checks of the accuracy of the accuracy of the monitoring system. 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 equivalent, **OR** has a minimum of two years of work experience in a health and human services field.
- b) Training and Skill Testing Criteria: All individuals providing PC/R services meet at a minimum at least **ONE** of the following criteria prior to serving an FCSO client:
 - Current State Tested Nursing Assistant (STNA) or certified home health-aide without a 24-month lapse in employment.
 - One year experience as an institutional nursing aide or in-home Home Health Aide within the past three years. PC/R Aide must successfully complete written testing and skills testing by return demonstration (either in classroom environment or in the field under supervision of RN Supervisor).
 - Successful completion of sixty hours PC/R Aide or Home Health Aide training and skill testing conducted by the Provider agency that includes the training and skill testing components.

4.2 Personal Care/Respite Supervisor/Registered Nurse:

- a) Has current Ohio licensure as a Registered Nurse.
- b) Has had at least two (2) years nursing experience, or at least 1 year nursing experience in home and/or community-based direct service delivery in health care.

5.0 Training and Skill Testing Components

5.1 Each PC/R Aide must receive sixty hours of training and skill testing by return demonstration, unless exempted under Section 4, item 4.1.b):

- 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.
- 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 and 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.

5.2 The hours of instruction do not include FSCO program and agency orientation hours required for new agency employees as specified in the Conditions of Participation.

5.3 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 RN 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.

6.0 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.

- 6.1 The Provider shall maintain documentation of PC/R Aide participation in continuing education sessions.
- 6.2 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.

7.0 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.

- 7.1 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
 - Dressing and grooming
- 7.2 Mobility:
 - Turning and positioning
 - Assisted transfers and ambulation; with and without assistive devices
 - Passive range of motion exercises under the direction of the RN and/or Physical Therapist
- 7.3 Elimination:
 - Measure intake and output (I&O)
 - Assist with use of bedpan, bedside commode, toileting activity
 - Incontinent care
 - Catheter care, limited to cleansing and positioning of external parts of drainage systems and emptying drainage systems
- 7.4 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

7.5 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

7.6 Safety:

- Identify and report safety hazards to immediate supervisor
- Eliminate safety hazards with client and supervisor approval

7.7 Other:

- Reality orientation and sensory stimulation
- Listen and Converse
- Complete errands; i.e., securing groceries and prescriptions
- Accompany client to appointments

8.0 Special Tasks that shall not be assigned to the PC/R Aide

8.1 The Provider shall assure that the PC/R Aide shall not administer over-the-counter (OTC) medications to be ingested, administer oral prescription medications or apply topical prescription medications.

9.0 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 supervises the PC/R Aide in client care tasks.

9.1 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.

9.2 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***.

9.3 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.

9.4 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.

9.5 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.

9.6 The Provider shall assure that the RN/Supervisor is available to Personal Care/Respite aides for emergencies during hours of service provision.

10.0 Summary of Required Documentation

Required Documentation	Due Date	Remarks
Initial Client Care Plan Assessment and PC/R care plan	Before start of client care	RN only. Provider maintains original copies.
<i>Client Supervisory Report</i> (evaluate existing care plan)	Every 60 days	RN only. Use <i>Client Supervisory Report</i> or other approved format. Forwarded to CM within two weeks after completion. Complete with signatures and dates.
Supervisor and PC/R case consultation and communication	As needed	Provider maintains original copies.
Staff continuing education	Annual - eight hours	Exempt for 1 st year if 60 hour skills test completed. Providers maintain original documents in

		employee personnel file.
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