ACTION: Original



Business Impact Analysis

Agency Name:	OHIO DEPARTMENT OF AGING
Package Title:	ODA PROVIDER CERTIFICATION: HOMEMAKER
Rule Number(s):	173-39-02.8
Date:	April 17, 2017, Revised May 10, 2017
Rule Types:	 ✓ 5-Year Review ☐ Rescinded ☐ New ✓ Amended ☐ No change

The Common Sense Initiative was established by Executive Order 2011-01K and placed within the Office of the Lieutenant Governor. Under the CSI Initiative, agencies should balance the critical objectives of all regulations with the costs of compliance by the regulated parties. Agencies should promote transparency, consistency, predictability, and flexibility in regulatory activities. Agencies should prioritize compliance over punishment, and to that end, should utilize plain language in the development of regulations.

Regulatory Intent

1. Please briefly describe the regulations in plain language.

Please include the key provisions of the regulation as well as any proposed amendments.

OVERVIEW

OAC173-39-02.8 regulates providers when they provide a homemaker service.

ODA has conducted a 5-year review of the rule. ODA's proposed amendments would add clarity to the rule and update its terminology, but not add any requirements for ODA-certified providers.

SPECIFIC AMENDMENTS

ODA proposes to insert a paragraph that would function like a sub-heading to indicate where in the rule requirements for the provider begin. This merely adds clarity to the rule. All paragraphs occurring after this sub-heading would be indented underneath.

ODA proposes to insert a general requirement to comply with the requirements for every ODA-certified provider in OAC173-39-02. Without this amendment, ODA-certified providers would still be required to comply, but may not be aware of the need to do so.

ODA proposes to delete paragraphs duplicating requirements in OAC173-39-02 and duplicating other paragraphs in this rule.

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BIA p(178697) pa(315705) d: (686125) print date: 11/08/2025 11:31 PM

ODA proposes to replace one or more of the following requirements in (B)(6)(a) with at least one of the following requirements.

In (B)(6)(a)(iii), ODA proposes to replace without a twenty-four-month lapse in employment as a nurse aide or home health aide to a general reference to any additional requirements under 42 CFR Part 484. This proposed change does not change how one may qualify to become a homemaker aide. Instead, it prevents ODA from restating or interpreting 42 CFR Part 484.

ODA proposes to allow a person with a current, valid license to be an RN or an LPN under the direction of an RN to qualify to be a homemaker supervisor. This will create a new employment opportunity for RNs and LPNs.

ODA also proposes to make basic terminology amendments, including the following:

- Adding ODA provider certification to the beginning of the rule's title.
- Replacing uses of consumers with individuals.
- Replacing uses of must with shall.
- Replacing capacity with adequate staffing levels.
- Replacing uses of furnish with provide.
- Replacing *prior to* with *before*.
- Deleting delivery when it occurs after service.
- 2. Please list the Ohio statute authorizing the Agency to adopt these regulations.

ORC§§ 173.01, 173.02, 173.391, 173.52, and 173.522.

3. Does the regulation implement a federal requirement? Is the proposed regulation being adopted or amended to enable the state to obtain or maintain approval to administer and enforce a federal law or to participate in a federal program?

If yes, please briefly explain the source and substance of the federal requirement.

In Ohio's application to the Centers for Medicare and Medicaid Services (CMS) for a waiver to authorize the Medicaid-funded component of the PASSPORT Program, Ohio indicated it adopted a rule on homemaker activities and cited OAC173-39-02.8. Because CMS authorized a waiver that included homemaker activities, as regulated by OAC173-39-02.8, the state is responsible for maintaining OAC173-39-02.8.

4. If the regulation includes provisions not specifically required by the federal government, please explain the rationale for exceeding the federal requirement.

ODA is not exceeding any federal requirements.

5. What is the public purpose for this regulation (i.e., why does the Agency feel that there needs to be any regulation in this area at all)?

The rule exists to comply with the state laws ODA listed in its response to BIA question #2, especially ORC§173.391 and to ensure continued implementation of the PASSPORT Program's Medicaid waiver, as authorized by the CMS.

6. How will the Agency measure the success of this regulation in terms of outputs and/or outcomes?

ODA (and its designees) will monitor the providers for compliance.

Development of the Regulation

7. Please list the stakeholders included by the Agency in the development or initial review of the draft regulation.

If applicable, please include the date and medium by which the stakeholders were initially contacted.

