



PERSONAL CARE/RESPITE SERVICE SPECIFICATIONS

1.0 Definition

Personal Care/Respite (PC/R) Services enable a client to achieve optimal functioning of Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and/or provide the client's informal caregiver with a respite from caregiving duties.

Premium Personal Care/Respite Service is considered a service, authorized by the care consultant, of 2 hours or less provided on a given shift

2.0 Unit of Service

2.1 A unit of service is one (1) hour of direct in-home service to the client.

2.2 Premium service shall be billed under the appropriate care plan item. A Provider's premium rate shall be set by the Provider agency and is not to exceed 1.5 times the contracted rate for the service

2.3 The unit rate must include initial assessment, administration, supervision, travel and documentation time.

2.4 The number of units authorized in each service day may vary from a fraction of a unit to several units.

2.5 **SourcePoint** services and program are person-centered and based on the client's assessed need. Providers are not permitted to impose minimum shift lengths.

3.0 Provider Agency Requirements

3.1 **SourcePoint** does not require the Provider to be a Medicare or Medicaid certified home health agency.

3.2 Priority will be given to Providers who deliver services at any time in a 24-hour period, 7 days a week.

3.3 PC/R services must be provided in the client's or caregiver's home.

3.4 The Provider must maintain a written policy for handling client funds or money when providing services.

4.0 Continuing Education

The Provider must ensure the completion of a minimum of eight hours of continuing (in-service) education for each PC/R aide every 12 months.

- 4.1 The Provider must maintain documentation of PC/R Aide participation in continuing education sessions.
- 4.2 During first year of employment, the eight-hour continuing education requirement is excluded for those staff members completing the 30 hour training/skill testing requirement.

5.0 Duties and Responsibilities of the PC/R Aide

The Provider must ensure PC/R Aide assignment and capability to perform services outlined in the **SourcePoint** authorized plan which may include any of the following client care tasks:

- 5.1 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
- 5.2 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
- 5.3 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
- 5.4 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
- 5.5 Homemaking*:
 - Cleaning of the bedroom: bed making, occupied and unoccupied, including linen change

- Cleaning of the bathroom: tub (including surrounding wall), basin, floor and toilet cleaning.
- Laundry: client's personal bed linen, towels, underwear, sleeping gowns and other clothes
- Dish washing
- Trash removal
- Vacuuming
- Wet mopping non-carpeted floors

*While it is expected client will provide cleaning supplies, it is not the client's responsibility to provide personal protective equipment (PPE) including but not limited to gloves, masks, gowns, and shoe covers.

5.6 Safety

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

5.7 Other

- Reality orientation or prompting and sensory stimulation
- Listen and Converse
- Complete errands: i.e., securing groceries and prescriptions
- Accompany client to appointments if prior approval is received from Care Consultant

6.0 PC/R Aide Tasks Requiring Individualized Instruction and Skill Testing

The Provider must furnish in-home specific instruction for the client being served by the PC/R Aide for tasks listed in this section.

6.1 The instruction must be:

- One-on-one
- Provided by licensed healthcare professional who meets requirements in #11.2
- Followed with return demonstration(s) by PC/R Aide

6.2 PC/R Aide instruction and successful return demonstration(s) must be documented prior to PC/R assignment to that special task for the client.

6.3 Those specific PC/R client care tasks requiring special instruction and return demonstration are:

- 6.3(a) Specific rehabilitative therapies under the direction of a licensed therapist.
- 6.3(b) Use of a Hoyer lift.
- 6.3(c) Application of a condom catheter.
- 6.3(d)** Bladder training that requires the use of timed clamping of urinary drainage systems.
- 6.3(e)** Cleansing or emptying of an ostomy drainage system.
- 6.3(f)** Assistance with application of ostomy appliances provided the ostomy is stable, the client has had the ostomy for at least six (6) months, the client has knowledge of techniques and the stomal and peristomal skin is intact.

**Require a physician's order. The order must be renewed or updated at least every 60 days. It is the responsibility of the Provider to obtain and update physician orders for any PC/R

task item identified as requiring physician orders.

