

# 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.
- 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 will be billed at a 24 hour weekend rate of \$220.00/day or at the hourly rate, whichever is lower.
  - 2.3 The cost of service which occurs between the hours of 6:00 p.m. and 6:00 a.m. may be billed at one and a half times the unit rate.
  - 2.4 The 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 Requirements
- 3.1 Council for Older Adults does not require the Provider to be a Medicare/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.
- 4.0 Training and Skill Testing Criteria  
The Provider must assure that all individuals providing PC/R services have successfully completed the required instruction and skill testing elements of the 60 hour training and skill testing specified in Sections 5, 6, 7, and 8.
- 4.1 Exceptions to the training requirement are:
    - a) State Tested Nurse Assistant (STNA);
    - OR**
    - b) One (1) year of institutional nursing aide or PC/R Aide or Home Health Aide in-home direct service delivery experience within the past three years;
    - OR**
    - c) Documented and verified training as PC/R Aide or Home Health Aide equaling 60 hours.
  - 4.2 Exception to the Skill Testing requirement is limited to those individuals who are STNA.
  - 4.3 The instruction and skill testing for each PC/R Aide must be completed within the first 12 months of employment, unless exempted in accordance with Items 4.1 and 4.2 of this Section.
    - a) The Provider must maintain documentation of all instruction and skill testing provided for each PC/R Aide.

- b) The Provider must furnish verification documentation of previous training, experience and/or certification and skill testing if the PC/R Aide is exempted from training by the Provider in accordance with Items 4.1 and 4.2 of this Section.

4.4 The PC/R Aide 60 hour training requirement must be completed:

- a) at a minimum within the following time periods of specified hours:
  - Prior to Client Contact 20 Hours
  - Recommended content within first 6 Months of employment 20 Hours
  - Recommended content within second 6 Months of employment 20 Hours
  - Total Hours 60 Hours

5.0 Training and Skill Testing Components

5.1 PC/R Aide Instruction required prior to client contact--20 hours

- a) The Provider must furnish each PC/R Aide a minimum of 20 hours of instruction prior to independent assignment to client care service delivery, unless exempted according to Section 4, Item 4.1.
- b) Documentation of PC/R Aide successful completion of the instruction specified in Item 5.1 must be signed and dated by the instructor and PC/R Aide and included in the PC/R Aide personnel file.
- c) The 20 hours of instruction do not include agency orientation instruction hours required for new agency employees.
- d) The 20 hours of instruction must include the following course content topics:
  - Personal Hygiene and Grooming Techniques including: bed, tub, shower and partial bath; bed shampoo; perineal care; shave; dressing.
  - Oral Hygiene
  - Foot and nail care
  - Transfer Techniques
  - Body Mechanics for the direct service worker
  - Universal Precautions of Infection Control/Communicable Diseases (Hand washing, Waste disposal)
  - Communication and Listening Skills and Techniques
  - Observation Skills and Techniques
  - Emergency Protocol
  - Role and Expectations of PC/R Aide
  - Documentation Skills

5.2 Recommended PC/R Aide Course Content Instruction to be completed within the first six months of employment -- 20 hours.

- a) The Provider must furnish the PC/R Aide the 20 hours of course content instruction as specified in Item 5.2. It is recommended that this content instruction be completed within the first six months of employment, unless exempted according to Section 4, Item 4.1.
- b) Documentation of PC/R Aide successful completion of the instruction specified in Item 5.2 must be signed and dated by the instructor and PC/R Aide and included in the PC/R Aide personnel file.
- c) The 20 hours of instruction do not include the 20 instruction hours required prior to client care service delivery (Item 5.1).
- d) The recommended course content for these 20 hours of instruction includes the following topics:

- Client Mobility
- Active and Passive range of motion (ROM) exercises
- Body Mechanics for client ADL 's
- Elimination and Intake and Output (I&O)
- Cleansing and emptying of eliminatory utensils and drainage systems
- Special skin care
- Vital Signs: temperature, pulse, respirations (TPR)
- Basic Home Safety
- Homemaking
- Nutrition
- Meal Preparation
- Universal Precautions/Communicable Diseases

5.3 Recommended PC/R Aide Course Content Instruction to be completed within the second six months of employment -- 20 hours.

- a) The Provider must furnish the PC/R Aide the 20 hours of course content instruction as specified in Item 5.2, Line d. It is recommended that this content instruction be completed within the first six months of employment, unless exempted according to Section 4, Item 4.1.
- b) Documentation of PC/R Aide successful completion of the instruction specified in Item 5.2 must be signed and dated by the instructor and PC/R Aide and included in the PC/R Aide personnel file.
- c) The 20 hours of instruction do not include the 40 hours of PC/R Aide instruction provided prior to client contact and within the first six months of employment (Item 5.1 and 5.2).
- d) The recommended course content for these 20 hours of instruction includes the following topics:
  - Health and Wellness
  - Normal Aging
  - Illness and Disability
  - Chronic Diseases
  - Special Needs of the Elderly
  - Death and Dying
  - Acquired Immune Deficiency Syndrome

