

173-3-06.5

Older Americans Act: personal care.

(A) Definition for this rule: "Personal care" means a service comprised of activities to help a consumer achieve optimal functioning with ADLs and IADLs.

(1) "Personal care" includes the following activities:

- (a) Assisting the consumer with managing the household, handling personal affairs, and providing assistance with self-administration of medications.
- (b) Assisting the consumer with ADLs and IADLs.
- (c) Homemaker activities listed in rule 173-3-06.4 of the Administrative Code, if the activities are specified in the consumer's activities plan and are incidental to the activities provided, or are essential to the health and safety of the consumer, rather than the consumer's family. The homemaker activities include routine meal-related activities, routine household activities, and routine transportation activities.
- (d) The activities described in paragraphs (A)(1)(a) to (A)(1)(c) of this rule when they assist the consumer as respite to the consumer's caregiver or are essential to the health and safety of the consumer as respite to the consumer's caregiver.

(2) "Personal care" does not include the following activities:

- (a) Activities provided outside of the home with the exception of the routine transportation activities listed in paragraph (A)(1)(c) of this rule.
- (b) Activities within the scope of home maintenance and chores.
- (c) Activities available through third-party insurers, community supports, Ohio medicaid state plan, or a medicaid waiver program.
- (d) Activities to administer or set-up medications.

(B) Requirements for every AAA-provider agreement for personal care paid, in whole or in part, with Older Americans Act funds:

- (1) General requirements: The AAA-provider agreement is subject to the requirements in rule 173-3-06 of the Administrative Code for every AAA-provider agreement paid, in whole or in part, with Older Americans Act funds.
- (2) Availability: The provider shall maintain the following:

- (a) Adequate staffing levels to provide personal care at least five days per week.
- (b) A back-up plan for providing personal care when the provider has no PCA available.
- (c) The availability of a PCA supervisor available during all hours when PCAs are scheduled to work.

(3) PCAs:

- (a) Initial qualifications: the provider shall only allow a person to serve as a PCA if the person meets at least one of the following qualifications and the provider meets the verification requirements under paragraph (B)(3)(d) of this rule:
 - (i) STNA: the person successfully completed a nurse aide training and competency evaluation program approved by Ohio department of health (ODH) under section 3721.31 of the Revised Code.
 - (ii) Medicare: the person met the qualifications to be a medicare-certified home health aide according to one of the following sets of standards:
 - (a) The standards in 42 C.F.R. 484.4 and 484.36, if the person met those standards on or before January 12, 2018.
 - (b) The standards in 42 C.F.R. 484.80 and 484.115, if the person met those standards on or after January 13, 2018.
 - (iii) Previous experience: the person has at least one year of supervised employment experience as a home health aide or nurse aide, and has successfully completed competency evaluation covering the topics listed under paragraph (B)(3)(a)(v)(b) of this rule.
 - (iv) Vocational programs: the person successfully completed the COALA home health training program or a another vocational school program that included at least sixty hours of training training and competency evaluation covering the topics listed under paragraph (B)(3)(a)(v)(b) of this rule.
 - (v) Other programs: the person successfully completed a training and competency evaluation program with the following characteristics:
 - (a) The training lasted at least sixty hours.

- (b) All the following subjects were included in the program's training and its competency evaluation:
- (i) Communications skills, including the ability to read, write, and make brief and accurate reports (oral or written (including electronic)).
 - (ii) Observation, reporting, and retaining records of a consumer's status and activities provided to the consumer.
 - (iii) Reading and recording a consumer's temperature, pulse, and respiration.
 - (iv) Basic infection control, including hand washing and the disposal of bodily waste.
 - (v) Basic elements of bodily functioning and changes in body function that should be reported to a PCA supervisor.
 - (vi) The homemaker activities listed in rule 173-3-06.4 of the Administrative Code.
 - (vii) Recognition of emergencies and knowledge of emergency procedures.
 - (viii) Physical, emotional, and developmental needs of consumers, including the need for privacy and respect for consumers and their property.
 - (ix) 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.
- (b) Orientation: Before allowing PCAs or other employees to have direct, face-to-face contact with consumers, the provider shall provide the PCAs or other employees with orientation training that, at a minimum, addresses the following topics:
- (i) The provider's expectations of employees.

