

This document is intended as a tool to help provider agencies prepare for their annual audit for SourcePoint's In-Home Care program. SourcePoint Providers are strongly encouraged to read all of SourcePoint's provider requirements as this tool is not intended to encompass all possible scenarios.

Rule Number	Service Specification	Findings/comments	Yes	No	N/A
	1.0: Service Definition				
1	Enable a client to achieve optimal functioning of ADLs and IADLs and/or provide the client's informal caregiver with a respite from caregiving duties. Premium Personal Care/Respite Service is considered 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	The cost of service exceeding 8 consecutive hours may be billed at a 24-hour weekend rate of \$275.00/day or at the hourly rate, whichever is lower. This only applies to Respite care.				
2.3	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 regular rate for the service				
2.4	Unit rate must include Administration, Supervision, Travel and Documentation time				
2.5	The number of units authorized in each service day may vary from a fraction of a unit to several units.				
	3.0: Provider Agency Requi	rements			
3.3	PC/R Services must be provided in the client's or caregiver's home				



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4.0:	Continuing Education: The provider must furnish a minimus education for each homemaker parapr				
4.1	Provider must maintain documentation of PC/R staff 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 60-hour training/skill testing requirement				
1	Outies and Responsibilities of the PC/R Aide: The Provider memory of				
	Personal hygiene and care: bathing; oral hygiene; hair care;shaving; perineal care; skin care; nail and foot care unless contraindicated by client's condition; dressing and grooming				
5.2	Mobility: Turning; assisted transfers and ambulation; passive range of motion				
5.3	Elimination: measuring intake and output; assist use of bedpan, commode; incontinence care; catheter care (limited to cleansing and positioning of external parts of drainage systems or emptying drainage systems				
	Nutrition: meal plan and prep; special diet prep with qualifying instruction; cleaning food areas; encouraging adequate intake; recording weight; nutritional and fluid intake				
5.5	Homemaking tasks: cleaning of bedroom, bathroom; laundry; dish washing; trash removal; vacuuming; wet mopping non-carpeted floors				
	Safety: identify and report safety hazards to immediate supervisor; elimiate safety hazrds with client and supervisor approval				
5.7	Other: reality orientation or prompting and sensory stimulation; complete errands; accompany to appointments; listen and converse				
6.0: PC/I	R aide tasks requiring individualized instruction and skill testing instruction for the client being served by the PC/R A	• •			
6.1	The instruction must be:				
	One-on-One				
	Provided by licensed nurse who meets requirements in #11.2				



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	Followed with return demonstration by PC/R Aide				İ
6.2	PC/R Aide instruction and successful return demonstration 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 therapies under direction of a licenses therapist				
	6.3(b): use of a Hoyer lift				
	6.3(c):Application of a condom catheter				
	6.3 (d): Bladder training that requires use of timed clamping of urinary drainage systems (requires a physician's order)				
	6.3(e): Cleansing or emptying of an ostomy drainage system (requires a physician's order)				
	6.3 (f): Assistance with application of stoma appliances provided the ostomy is stable, the client has had the ostomy for at least 6-months, the client has knowledge of techniques and the stomal and peristomal skin is intact (requires a physician's order)				
7.0:Sp	pecial tasks that must not be assigned to the PC/R aide. The	provider must assure that the PC/R aide never:			
7.1	Administer over the counter medications to be ingested				
7.2	Administer oral prescription medications or apply topical prescription medications				
7.3	Perform tasks that require sterile technique				
7.4	Administer irrigation fluids to intravenous lines, Foley catheters or ostomies				
7.5	Administer food and fluids via feeding tubes				
7.6	Administer enemas				
	R Aide Supervision: The provider must assure that a PC/R And that the PC/R Aide is supervised by a supervisor meeting				
8.1	Supervisor must complete and document a home visit to define the expected daily activities of the PC/R Aide before client care is initiated				



