

173-39-02.11

ODA provider certification: personal care.

(A) "Personal care" means hands-on assistance with ADLs and IADLs (when incidental to providing ADLs) in the individual's home and community. ~~Personal care activities include the following when authorized in a person-centered services plan:~~

(1) Personal care activities include the following when authorized in a person-centered services plan:

~~(1)~~(a) Assisting the individual with managing the home, handling personal affairs, and providing assistance with self-administration of medications, as defined in rule 173-39-01 of the Administrative Code.

~~(2)~~(b) Assisting the individual with ADLs and IADLs.

~~(3)~~(c) Homemaker activities listed in rule 173-39-02.8 of the Administrative Code when those activities are specified in the individual's service plan and are incidental to the activities in paragraphs (A)(1) and (A)(2) of this rule or are essential to the health and welfare of the individual rather than the individual's family.

~~(4)~~ Providing respite services to the individual's caregiver.

~~(5)~~(d) Providing an errand outside of the presence of the individual that is needed by the individual to maintain the individual's health and safety (e.g., picking up a prescription or groceries for the individual).

(2) Personal care activities do not include providing respite to the individual's caregiver.

(B) Qualifying provider types: Eligible providers of personal care are ODA-certified agency providers and ODA-certified participant-directed personal care providers.

(C) Requirements for ODA-certified agency providers of personal care:

(1) General requirements: The provider is subject to rule 173-39-02 of the Administrative Code.

(2) Availability and staffing:

(a) The provider may accept a referral to provide personal care to an individual only if the provider has adequate staffing levels of PCAs and PCA supervisors to provide the number of hours ODA's designee authorized for each individual.

- (b) The PCA receives supervision from an RN or LPN under the direction of an RN during all hours that PCAs are scheduled to work.
- (c) The provider shall maintain a back-up plan for providing personal care when the provider has no PCA or PCA supervisor available.

(3) PCA qualifications and requirements:

- (a) Initial qualifications: The provider may allow a person to serve as a PCA only if the person meets at least one of the following qualifications, the training and competency evaluation comply with paragraph (C)(3)(e) of this rule, and the provider meets the verification requirements under paragraph (C)(3)(f) of this rule:
 - (i) STNA: The person successfully completed a nurse aide training and competency evaluation program approved by 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)~~(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)~~(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 a competency evaluation covering the topics listed under paragraph (C)(3)(a)(v)(b) of this rule.
 - (iv) Vocational programs: The person successfully completed the COALA home health training program or a certified vocational training and competency evaluation program in a health care field covering the topics listed under paragraph (C)(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)~~(a) The training lasted at least ~~sixty~~ thirty hours.

~~(B)~~(b) All the following subjects were included in the program's training and its competency evaluation:

- (i) Communication skills, including the ability to read, write, and make brief and accurate reports (oral, written, or electronic).
- (ii) Observation, reporting, and retaining records of an individual's status and activities provided to the individual.
- (iii) Reading and recording an individual's temperature, pulse, and respiration.
- (iv) Basic infection control.
- (v) Basic elements of body functioning and changes in body function that should be reported to a PCA supervisor.
- (vi) Maintaining a clean, safe, and healthy environment, including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning beside commodes and urinary catheter bags, changing bed linens, washing inside window within reach from the floor, removing trash, and folding, ironing, and putting away laundry.
- (vii) Recognition of emergencies, knowledge of emergency procedures, and basic home safety.
- (viii) The physical, emotional, and developmental needs of individuals, including privacy and respect for personal property.
- (ix) Appropriate and safe techniques in personal hygiene and grooming including 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.