On March 29, 2016, ODA emailed 3 providers (Senior Resource Connection, LifeCare Alliance, and Homecare by Blackstone), 3 provider associations (Ohio Association of Senior Centers, LeadingAge Ohio, and Ohio Council for Home Care and Hospice), and the Ohio Association of Area Agencies on Aging (O4A), if they would share any issues they have with OAC173-39-02.8.

On October 26, 2016, ODA emailed 4 providers (Senior Resource Connection, LifeCare Alliance, Homecare by Blackstone, and Alzheimer's Association of Northwest Ohio Ohio), 4 provider associations (Ohio Association of Senior Centers, LeadingAge Ohio, Ohio Council for Home Care and Hospice, and Ohio Jewish Communities), and O4A to notify them of our opportunity to provide early input on the rule by making recommendations for amending the rule upon its 5-year review.

From April 17, 2017 to April 30, 3017, ODA conducted an online public-comment period on its website for the rule and this BIA.

8. What input was provided by the stakeholders, and how did that input affect the draft regulation being proposed by the Agency?

On March 29, 2016, Senior Resource Connection said the rule, at first glance, looks straightforward and noted that, referrals for the homemaker service have diminished over the past several years.

On March 30, and April 3, 2016, Leading Age Ohio and Home Care by Black Stone responded after collaborating with one another. On April 1, 2016, Ohio Council for Home Care and Hospice responded. On April 8, 2016, O4A responded. The suggestions of these stakeholders appear in the table below.

On March 31, 2016, LifeCare Alliance said, We have reviewed the rule and have no suggestions for change. LifeCare Alliance later submitted a suggestion which appears in the table below.

SUGGESTIONS	ODA'S RESPONSES	
(A)(2) Require homemaker activities to be provided only within the state of Ohio. Home Care by Black Stone + Leading Age Ohio	ODA does not intend to limit errands to those occurring inside Ohio's borders. A person's pharmacy, etc. may be across the state line in Wheeling, WV, Covington, KY, etc.	
(B)(1) Reference rule OAC173-39-02. Home Care by Black Stone + Leading Age Ohio	In the amended version of the rule ODA proposes to file with JCARR, ODA proposes to reference OAC173-39-02.	
(B)(4) Require providers to maintain adequate staffing levels 7 days a week, instead of just 5. Home Care by Black Stone + Leading Age Ohio	The rule does not prohibit providers from maintaining adequate staffing levels 7 days per week. Case managers work with individuals to find providers who meet individuals' needs. If an individual needs a provider who is available 7 days a week, the case manager would refer the individual to such a provider.	
(D)(5)(a) There is redundancy with <i>or more</i> and <i>minimum personnel</i> in the paragraph, but ODA may want to add <i>at a minimum</i> and <i>at least</i> to the same paragraph.	ODA is eliminating the unnecessary words minimum personnel and replacing one or more with at least one.	
Ohio Council for Home Care and Hospice		

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SUGGESTIONS	ODA'S RESPONSES	
(D)(5)(a) Suggest changing this to reflect the PCA language - "must, at a minimum, meet at least one of the following requirements."	Please see ODA's response to the previous suggestion.	
Home Care by Black Stone		
(D)(5)(a) There is redundancy with <i>or more</i> and <i>minimum personnel</i> in the paragraph, but ODA may want to add <i>at a minimum</i> and <i>at least</i> to the same paragraph.	Please see ODA's response to the previous suggestion.	
Ohio Council for Home Care and Hospice		
(D)(5)(a)(iv) G3a-f: is repetitive-already covered in F3d(iv). O4A	In the amended version of the rule ODA proposes to file with JCARR, ODA proposes deleting (F)(3)(d)(ii) and (F)(3)(d)(iv) because they duplicate language in this rule.	
(D)(5)(b) The HMK supervisor must have a bachelor's or associate's degree in a health or human services area er with have a minimum of two years of work experience as a HMK.	A provider is free to hire a person to be a supervisor with such a background, but ODA does not intend to require it.	
O4A		
(D)(5)(c)(ii) Increase the required hours of continuing education from 8 to 12. Home Care by Black Stone + Leading Age Ohio	ODA's rule establishes the minimum thresholds and providers are free to require their employees to exceed those thresholds.	
(D)(6)(b) Increase the frequency of supervisory home visits by reducing the maximum time between visits from 93 to 60.	ODA's rule establishes the minimum thresholds and providers are free to require their employees to exceed those thresholds.	
Home Care by Black Stone + Leading Age Ohio		
(D)(6)(b)can ODA be more specific about consumer's signature when supervisory visit is electronically documented?	Please refer to the definition of <i>individual's signature</i> in OAC173-39-01	
O4A		
In General		
The one missing item with homemakers is the reimbursement rate. While this may not be in the rule, it is ancillary to it.	The Ohio Dept. of Medicaid (ODM), not ODA, determines the maximum-possible rate of payment for each service in Appendix A to OAC5160-1-06.1.	
For quality service, we need to retain a consistent staff, as [this] is critical to the clients. Given the fact that we lose money on every unit of service, it makes it difficult to pay a rate with benefits that makes sense.	10 OAGS100-1-00.1.	
LifeCare Alliance		
	I.	