7.0 Special Tasks that must not be assigned to the PC/R Aide

The Provider must assure that the PC/R Aide **never:**

- 7.1 Administers over-the-counter medications to be ingested.
- 7.2 Administers oral and/or injectable prescription medications or apply topical prescription medications.
- 7.3 Performs tasks that require sterile technique.
- 7.4 Administers irrigation fluids to intravenous lines, Foley catheters or ostomies.
- 7.5 Administers food and fluids via feeding tubes.
- 7.6 Administers enemas
- 7.7 Fills medication/pill boxes

8.0 PC/R Aide Supervision

The Provider must assure that a PC/R Aide performs services outlined in the **SourcePoint** authorized plan and the PC/R aide is supervised by a supervisor meeting the minimum requirements outlined in 11.2 and 11.3.

- 8.1 The supervisor must complete and document a home visit to define the expected daily activities of the PC/R **before client care is initiated**. The supervisor performing this task must meet licensed healthcare professional requirements outlined in section 11.2 or Administrative Supervisor requirements in section 11.3.
 - 8.1 (a) The supervisor must prepare a written PC/R Aide daily care plan specific to each client and consistent with **SourcePoint's** authorized plan.
 - 8.1 (b) The supervisor must provide each PC/R Aide a copy of the daily care plan for each client assigned.
 - 8.1 (c) The supervisor must obtain the client's or designated caregiver's signature on the initial care plan and retain documentation in the client's file.
- 8.2 The supervisor must evaluate PC/R Aide compliance with the daily care plan and **SourcePoint's** authorized plan at least every 60 days. A supervisor, as defined in sections 11.2 & 11.3, may conduct supervisory visits.
 - 8.2 (a) Review the PC/R Aide documented client contacts to assure PC/R task completion is consistent with the daily care plan and **SourcePoint's** authorized plan.
 - 8.2 (b) Complete and document a PC/R supervisory visit to client at least every 60 days) to evaluate PC/R compliance with the daily care plan and **SourcePoint's** authorized plan.

8.2 (c) The supervisor shall obtain the client's signature and date on the Client Supervisory Visit Report.

* Reviews may be completed in-person or over the phone/virtually via Web.

* In-person reviews must be completed for new client enrollment.

* In-person reviews must be completed when a client has been on suspension for 30 or more days

* There should be no Client Supervisory Service Reviews conducted via telephone/virtually via Web back-to-back.

8.2 (d) Documentation of Client Supervisory Service Reviews conducted via telephone must indicate that the Review was completed via telephone/virtually via Web and include the same information as Reviews conducted in-person.

8.2 (e) The Provider should make every effort to schedule in-person Client Supervisory Reviews ahead of time. Unscheduled Client Supervisory Reviews are to be conducted only in situations when Provider has made multiple attempts to contact client/caregiver via telephone. Provider shall notify Care Consultant if Provider has had three (3) unsuccessful attempts to contact client/caregiver.

8.2 (f) Supervisory visits can be conducted by a nurse or administrative supervisor as defined in Section 11.2 & 11.3.

8.2 (g) A licensed healthcare professional must review and update the client's plan of care at least one (1) time per year.

8.2(h) A licensed healthcare professional must conduct a visit following:

8.2(h)-i: a client's hospital admission;

8.2(h)-ii a client's medical event;

8.2(h)-iii: client service was on hold more than 30 days; or

8.2(h)-iii a client's skilled nursing facility stay

8.3 The supervisor must assure that each episode of PC/R service delivery, including a listing of tasks performed by the PC/R Aide, client response to the service, date of service, time in/out of PC/R Aide is signed by the PC/R Aide and the client/caregiver.

8.4 The supervisor must 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 8.0, Item 8.2 and notify the Care Consultant of recommended modifications and resolutions of any problems identified.

8.5 The supervisor must complete the **SourcePoint** or agency Supervisory Report every two (2) months days and maintain documentation this has been completed in client's file.

9.0 Service Delivery

The Provider must have a monitoring system/method in place to verify service delivery. This mechanism must verify:

- 9.1 Whether the PC/R Aide is present at the location where the services are to be provided and at the time the services are to be provided;
- 9.2 Whether the Provider's employees have provided the services at the proper location and time, by the end of the working day;
- 9.3 Client/caregiver signature at end of service shift. If the Provider uses an electronic service verification system (ESVS) and the system does not have signature capability the Provider must maintain hard copies of client/caregiver's signatures for each service delivery.
- 9.4 A protocol to be followed in scheduling a substitute employee when the monitoring system identifies that an employee has failed to provide home care services at the proper location and time, including standards for determining the length of time that may elapse without jeopardizing the health and safety of the consumer;
- 9.5 Procedures for maintaining records of the information obtained through the monitoring system;
- 9.6 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
- 9.7 Procedures for conducting random checks of the accuracy of the monitoring system to ensure system is in proper working order