- (x) Meal preparation and nutrition planning, including special diet preparation; grocery purchase, planning, and shopping; and errands such as picking up prescriptions.
- (b) Orientation: Before allowing a PCA or other employee to have direct, in-person contact with an individual, the provider shall ensure the PCA or other employee successfully completed orientation, which, at a minimum, addressed the following topics:
 - (i) The provider's expectations of employees.
 - (ii) The provider's ethical standards under rule 173-39-02 of the Administrative Code.
 - (iii) An overview of the provider's personnel policies.
 - (iv) The organization and lines of communication of the provider's agency.
 - (v) Incident-reporting procedures.
 - (vi) Emergency procedures.
 - (vii) Universal Standard precautions for infection control, including hand washing and the disposal of bodily waste.
- (c) Additional training: The provider shall ensure each PCA successfully completes additional training and competency evaluation if the PCA is expected to perform activities for which the PCA did not receive training or undergo competency evaluation under paragraph (C)(3)(a) of this rule.
- (d) In-service training: The provider shall ensure that each PCA complies with the requirement in section 173.525 of the Revised Code to successfully completes complete eight six hours of ODA-approved in-service training every twelve months. Agency- and program-specific orientation do not count toward the eight six hours.
- (e) Training sources: Acceptable training, orientation, and competency evaluation:
 - (i) An organization other than the provider may provide the orientation and training under paragraphs (C)(3)(b) to (C)(3)(d) of this rule. The training completed through <https://mylearning.dodd.ohio.gov/> is free of charge.

- (ii) The portion of training that is not competency evaluation may occur online.
 - (iii) The portion of competency evaluation that involves return demonstration only qualifies as competency evaluation under paragraph (C)(3)(a) of this rule if it is conducted in person.
 - (iv) ODA considers any person who meets one of the qualifications to be a PCA under paragraph (C)(3)(a) of this rule to meet the requirement under section 173.525 of the Revised Code for each PCA to successfully complete thirty hours of ODA-acceptable pre-service training even if the qualification did not involve thirty hours of training.
- (f) Verification of compliance with PCA qualifications and requirements:
- (i) The provider shall either retain copies of certificates of completion earned by each PCA after the PCA meets qualifications/requirements under paragraph (C)(3) of this rule for successfully completing any training and competency evaluation program, orientation, additional training, and in-service training under paragraph (C)(3) of this rule or 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): name of the school or training organization, name of the course, training dates, and training hours successfully completed.
 - (ii) If a person meets the initial qualifications to be a PCA under paragraph (C)(3)(a) of this rule by successfully completing a nurse aide training and competency evaluation program described in paragraph (C)(3)(a)(i) of this rule, the provider shall retain a copy of the search results from ODH's nurse aide registry (<https://nurseaideregistry.odh.ohio.gov/Public/PublicNurseAideSearch>) to verify that the registry listed the person as "active," "in good standing," or "expired."
 - (iii) If a person meets the initial qualifications to be a PCA under paragraph (C)(3)(a) of this rule only by the previous employment experience described in paragraph (C)(3)(a)(iii) of this rule, the provider shall also retain records to verify the former employer's name and contact information, the former PCA 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:

- (a) Qualifications: Section 173.525 of the Revised Code allows ~~Only only~~ an RN or LPN under the direction of an RN ~~qualifies to qualify be as~~ a PCA supervisor.

(b) PCA supervisor visits:

- (i) Initial: The PCA supervisor shall visit each individual in person at the individual's home to define the expected activities of the PCA and develop a written or electronic activity plan with the individual either before allowing a PCA to provide an episode of service to the individual or during the PCA's initial episode of service to the individual. During a state of emergency declared by the governor or a federal public health emergency, the PCA supervisor may conduct the initial visit by telephone, video conference, or in person at the individual's home.

(ii) Subsequent:

~~(A)~~(a) The PCA supervisor shall visit the individual at least once every sixty days after the PCA's initial episode of service with the individual to evaluate compliance with the activities plan, the individual's satisfaction, and the PCA's performance. The PCA supervisor may conduct subsequent visits with or without the presence of the PCA being evaluated.