ODA received no comments in response to its October 26, 2016 email.

During ODA's April, 2017 online public-comment period, ODA received the following comments:

	COMMENTS	ODA'S RESPONSES
1.	(A) In (A), we feel if "travel attendant" is to remain in the definition, perhaps there should be a more clear definition of what this entails. Note that the 20 hour training does not address travel attendant activities. The HMK staff should not transport a consumer (to the grocery or laundry mat) in their own vehicles, and they should not accompany the individual in the individual's car if the individual is able to drive. The HMK staff may not want to add mileage to his/her own vehicle driving separately. The individual may be transported by a transportation provider if authorized by the Case Manager. There is a the concern that for Homemaker service, the HMK staff cannot perform any hand-on ambulation assist, etc. We would suggest realigning the activities as follows: 1. House cleaning, including 2. Laundry, including folding, ironing 3. Assistance with meal planning, meal preparation and grocery purchase planning, grocery shopping and errands, such as picking up prescriptions 4. Acting as a travel attendant to assist individuals with shopping and other errands Emily Turlo, Fiscal Manager Ohio District 5 Area Agency on Aging, Inc. (PAA5)	The rule does not require homemaker staff to act as travel attendants for individuals. The rule leaves flexibility in the degree to which activity plans may incorporate travel-attendant activities to assist individuals. Additionally, the rule does not prohibit travel attendant responsibilities from being included in training topics.
2.	(B)(3) Could ODA clarify the defininition (<i>sic</i>) of electronic service verification. For instance, a "telephony" system should link back to a phone number associated with the individual. But, if a provider uses a "tablet" type systemis it expected that the individual also sign? I think it makes a difference in knowing what we need to see to verify service delivery. Ohio Association of Area Agencies on Aging	The electronic verification system needs to be a system in compliance with ORC§121.36.
3.	(B)(3) Service verification: The provider shall maintain a record documenting each episode of homemaker <u>activities</u> provided to each individual. The record shall include the date of service, a description of the activities performed, the name of the aide providing the activities, the aide's arrival and departure time, and the aide's written or electronic signature to verify the accuracy of the record. Beth Foster Ohio Council for Home Care and Hospice	The version of the rule ODA files with JCARR will include activities after homemaker. ODA will also do the same in paragraph (B)(6)(a)(ii) in the phrase Before providing homemaker [activities] to an individual, the provider shall conduct written testing,

	COMMENTS ODA'S RESPONSES		
4.	(B)(6)(a)(iii) Please note that the suggested revision below mimics not only the Medicare CoPs, but also the draft ODM-administered OHC Waiver: personal care services. (B)(6)(a)(iii) Successful completion of the medicare nurse aide training and competency evaluation program for home health aides required under 42 C.F.R. Part 484 (October, 2016 edition), Beth Foster Ohio Council for Home Care and Hospice	We will remove <i>nurse aide</i> , but retain <i>training</i> . 42 C.F.R. 484.4 requires successful completion of a <i>training program</i> and a <i>competency evaluation program</i> , so in the version of the rule ODA files with JCARR, ODA will use <i>training and competency evaluation program for home health aides</i> . For uniformity, in (B)6)(a)(i)(a), ODA will use <i>nurse aide training and competency evaluation program</i> .	
5.	(b)(6)(a)(v)(i) (i)Documentation skills; OR (vi) Before providing homemaker to an individual, the provider shall conduct written testing, and skill testing by return demonstration, of all homemaker aides Beth Foster Ohio Council for Home Care and Hospice	In the version of the rule ODA files with JCARR, ODA will correct the structural problem as follows (B) (6) Staff qualifications. (A) Aides: (i) Homemaker aides shall meet at least one of the following requirements: (a) Successful completion of the (b) [and so on] (ii) Before providing homemaker activities to an individual, the provide shall conduct written testing,	
7.	(B)(6)(a)(v) In the Staff qualifications (B)(6)(a)(v) travel attendant responsibilities are not included in the training topics. We would suggest that this be added if travel attendant language is to remain in the definition Emily Turlo, Fiscal Manager Ohio District 5 Area Agency on Aging, Inc. (PAA5) (B)(6)(a)(vi) In section (B)(6)(a)(vi), the reference to (D)(5)(a)(v) should be (B)(6)(a)(v)	Please see ODA's response to comment #1. In the version of the rule ODA files with JCARR, the reference will be to (D)(6)(a)(i)(e). This factors in the change made in	
8.	Emily Turlo, Fiscal Manager Ohio District 5 Area Agency on Aging, Inc. (PAA5) (B)(6)(a)(vi) References (D)(5)(a)(v) for testing elements, but this does not exist in the new rule. Ohio Association of Area Agencies on Aging	response to comment #5. Please see ODA's response to comment #7.	