- (ii) Person-centered care.
 - (iii) The provider's ethical standards.
 - (iv) An overview of the provider's personnel policies.
 - (v) The organization and lines of communication of the provider's agency.
 - (vi) Incident reporting.
 - (vii) Emergency procedures.
- (c) In-service training: The provider shall retain records to show that each PCA successfully completes eight hours of in-service training every twelve months. Agency- and program-specific orientation shall not count toward the eight hours. If the PCA is also a homemaker aide (aide) according to rule 173-3-06.4 of the Administrative Code, the provider may consider eight hours of successfully-completed in-service training as an aide to count for the eight hours required by this paragraph.
- (d) Verification of compliance with PCA requirements:
- (i) The provider shall retain copies of certificates of completion earned by each PCA after the PCA meets qualifications/requirements under paragraph (B)(3) of this rule for successfully completing any training and competency evaluation program, orientation, and in-service training under paragraph (B)(3) of this rule. Additionally, the provider shall also record the following information for each PCA, and retain it, if it does not appear on the PCA's certificate of completion (or if the PCA did not receive a certificate of completion): training dates; training locations; training hours successfully completed; instruction materials used; subjects covered; and to verify the accuracy of the record, the name, qualifications, and signature of each PCA trainer and of each PCA tester.
 - (ii) If a person meets the initial qualifications to be a PCA under paragraph (B)(3)(a) of this rule by successfully completing a nurse aide training and competency evaluation program described in (B)(3)(a)(i) of this rule, the provider shall retain a copy of the search results from ODH's nurse aide registry (https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx) to verify the registry listed the person as "active" or "in good standing."

(iii) If a person meets the initial qualifications to be a PCA under paragraph (B)(3)(a) of this rule only by the previous employment experience described in paragraph (B)(3)(a)(iii) of this rule, the provider shall also retain records to verify the person's name, the former employer's name and contact information, the former supervisor's name, the date the person began working for the former employer, and the date the person stopped working for the former employer.

(4) PCA supervisors, PCA trainers, and PCA testers:

(a) Qualifications: The provider shall only allow a RN (or a LPN under the direction of a RN) to be the PCA supervisor, PCA trainer, or PCA tester.

(b) PCA supervisor visits:

(i) Initial: Before allowing a PCA to begin providing personal care to a consumer, the PCA supervisor shall visit the consumer's home to define the expected activities of the PCA and prepare a written activities plan for consumer. The visit may occur at the PCA's initial visit to the consumer. The PCA supervisor may conduct the visit by telephone, video conference, or in person in the consumer's home. In the consumer's record, the PCA supervisor shall include the date of the evaluation, the PCA supervisor's name and signature, and the consumer's name. As an attestation that the consumer participated in the evaluation, the PCA supervisor may also collect a unique identifier of the consumer, including the consumer's handwritten or electronic signature, handwritten or electronic initials, fingerprint, stamp, mark, password, barcode, or swipe card.

(ii) Subsequent: After the PCA's initial visit to the consumer, the PCA supervisor shall evaluate compliance with the activities plan, the consumer's satisfaction, and the PCA's performance by conducting a visit to the consumer at least once every sixty days and retaining a record of this evaluation. The PCA supervisor may do this without the presence of the PCA being evaluated. The PCA supervisor may conduct the evaluation by telephone or video conference, unless an emergency requires an in-person visit to the consumer's home. In the record, the PCA supervisor shall include the date of the visit, the PCA supervisor's name and signature, and the consumer's name and signature. As an attestation that the consumer participated in the evaluation, the PCA supervisor may also collect a unique identifier of the consumer, including the consumer's handwritten or

electronic signature, handwritten or electronic initials, fingerprint, stamp, mark, password, barcode, or swipe card.

(5) Provider's policies:

- (a) The provider shall develop, implement, comply with, and maintain written policies on all the following topics:
 - (i) Job descriptions.
 - (ii) Qualifications to provide personal care.
 - (iii) Performance appraisals.
 - (iv) Incident reporting.
 - (v) Obtaining the consumer's written permission before releasing information concerning the consumer to anyone.
 - (vi) The required content, handling, storage, and retention of consumer records.
 - (vii) The provider's ethical standards.
 - (viii) Assistance with self-administration of medication.
- (b) The provider shall make its policies available to all employees and provide to ODA or the AAA upon request.

(6) Service verification:

- (a) The provider shall use a monitoring system that complies with section 121.36 of the Revised Code.
- (b) The provider shall verify each episode of service provided for which it bills the AAA using the provider's choice of either an electronic or manual system that collects all the following information:
 - (i) Consumer's name.
 - (ii) Service date.
 - (iii) Arrival time.
 - (iv) Departure time.

(v) Service description.

(vi) Service units.

(vii) Name of each PCA in contact with the consumer.

(viii) Signature of each PCA in contact with the consumer.

~~(ix)~~(c) As an attestation that the consumer received the service, the provider may also collect ~~An~~ identifier unique to the consumer or the consumer's caregiver. The unique identifier serves as an attestation that the provider completed the service. The unique identifier may include a handwritten or electronic signature or initials, a fingerprint, a mark, a stamp, a password, a bar code, or a swipe card.

(7) Reporting: 45 C.F.R. 1321.65 requires the provider to report information to the AAA on the personal care it provides.

(C) Unit of service: A unit of personal care is one hour of personal care. Providers may report partial hours to two decimal places (e.g., "0.25 hours").

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Certification

06/11/2020

Date

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