~~(B)~~(b) If the PCA supervisor conducts at least two in-person visits per year, the PCA supervisor may conduct the remainder of the subsequent visits during the same year by telephone, video conference, or in person based upon the individual's needs. To comply, the PCA supervisor may conduct two subsequent in-person visits in the same year or the combination of an initial in-person visit and an in-person subsequent visit in the same year.

- (iii) Verification: In the individual's record, the PCA supervisor shall retain a record of the initial visit and each subsequent visit that includes ~~the date of the visit; whether the visit occurred by telephone, video conference, or in person at the individual's~~

~~home; the PCA supervisor's name and signature; the individual's name; and a unique identifier of the individual or the individual's caregiver. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify that the PCA supervisor provided the initial or subsequent visit without collecting a unique identifier of the individual or the individual's caregiver.~~ either of the following:

(a) For an in-person visit, the date of the visit, an indication that the visit occurred in person at the individual's home, the PCA supervisor's name, the PCA supervisor's unique identifier, the individual's name, and a unique identifier of the individual or the individual's caregiver. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify that the PCA supervisor provided the initial or subsequent visit without collecting a unique identifier of the individual or the individual's caregiver.

(b) For a visit by telephone or video conference, the date of the visit, an indication of whether the visit was provided by telephone or video conference, the PCA supervisor's name, the individual's name, and evidence that a visit occurred by telephone or video conference (e.g., a record automatically generated by telehealth software, a record showing that the PCA supervisor's phone called the individual's phone, or clinical notes from the PCA supervisor).

(5) Provider policies: The provider shall develop, implement, comply with, and maintain written or electronic policies on all the following topics:

(a) Job descriptions for each position.

(b) Retaining records on how each PCA meets the qualifications in paragraph (C)(3) of this rule.

(6) Service verification:

(a) The following are the mandatory reporting items that a provider retains for each episode of personal care to comply with the requirements under paragraph (B)(10)(a)(i) of rule 173-39-02 of the Administrative Code:

(i) Service date.

- (ii) PCA's arrival time.
- (iii) PCA's departure time.
- (iv) Description of the activities provided.
- (v) Name of each PCA in contact with the individual.
- (vi) Unique identifier of each PCA in contact with the individual to attest to the accuracy of the record.
- (vii) Unique identifier of the individual.

(b) The provider is subject to ~~rule 5160-1-40~~ Chapter 5160-32 of the Administrative Code regarding EVV.

(c) The provider is subject to section 121.36 of the Revised Code.

(D) Every ODA-certified participant-directed provider of personal care shall comply with the requirements under paragraph (B) of rule 173-39-02.4 of the Administrative Code.

(E) Units and rates:

- (1) For the PASSPORT program, the appendix to rule 5160-1-06.1 of the Administrative Code lists the following:
 - (a) One unit of personal care as fifteen minutes.
 - (b) The maximum rate allowable for one unit of personal care.
- (2) For the PASSPORT program, rule 5160-31-07 of the Administrative Code establishes the rate-setting methodology for personal care. According to that rule, if the same provider provides personal care during the same visit to more than one but fewer than four PASSPORT individuals in the same home, as identified in the individuals' person-centered services plans, the provider's payment rate for personal care provided to one person in the home is one hundred per cent of the per-unit rate listed in the provider agreement and seventy-five per cent of the per-unit rate for each subsequent PASSPORT individual in the home receiving services during the visit. As used in this paragraph, "in the same home" does not refer to a PASSPORT individual who resides alone in an apartment building where another individual may reside alone in a separate apartment.

Effective:

Five Year Review (FYR) Dates: 3/26/2024

Certification

Date

Promulgated Under: 119.03

Statutory Authority: 121.07, 121.36, 173.01, 173.02, 173.391, 173.52,
173.522

Rule Amplifies: 121.36, 173.39, 173.391, 173.52, 173.522, 173.525; 42
CFR 441.352

Prior Effective Dates: 04/16/2006, 03/17/2011, 09/29/2011, 05/01/2018,
06/11/2020 (Emer.), 01/10/2021, 04/16/2022,
07/01/2023