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	COMMENTS	ODA'S RESPONSES	
9.	(B)(6)(c)(ii) References $(B)(5)(c)(i)$ for continuing education topics. This appears to be a typo and should be $(B)(6)(c)(i)$.	In the version of the rule ODA files with JCARR, the rule will use (B)(6)(c)(i).	
	Ohio Association of Area Agencies on Aging		
10.	(B)(6)(c)(ii) In $(B)(6)(c)(ii)$ the reference to $(B)(5)(c)(I)$ should refer to $(B)(6)(a)(v)$	Please see ODA's response to comment #9.	
	Emily Turlo, Fiscal Manager Ohio District 5 Area Agency on Aging, Inc. (PAA5)		
11.	(B)(6)(c)(ii) Continuing education: The provider shall assure and document a minimum of eight hours of continuing education for each staff member every twelve months on topics listed in paragraph (B)(5)(c)(i) of this rule.	Please see ODA's response to comment #9.	
	The rule referenced at the end of the above section does not seem to be a correct reference. I am unclear as to the correct reference.		
	Beth Foster Ohio Council for Home Care and Hospice		
12.	(B)(7)(b) Could ODA clarify-if the supervisor is signing electronically, is it necessary to obtain the individual's signature? The sentence structure of this rule is confusing. Ohio Association of Area Agencies on Aging	The paragraph requires the signature of the individual and the supervisor. OAC173-39-01 defines individual's signature as one that may be electronic, so there is no need to make special mention of that in this rule.	
	Onio Association of Alea Agentics on Aging		

13. What scientific data was used to develop the rule or the measurable outcomes of the rule? How does this data support the regulation being proposed?

ODA is not proposing to amend the rules based upon scientific data.

14. What alternative regulations (or specific provisions within the regulation) did the Agency consider, and why did it determine that these alternatives were not appropriate? If none, why didn't the Agency consider regulatory alternatives?

ODA did not consider any alternative regulations.

15. Did the Agency specifically consider a performance-based regulation? Please explain. Performance-based regulations define the required outcome, but don't dictate the process the regulated stakeholders must use to achieve compliance.

ODA did not consider performance-based regulations when considering whether to amend this rule.

16. What measures did the Agency take to ensure that this regulation does not duplicate an existing Ohio regulation?

ORC§173.391 only authorizes ODA (*i.e.*, not any other state agency) to develop requirements for ODA-certified providers of the homemaker service to individuals who are enrolled in ODA-administered programs.

17. Please describe the Agency's plan for implementation of the regulation, including any measures to ensure that the regulation is applied consistently and predictably for the regulated community.

Before the rules would take effect, ODA will post them on ODA's <u>website</u>. ODA also sends an email to subscribers of our rule-notification service to feature the rules.

Through its regular monitoring activities, ODA and its designees will monitor providers for compliance. OAC<u>173-39-02</u> requires all providers to allow ODA and its designees to monitor.

Adverse Impact to Business

- 18. Provide a summary of the estimated cost of compliance with the rule. Specifically, please do the following:
 - a. Identify the scope of the impacted business community;

In 2015, ODA had 692 providers certified to provide homemaker activities.

b. Identify the nature of the adverse impact (e.g., license fees, fines, employer time for compliance); and

The PASSPORT Program's payment of Medicaid funds for the homemaker service is an all-inclusive payment that includes all aspects of providing the service, including the following:

- Meeting the requirements for every ODA-certified provider in OAC173-39-02.
- Maintaining adequate staffing levels and back-up plans for staff absences.
- Hiring qualified staff, including qualified aides and qualified supervisors. ODA's proposed amendment
 creates a new way for a person to qualify to be a homemaker supervisor: being an RN or LPN under
 the direction of an RN.
- Providing all staff orientation training, which ODA proposes to include the topic of person-centered planning.
- Maintaining 8 hours of continuing education for all staff. Generally, a provider can obtain the training necessary from training websites. The rule does not restrict the provider from seeking all training online.
- Performing supervisory duties.
- Verifying the provision of homemaker activities.

c. Ouantify the expected adverse impact from the regulation.

