

173-39-02.4 **ODA provider certification: choices home care attendant service (CHCAS).**

(A) "Choices home care attendant service" (~~"CHCAS"~~)(service) means a participant-directed service that provides specific activities to support the needs of an individual with impaired physical or cognitive functioning, including the following activities:

- (1) Personal assistance with bathing; dressing; grooming; caring for nail, hair and oral hygiene; shaving; deodorant application; skin care; foot care; ear care; feeding; toileting; ambulation; changing position in bed; assistance with transfers, normal range of motion, and nutrition and fluid intake.
- (2) General household assistance with the planning; preparation and clean-up of meals; laundry; bed-making; dusting; vacuuming; shopping and other errands; the replacement of furnace filters; waste disposal; seasonal yard care; and snow removal.
- (3) Heavy household chores including washing floors; windows and walls; tacking down loose rugs and tiles; moving heavy items of furniture to ~~furnish~~ provide safe access and egress.
- (4) Assistance with money management and correspondence as directed by the individual.
- (5) Escort and transportation to community services, activities, and resources. This activity is offered in addition to medical transportation available under the medicaid state plan, and does not replace it.

(B) Requirements for an ODA-certified provider of the choices home care attendant service:

- (1) General requirements: The provider is subject to the requirements in rule 173-39-02 of the Administrative Code.
- (2) Availability: The provider shall maintain availability to provide this service as agreed upon with the individual and as authorized in the individual's person-centered service plan.
- (3) Oversight: The individual who receives the service is the employer of record and is responsible for supervising the provider. As used in this paragraph, "employer of record" means the individual who employs the provider; supervises the provider; pays the appropriate state, federal, and local taxes; and pays premiums for worker's compensation and unemployment compensation insurance. A financial management service acts as the agent of the common-law employer with the participant-directed individual provider that the individual employs.

(4) Provider qualifications:

(a) General qualifications:

- (i) Only ~~a~~ an ODA-certified participant-directed individual provider ~~that ODA certifies~~ or an ODA-certified agency provider ~~that ODA certifies~~ qualifies to provide this service.
- (ii) The provider shall complete an application to become an ODA-certified participant-directed individual provider.
- (iii) At the request of an individual, the provider shall participate in an interview with the individual before providing the first episode of service to the individual.
- (iv) The provider shall be at least eighteen years of age.
- (v) The provider shall have a valid social security number and at least one of the following current, valid, government-issued, photographic identification cards:
 - (a) Driver's license.
 - (b) State of Ohio identification card.
 - (c) United States of America permanent residence card.
- (vi) The provider shall read, write, and understand English at a level ~~that~~ which enables the provider to comply with this rule and rule 173-39-02 of the Administrative Code.
- (vii) The provider shall be able to effectively communicate with the individual.
- (viii) Transporting the individual:
 - (a) If the provider intends to transport the individual, before providing the first episode of transportation, the provider shall show ODA's designee a valid driver's license and a valid insurance identification card to show ~~that~~ the provider has liability insurance for driving a vehicle ~~that~~ which complies with the financial responsibility requirements in Chapter 4501:1-02 of the Administrative Code. The provider shall

only transport the individual in a vehicle for which ODA's designee has verified is insured.

(b) If the provider does not intend to transport the individual, the provider shall ~~submit~~ provide an email or a written or electronic attestation to ODA's designee ~~that declares that~~ declaring the provider will not transport the individual unless the provider complies with paragraph (B)(4)(a)(viii)(a) of this rule before the first episode of transportation.

(b) Initial training:

(i) There are five areas of core competency for a participant-directed individual provider:

(a) Maintaining a clean and safe environment. Training on this competency shall include the following topics:

(i) Basic home safety.

(ii) Universal precautions for the prevention of disease transmission, including hand-washing and proper disposal of bodily waste and medical instruments that are sharp or may produce sharp pieces if broken.

(b) Promoting the individual's development.

(c) Assisting with ADLs.

(d) Communicating the individual's information to authorized persons.

(e) Performing administrative tasks.

(ii) Beginning on July 1, 2014, every ~~participant-directed~~ provider ~~that~~ an individual hired on or after July 1, 2014 shall successfully complete training in the core competencies ~~that~~ ODA listed under paragraph (B)(4)(b)(i) of this rule before providing the first episode of service to an individual.

(iii) Beginning on September 1, 2014, every ~~participant-directed~~ provider ~~that~~ an individual hired before July 1, 2014 shall successfully complete training in the core competencies ~~that~~ ODA listed under

paragraph (B)(4)(b)(i) of this rule before continuing to provide ~~services~~ this service to an individual.

(c) Continuing education: Each year, the provider shall successfully complete at least eight hours of continuing education before the provider's anniversary date of ~~enrollment~~ certification as an ODA-certified participant-directed provider or the agency employee's anniversary date of hire.

(d) Person-centered training: The provider shall successfully complete any training, including person-centered training, ~~that~~ the individual or ODA's designee consider necessary to meet the individual's needs. This training is in addition to the eight hours of continuing education.

(e) Training records:

(i) Initial training verification: The individual shall ~~submit to~~ provide ODA with, and retain a copy; of a completed and signed form ODA1042, ~~along with~~ and evidence of successful completion of the training listed on the form; to verify that the provider complied with the initial training requirements in this rule and rule 173-42-06 of the Administrative Code. As used in this paragraph, "form ODA1042" means "ODA1042 'Employee Core Competencies Verification' (March; 2014)."

(ii) Continuing education verification: The individual shall retain a completed and signed form ODA1043 to verify ~~that~~ the provider complied with the continuing education requirements in this rule and rule 173-42-06 of the Administrative Code. The individual shall also retain a copy of each certificate of completion and course syllabus ~~that verifies that~~ verifying the provider complied with this rule's continuing education requirements. As used in this paragraph, "form ODA1043" means "ODA1043 'Employee Continuing Education Verification' (March; 2014)."

(5) Service verification:

(a) ~~The~~ Until rule 5160-1-40 of the Administrative Code requires a provider of this service to use EVV, the provider shall complete the time sheets the individual furnishes ~~provides~~ through the financial management service, which shall include the date of service, the individual's name, ~~the individual's signature,~~ a unique identifier of the individual, the provider's name, the provider's arrival and departure times, and ~~the provider's~~

~~written or electronic signature~~ a unique identifier of the provider to verify the accuracy of the record.

(b) If rule 5160-1-40 of the Administrative Code requires a provider of this service to use EVV, the provider is not subject to paragraph (B)(5)(a) of this rule.

~~(b)(c) The~~ For each episode of service, the provider shall complete the service task sheet with a description of the activities the provider furnished provided and verify the accuracy of the record with a unique identifier of the provider and a unique identifier of the individual.

(C) Unit and rates:

- (1) One unit of choices home care attendant service is fifteen minutes.
- (2) The appendix to rule 5160-1-06.1 of the Administrative Code establishes the maximum rate allowable for a unit of choices home care attendant service when provided through the PASSPORT program.
- (3) Rule 5160-31-07 of the Administrative Code establishes the rate-setting methodology for the choices home care attendant service when provided through the PASSPORT program.

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CERTIFIED ELECTRONICALLY

Certification

04/07/2022

Date

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