## 6.0 Training Components Requiring Skill Testing

6.1 PC/R Aides must be certified via successful Skill Testing in the following Client Care Tasks, at a minimum:

- Bed, Tub, Shower and Partial Bath Techniques
- Bed Shampoo
- Foot and Nail Care
- Oral Hygiene
- Bed positioning of immobile client
- Transfer Techniques for the full assist client
- Active and Passive ROM
- Client assist in use of assistive devices: walker, cane, sliding board, lift
- Vital Signs: TPR
- Cleansing and emptying of elimination utensils and drainage systems
- Universal Precaution techniques including hand washing and cautions with bodily waste

## 7.0 PC/R Continuing Education

The Provider must assure the completion of a minimum of eight hours of continuing (in-service) education for each PC/R Aide annually.

7.1 The Provider must maintain documentation of PC/R Aide participation in continuing education sessions.

7.2 The eight hour continuing education requirement is excluded for those staff members completing the 60 hour training/skill testing requirement in the first year of employment.

## 8.0 Duties and Responsibilities of the PC/R Aide

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

### 8.1 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

### 8.2 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

### 8.3 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

### 8.4 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

### 8.5 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

8.6 Safety

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

8.7 Other

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

9.0 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.

9.1 The instruction must be:

- One-on-one
- Provided by registered nurse, and
- Followed with return demonstration(s) by PC/R Aide

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

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

- a) Specific rehabilitative therapies under the direction of a licensed therapist.
- b) Use of a Hoyer lift.
- c) Application of a condom catheter.
- \*\*d) Bladder training that requires the use of timed clamping of urinary drainage systems.
- \*\*e) Cleansing or emptying of an ostomy drainage system.
- \*\*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.

\*\* Those items marked with a double asterisk must be ordered by a physician. 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.

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

The Provider must assure that the specific tasks identified in this section are never assigned as PC/R Aide client care responsibility.

10.1 The PC/R Aide shall not administer over-the-counter medications to be ingested.

10.2 The PC/R Aide shall not administer oral prescription medications or apply topical prescription medications.

- 10.3 The PC/R Aide shall not perform tasks that require sterile technique.
- 10.4 The PC/R Aide shall not administer irrigation fluids to intravenous lines, Foley catheters or ostomies.
- 10.5 The PC/R Aide shall not administer food and fluids via feeding tubes.
- 10.6 The PC/R Aide shall not administer enemas.
- 11.0 PC/R Aide Supervision  
The Provider must assure that a PC/R Aide performs services outlined in the COA authorized plan and that a registered nurse (RN) supervises the PC/R Aide in client care tasks.
- 11.1 The supervisor must complete and document a home visit to define the expected daily activities of the PC/R before client care is initiated.
- a) The supervisor must prepare a written PC/R Aide daily care plan specific to each client and consistent with **SENIOR CHOICES** authorized plan.
- b) The supervisor must provide each PC/R Aide a copy of the daily care plan for each client assigned.
- 11.2 The supervisor must evaluate PC/R Aide compliance with the daily care plan and **SENIOR CHOICES** 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 daily care plan and **SENIOR CHOICES** 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 daily care plan and **SENIOR CHOICES** authorized plan.
- c) Complete and document a PC/R supervising visit to client at least every 120 days while the PC/R Aide is present and providing client care service.
- 11.3 The supervisor must assure that each episode of PC/R service delivery, including a 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.
- 11.4 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 11.0, Item 11.2 and notify the **SENIOR CHOICES** Care Consultant of recommended modifications and resolutions of any problems identified.
- 11.5 The supervisor must complete the **SENIOR CHOICES** or agency Supervisory Report every 60 days and forward the report to the Care Consultant within two weeks of the visit.
- 12.0 The Provider must have a monitoring system/method in place to verify service delivery. This mechanism must verify:
- 12.1 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;

- 12.2 Whether the provider's employees have provided the services at the proper location and time, by the end of the working day;
- 12.3 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;
- 12.4 Procedures for maintaining records of the information obtained through the monitoring system;
- 12.5 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,
- 12.6 Procedures for conducting random checks 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.

13.0 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:

- 13.1 The Provider assessment outcome and Physician authorization, as appropriate.
- 13.2 Client specific PC/R Aide care plans.
- 13.3 Record of each episode of client contact.
- 13.4 Regular supervisor/worker case consultation and communication.
- 13.5 **SENIOR CHOICES** or agency Supervisory Reports.

14.0 Personnel Qualifications

The Provider must assure that position descriptions and PC/R staff possess the following qualifications:

- 14.1 PC/R Aide:
  - a) Is a high school graduate, **OR** has completed GED, **OR** has a minimum of two years of work experience.
  - b) Is able to understand the written care plans, execute instructions and document services delivered.
  - c) Is able to communicate with clients/families and emergency service systems personnel.
- 14.2 Licensed Nurse:
  - a) Has current Ohio licensure as a registered nurse.
  - b) Has had at least two (2) years nursing experience.