The adverse impact can be quantified in terms of dollars, hours to comply, or other factors; and may be estimated for the entire regulated population or for a "representative business." Please include the source for your information/estimated impact.

The appendix to OAC<u>5160-1-06.1</u> establishes the maximum-possible payment of Medicaid funds the PASSPORT Program would make for a unit of homemaker activities at \$3.84 for every 15-minute unit. In 2015, the average that a provider billed for the service was \$3.50 per 15-minute unit.

CALENDAR YEAR 2015			
ODA-CERT.	15-MINUTE	MAXIMUM-	AVERAGE
HOMEMAKER	UNITS	POSSIBLE PAYMENT	PROVIDER CHARGE
PROVIDERS	BILLED	PER UNIT	PER UNIT
692	3,115,542	\$3.84	\$3.50

The fees for initial training and continuing education would vary because training organizations aren't required to use standard fees for their classes. A provider may obtain the training necessary to provide ILA activities online. CareStar and Collins Learning and are examples of online vendors. CareStar's fees are typically \$7.00 per course, but the price drops to \$5.75 per course if the courses are purchased in bundles of 12. Collins Learning's fees for "personal care home administrator" classes are \$17.99 per class or \$47.99 for a full year of unlimited continuing education courses.

19. Why did the Agency determine that the regulatory intent justifies the adverse impact to the regulated business community?

ODA is not making any burdens upon providers that the provider would not face in the normal course of duty. Thus, the regulatory burden of providing homemaker activities, creating and retaining records related to the homemaker activities, and retaining records that document how the provider qualifies to provide homemaker activities is reasonable compared to the health and safety of individuals who receive long-term care.

It also seems reasonable to expect providers' employees to be adequately trained to provide homemaker activities. The low costs of training make doing so affordable. Additionally, ODA does not place any limits on the amount of training that a provider may take online.

Regulatory Flexibility

20. Does the regulation provide any exemptions or alternative means of compliance for small businesses? Please explain.

The rules treat all providers the same, regardless of their size.

21. How will the agency apply Ohio Revised Code section 119.14 (waiver of fines and penalties for paperwork violations and first-time offenders) into implementation of the regulation?

ORC§119.14 establishes the exemption for small businesses from penalties for first-time paperwork violations.

22. What resources are available to assist small businesses with compliance of the regulation?

ODA does not discriminate between providers based upon the size of their business or organization. Providers regulated by this rule are typically small businesses according to ORC§119.14. ODA (and its designees) are available to help providers of all sizes with their questions. Any person may contact Tom Simmons, ODA's policy development manager, with questions about the rule.

Additionally, ODA maintains an <u>online rules library</u> to help providers find rules regulating them. Providers may access the online library 24 hours per day, 365 days per year.

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173-39-02.8 ODA provider certification: Homemaker servicehomemaker.

- (A) Homemaker (HMK) "Homemaker" is means a service designed to enable enabling a consumer individuals to achieve and maintain a clean, safe and healthy environment environments, assist assisting the consumer individuals to manage their personal appointments and day-to-day household activities as authorized by the their case manager, and ensure ensuring that the consumer individuals maintains maintain the consumer's their current living arrangement arrangements. **HMK** The service consists of general household activities, such as meal preparation and routine household care when the individual persons regularly responsible for these activities is are temporarily absent or unable to manage the home. HMK Homemaker staff may act as travel attendants for a consumer. individuals. Homemaker activities include the following:
 - (1) Assistance with meal planning.
 - (2) Meal preparation, grocery purchase planning, and assisting individuals with shopping and other errands.
 - (3) Laundry, including folding, ironing, and putting away laundry.
 - (4) House cleaning including dusting furniture, sweeping, vacuuming, and mopping floors; kitchen care including dishes, appliances, and counters; bathroom care; emptying and cleaning bedside commodes; changing bed linens: washing inside windows within reach from the floor; and removing trash.
- (B) One unit of homemaker service is fifteen minutes.
- (C) Homemaker services include, but are not limited to, the following:

Moved to become part of definition in (A).

Moved to (C).

near end of rule.