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	8.1(a): Supervisor prepared written PC/R Aide daily care plan specific to each client and consistent with authorized plan				
	8.1(b) Supervisor provided a copy of the daily plan for each client assigned to the PC/R Aide				
	Supervisor must evaluate Homemaker paraprofessional compliance with daily care plan and SourcePoint's authorized plan at least every 62 days				
	8.2(a): Supervisor reviewed PC/R Aide documented client contacts to assure PC/R Aide task completion is consistent with daily care plan				
	8.2(b): Complete and document a PC/R Aide supervisor visits to client at least every 62 days to evaluate PC/R Aide compliance with daily care plan and SourcePoint's authorized plan.				
	8.3(c): the supervisor shall obtain the client's signature and date on the client supervisory visit report				
	Supervisor must assure that each episode of PC/R Aide service delivery, including all listing of tasks performed by the PC/R Aide and client response to the service is signed by the PC/R Aide and the client				
	8.3(a): If provider is utilizing an electronic service delivery system, do they have an approved copy of the SourcePoint electronic service delivery waiver?				
	The supervisor must evaluate client response to the care plan and reflect problems identified by 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 resolution of any problems identified				
	Supervisor must maintain documentation that supervisor report was completed every 62 days in each client's file				
9.0: The	provider must have a monitoring system/method in place t	o verify service delivery. Mechanism must verify:			
	Whether homemaker is present at location where services are to be provided and at the time services are to be provided				
9.2	Whether provider's employees have provided the services at the proper location & time by the end of the working day				



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9.3	Client/family member signature at end of service shift. If system does not have signature capability, provider must request a Waiver from SourcePoint.				
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 he 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 assure system is in proper working order				
Note:	Above items are still required for agencies utilizing electronic service delivery unless a waiver is granted by SourcePoint.				
	0: Summary of Requirement Documents: the provider of PC. entation in addition to the documentation requirements of the specific documentation require	ne conditions of Participation. The PC/R service			
10.1	The provider assessment outcome and Physician authorization (if required)				
10.2	Client-specific PC/R care plans				
10.3	Record of each episode of client contact				
10.4	Regular supervisor/worker case consultation and communication				
10.5	SourcePoint or agency supervisory report				
Note:	Above may be kept electronically				
11.0:	Personnel Qualifications: The provider must assure that pos following qualification	•			
11.1	PC/R Aide				
	11.1.1: Is a high school graduate or completed GED or has a minimum of 2-years work experience				
	11.1.2: is able to understand written care plans, execute instructions and document services delivered				



Rule					
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	11.1.3: is able to communicate with clients/ families and emergency				
	service systems personnel				
	11.1.4: Training and Skill Testing Criteria: must meet at least one of the				
	following criteria prior to serving a SourcePoint client				
	11.1.4(a): Current State Tested Nursing Assistance (STNA) or certified				
	home health-aide without a 24-month lapse in employment				
	OR				
	11.1.4(b): One-year experience as an institutional nursing aide or				
	supervised in-home Health Aide within the past 3-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				
	11.1.4(c): Successful completion of 60-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				
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11.2	PC/R Aide Supervisor				
	11.2.1: Registered Nurse				
	11.2.1 (a): Has a current Ohio Licensure as registered nurse				
	AND				
	11.2.1(b): has 1-year experience as an RN				
	OR				
	11.2.1(c):Has 4-years' experience in home health prior to obtaining				
	nursing license				
	11.2.2: Licensed Practice Nurse				
	11.2.2(a): Has current Ohio Licensure as a licensed practical nurse				
	11.2.2(a). Has current Office Licensure as a nicensed practical flurse				
	11.2.2(b): has 2-years' experience as licensed practical nurse				
	11.2.2(c):Is under the direction of a registered nurse, pursuant to Ohio				
	Revised Code 4723 (Nurse Practice Act)				
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	11.2.2(c)(I): RN's contact information must be readily and easily accessible to LPNs acting as supervisor to PC/R staff				
	accessible to El 113 deting as supervisor to 1 G/11 stall				



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	11.2.2(c)(ii): RN may be a contract employee only				
	raining and Skill Testing Criteria: the provider must assure to essfully completed 60-hours of training and skill testing by Section 11, item 11.1	return demonstration, unless exempted under			
12.1	The training areas include, but are not limited to the following:				
	12.1.1: Communication skills, 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				
	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				
	12.1.10 Meal preparation and nutrition planning				
	12.1.11 Establishing and maintaining appropriate boundaries				
12.2	60-hours do not include agency orientation hours required for new agency employees as specified in Conditions of Participation				
12.3	Provider must maintain and furnish documentation of the PC/R training and testing in the PC/R aide personnel file. The documentation requirements are:				
	12.3(a): Date of Training				



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	12.3(b): Number of hours of training				
	12.3(c) :List of instruction materials and subject areas covered				
	12.3(d):Qualifications of the trainer and tester				
	12.3 (e): Signatures of trainer, tester and PC/R verifying the accuracy of the record				
	12.3(f): Testing results				