Note: Above items are still required for agencies utilizing an electronic service verification system

10.0 Summary of Required Documentation

The Provider of PC/R services must furnish PC/R service specific documentation in addition to the documentation requirements of the Conditions of Participation. The PC/R service specific documentation required includes:

- 10.1 The Provider assessment outcome and Physician authorization, as appropriate.
- 10.2 Client specific PC/R Aide care plans.
- 10.3 Record of each episode of client contact.
- 10.4 Regular supervisor/worker case consultation and communication.
- 10.5 **SourcePoint's** or agency Supervisory Reports, signed and dated by client/authorized family member/caregiver.

11.0 Personnel Qualifications

The Provider must assure and maintain documentation that position descriptions and PC/R staff possess the following qualifications prior to service delivery:

11.1 PC/R Aide:

11.1.1 Is a high school graduate, **OR** has completed GED, **OR** has a minimum of two years of work experience.

11.1.2 Is able to understand the written care plans, execute instructions and document services delivered.

11.1.3 Is able to communicate with clients/families and emergency service systems personnel.

11.1.4 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 a **SourcePoint** client:

a. Current State Tested Nursing Assistant (STNA) or certified home health aide without a 24-month lapse in employment

OR

b. One year experience as an institutional nursing aide or supervised in-home Health Aide within the past ten 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)

OR

c. Successful completion of **thirty (30)** hours PC/R Aide or Home Health Aide training skill testing documented by the Provider agency that includes the training and skill testing components.

OR

d. Documentation of completion of COALA home health training or a certified vocational training and competency evaluation program in a health care field program covering topics listed in Section 12.0

11.2 Licensed Healthcare Professional:

11.2.1 Registered Nurse

a. Has current Ohio licensure as Registered Nurse

11.2.2 Licensed Healthcare Professional whose scope of practice includes health assessments, including Physical Therapist, Occupational Therapist, or related field as approved by **SourcePoint** staff

11.2.3 Licensed Practice Nurse

11.2.3 (a) Has current Ohio licensure as Licensed Practical Nurse

AND

Is under the direction of a Registered Nurse, pursuant to Ohio Revised Code 4723 (Nurse Practice Act)

11.2.3 (b) RN may be a contract employee

11.3 Administrative Supervisor:

The Provider must assure that the supervisor of PC/R staff meets at least one of the following qualifications:

11.3.1 Possess a bachelor's degree (BS or BA) OR an associate degree in one of the following areas:

- Health Sciences
- Medical Assisting
- Physical or Occupational Therapy
- Gerontology
- Social Work
- Nursing
- Public Health
- Health Education
- Other related field

OR

11.3.2 Possesses a minimum of four (4) years of direct community service experience in the provision of home care services.

12.0 Training and Skill Testing Criteria

The Provider must assure that all individuals providing PC/R services have successfully completed **thirty (30)** hours of training and skill testing by return demonstration, unless exempted under Section 11., item 11.1.4.

12.1 The training areas include, but are not limited to the following:

- 12.1.1 Communication skills, including ability to read, write and make brief and accurate oral or written reports.
- 12.1.2 Observation, reporting and documentation of client status and services provided.
- 12.1.3 Reading and recording temperature, pulse and respiration.
- 12.1.4 Universal precautions for infection control procedures.
- 12.1.5 Basic elements of body functioning and changes in body function that should be reported to supervisor.
- 12.1.6 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.

- 12.1.7 Recognition of emergencies; knowledge of emergency procedures; and basic home safety.
- 12.1.8 The physical, emotional and developmental needs of the client, including the need for respect of person and property, and privacy.
- 12.1.9 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.
- 12.1.10 Meal preparation and nutrition planning that include special diet preparation, grocery purchase, planning and shopping; and errands.
- 12.1.11 Establishing and maintaining appropriate boundaries while working in the helping profession
- 12.2 The 60 hours of instruction do not include agency orientation hours required for new agency employees as specified in the Conditions of Participation.
- 12.3 The Provider must maintain and furnish documentation of the PC/R paraprofessional's training and testing in the PC/R personnel file. The documentation requirements are:
- Date of the training
 - Number of hours of the training
 - Subject areas covered
 - Qualifications of the trainer and the tester
 - Signatures of trainer, the tester and the PC/R verifying the accuracy of the record
 - Testing results