- (1) Assistance with meal planning;
- (2) Meal preparation, grocery purchase planning, and assisting consumers with shopping and other errands;
- (3) Laundry, including folding, ironing, and putting away laundry; and,
- (4) House cleaning, including, but not limited to, dusting furniture sweeping, vacuuming and mopping floors; kitchen care (including dishes, appliances and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, washing inside windows within reach from the floor. and removing trash.
- (B) Requirements for ODA-certified providers of homemaker:

(1) General requirements: The provider shall comply with the requirements for every ODA-certified agency provider in rule 173-39-02 of the Administrative Standard language for

many rules in OAC Chapter 173-39.

Code.

- (D)(2) Eligible providers of homemaker services are ODA-certified long-term care agency providers.
- (E)(3) Service verification: HMK providers must The provider shall maintain a consumer record documenting each episode of service delivery homemaker provided to each individual. The record must shall include the date of service delivery, a description of the service tasks activities performed, the name of the aide providing the service(s) activities, the aide's arrival and departure time, and the aide's written or electronic signature to verify the accuracy of the record. A provider that does not utilize an electronic verification system to document services and keep records must shall also obtain the consumer's individual's signature for each episode of service.
- (F) HMK providers must demonstrate that they:
- (1)(4) Availability: The provider shall maintain Have the capacity ability to deliver provide services the service at least five days per week; and shall possess a back-up plan to ensure the service is provided during staff absences.
- (2) Have a service back-up plan to ensure services are delivered during staff absence;
- (3) Comply with and maintain written policies and procedures, as applicable, supporting the operation of the business and the provision of services. These policies and procedures must address:
 - (a) Reporting and documenting consumer incidents;
 - (b) Obtaining written permission from consumers to share information and/or release information to anyone;
 - (e) The content of consumer records, as well as the handling, storage and retention or records; and,
- (d)(5) Provider policies: The provider shall develop written Personnel personnel requirementsmatters, including all the following:
 - (i)(a) Job descriptions for each position;
 - (ii)(b) The documentation Documentation of each employee's qualifications for the service(s) homemaker activities to be provided.

Combined with previous paragraph.

- (iii)(c) Performance appraisals for all workers staff;
- (iv) Documentation of compliance with required staff orientation training; and,
- (v) The employee code of ethics described in rule 173-39-02 of the Administrative Code.
- (G)(6) Staff qualifications HMK providers must demonstrate evidence of compliance with the following personnel requirements:
 - (1)(a) Aides: HMK Homemaker aides must shall meet at least one or more of the following minimum personnel requirements:
 - (a)(i) Successful completion of the nurse aide competency evaluation program conducted by the Ohio department of health under section 3721.31 of the Revised Code within the last twenty-four months;
 - (b)(ii) One year of supervised employment experience in a health or human services field, and successful written and skill testing by return demonstration.
 - (e)(iii) Successful completion of the medicare <u>nurse aide training and</u> competency evaluation program for home health aides required under 42 C.F.R. Part 484 (October, 2016 edition), without a twenty-four month lapse in employment as a nurse aide or home health aide and compliance with any additional requirements under 42 C.F.R. Part 484 (October, 2016 edition);
 - (d)(iv) Successful completion of a certified vocational program in a health-related field and successful written and skill testing by return demonstration.
 - (e)(v) Successful completion of at least twenty hours of training and skill testing by return demonstration that includes, but is not limited to all the following topics:
 - (i)(a) Universal precautions for infection control, including hand washing and the disposal of bodily waste;

(ii)(b) Meal preparation/nutrition that includes special diet preparation, grocery purchase planning and shopping; and other errands, such as picking up prescriptions; .

(iii)(c) Laundry, including folding, ironing, and putting away laundry;

(iv)(d) Basic home safety;.

(v)(e) House cleaning skills that include dusting furniture; sweeping, vacuuming and washing floors, kitchen care (including washing dishes, appliances and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, washing inside windows within reach from the floor, and removing trash;

(vi)(f) Body mechanics;

(vii)(g) Communication skills;

(viii)(h) Emergency protocols; and,

(ix)(i) Documentation skills.

(f)(vi) Prior to the provision of services Before providing homemaker to a consumer an individual, the provider must shall conduct written testing, and skill testing by return demonstration, of all HMK staff homemaker aides that are not listed on the Ohio department of health's nurse aide registry for all subject areas listed in paragraph (G)(1)(e) (D)(5)(a)(v) of this rule. The training and testing must shall be documented by the provider, and the documentation must shall include training site information, the date of training, the number of hours of training, a list of instruction materials and the subject areas covered, the qualifications of the trainer and the tester, the signatures of the trainer and tester verifying the accuracy of the record, and all testing results.

(2)(b) Supervisors: The HMK supervisor must have a bachelor's or associate's degree in a health or human services area or have a minimum of two years of work experience as a HMK. Homemaker supervisors shall meet

at least one of the following requirements:

(i) A bachelor's or associate's degree in a health and human services area.

New means by which one may qualify to be a homemaker surpervisor.

(ii) A current, valid license to be an RN or an LPN under the direction of an RN.

(iii) At least two years of experience as a homemaker aide.

(c) All staff:

(3)(i) Orientation: Prior to working with consumers, all employees who have face to-face contact with consumers must receive orientation and training that addresses, at a minimumBefore allowing any staff member to provide homemaker activities, the provider shall train the staff member on all the following:

- (a) The provider's expectations of employees homemaker staff;
- (b) The provider's employee code of conduct ethical standards, as required under rule 173-39-02 of the Administrative Code;
- (c) An overview of the provider's personnel policies.

Moved 2 paragraphs below.

(d) Incident reporting procedures;

(e)(d) The organization and lines of communication of the provider's agency and the lines of communication; and,.

(e) Incident-reporting procedures.

(f) Emergency procedures.

New orientation topic.

 \rightarrow (g) Person-centered planning process.

(4)(ii) Continuing education: The provider must shall assure and document a minimum of eight hours of continuing education for each HMK staff member every twelve months on topics listed in paragraph (B)(5)(c)(i) of this rule.

New

(H)(7) Supervisory Requirements requirements:

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173-39-02.8

(1)(a) The supervisor must shall complete and document a consumer individual home visit, which may occur at the initial HMK homemaker visit to the consumer individual to define the expected activities of the HMK homemaker aide and prepare a written activities plan consistent with the case manager authorized plan that has been completed by the case manager and the consumer prior to consumer service initiation individual before the individual's first episode of service.

(2)(b) The supervisor must shall evaluate HMK the homemaker aide's compliance with the activities plan, consumer the individual's satisfaction, and job performance during a home visit with the consumer individual at least every ninety three days to evaluate the HMK homemaker aide's compliance with the plan. The HMK homemaker aide need not be present during the visit. The visit must shall be documented, including the date of the visit, the name of the HMK homemaker supervisor, name of the consumer individual, and must shall include the signature of the consumer individual and the HMK homemaker supervisor or the electronic signature of the HMK homemaker supervisor.

(C) Units and rates:

Moved from earlier in rule.

Standard language for many rules in OAC Chapter 173-39. (1) One unit of homemaker service equals fifteen minutes.

The maximum rate allowable for a unit of homemaker activities is established in Appendix A to rule 5160-1-06.1 of the Administrative Code.

Standard language for many rules in OAC Chapter 173-39.

The rates are subject to the rate-setting methodology in rule 5160-31-07 of the Administrative Code.

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173-39-02.8 ODA provider certification: Homemaker servicehomemaker.

- (A) Homemaker (HMK) "Homemaker" is means a service designed to enable enabling a consumer individuals to achieve and maintain a clean, safe and healthy environment environments, assist assisting the consumer individuals to manage their personal appointments and day-to-day household activities as authorized by the their case manager, and ensure ensuring that the consumer individuals maintains maintain the consumer's their current living arrangement arrangements. **HMK** The service consists of general household activities, such as meal preparation and routine household care when the individual persons regularly responsible for these activities is are temporarily absent or unable to manage the home. HMK Homemaker staff may act as travel attendants for a consumer. individuals. Homemaker activities include the following:
 - (1) Assistance with meal planning.
 - (2) Meal preparation, grocery purchase planning, and assisting individuals with shopping and other errands.
 - (3) Laundry, including folding, ironing, and putting away laundry.
 - (4) House cleaning including dusting furniture, sweeping, vacuuming, and mopping floors; kitchen care including dishes, appliances, and counters; bathroom care; emptying and cleaning bedside commodes; changing bed linens: washing inside windows within reach from the floor; and removing trash.
- (B) One unit of homemaker service is fifteen minutes.
- (C) Homemaker services include, but are not limited to, the following:
- Moved to become part of definition in (A).

Moved to (C).

near end of rule.

- (1) Assistance with meal planning;
- (2) Meal preparation, grocery purchase planning, and assisting consumers with shopping and other errands;
- (3) Laundry, including folding, ironing, and putting away laundry; and,
- (4) House cleaning, including, but not limited to, dusting furniture sweeping, vacuuming and mopping floors; kitchen care (including dishes, appliances and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, washing inside windows within reach from the floor. and removing trash.
- (B) Requirements for ODA-certified providers of homemaker:

(1) General requirements: The provider shall comply with the requirements for every ODA-certified agency provider in rule 173-39-02 of the Administrative Standard language for

Code.

- (D)(2) Eligible providers of homemaker services are ODA-certified long-term care agency providers.
- (E)(3) Service verification: HMK providers must The provider shall maintain a consumer record documenting each episode of service delivery homemaker activities provided to each individual. The record must shall include the date of service delivery, a description of the service tasks activities performed, the name of the aide providing the service(s) activities, the aide's arrival and departure time, and the aide's written or electronic signature to verify the accuracy of the record. A provider that does not utilize an electronic verification system to document services and keep records must shall also obtain the consumer's individual's signature for each episode of service.

(F) HMK providers must demonstrate that they:

- (1)(4) Availability: The provider shall maintain Have the capacity adequate staffing levels to deliver provide services the service at least five days per week; and shall possess a back-up plan to ensure the service is provided during staff absences.
- (2) Have a service back-up plan to ensure services are delivered during staff
- (3) Comply with and maintain written policies and procedures, as applicable, supporting the operation of the business and the provision of services. These policies and procedures must address:
 - (a) Reporting and documenting consumer incidents;
 - (b) Obtaining written permission from consumers to share information and/or release information to anyone;
 - (c) The content of consumer records, as well as the handling, storage and retention or records; and,
- (d)(5) Provider policies: The provider shall develop written Personnel personnel requirementsmatters, including all the following:
 - (i)(a) Job descriptions for each position;
 - (ii)(b) The documentation Documentation of each employee's qualifications for the service(s) homemaker activities to be provided:

Draft during online public-comment period used ability. Adequate staffing levels matches language used in proposed amendments to ECL and ILA rules.

Combined with previous paragraph.

- (iii)(c) Performance appraisals for all workers staff;
- (iv) Documentation of compliance with required staff orientation training; and,
- (v) The employee code of ethics described in rule 173-39-02 of the Administrative Code.
- (G)(6) Staff qualifications HMK providers must demonstrate evidence of compliance with the following personnel requirements:

(a) Aides:

(1)(i) HMK Homemaker aides must shall meet at least one or more of the following minimum personnel requirements:

Public comment-period draft used nurse aide competency evaluation program. This draft uses nurse aide training and competency evaluation program.

- (a) Successful completion of the nurse aide training and competency evaluation program conducted by the Ohio department of health under section 3721.31 of the Revised Code within the last twenty-four months;
- (b) One year of supervised employment experience in a health or human services field, and successful written and skill testing by return demonstration;

Public comment-period draft used nurse aide training and competency evaluation program. This draft uses training and competency evaluation program.

- competency evaluation of the medicare training and competency evaluation program for home health aides required under 42 C.F.R. Part 484 (October, 2016 edition); without a twenty four month lapse in employment as a nurse aide or home health aide and compliance with any additional requirements under 42 C.F.R. Part 484 (October, 2016 edition);
 - (d) Successful completion of a certified vocational program in a health-related field and successful written and skill testing by return demonstration;
 - (e) Successful completion of at least twenty hours of training and skill testing by return demonstration that includes, but is not limited to all the following topics:
 - (i) Universal precautions for infection control, including

hand washing and the disposal of bodily waste;

- (ii) Meal preparation/nutrition that includes special diet preparation, grocery purchase planning and shopping; and other errands, such as picking up prescriptions;
- (iii) Laundry, including folding, ironing, and putting away laundry;
- (iv) Basic home safety;
- (v) House cleaning skills that include dusting furniture; sweeping, vacuuming and washing floors, kitchen care (including washing dishes, appliances and counters), bathroom care, emptying and cleaning bedside commodes, changing bed linens, washing inside windows within reach from the floor, and removing trash.
- (vi) Body mechanics.
- (vii) Communication skills.
- (viii) Emergency protocols; and,
- (ix) Documentation skills.

Numbering problem in current rule and in public comment-period draft now corrected.

Citation in public commentperiod draft now corrected. (f)(ii) Prior to the provision of services Before providing homemaker activities to a consumer an individual, the provider must shall conduct written testing, and skill testing by return demonstration, of all HMK staff homemaker aides that are not listed on the Ohio department of health's nurse aide registry for all subject areas listed in paragraph (G)(1)(e) (D)(6)(a)(i)(e) of this rule. The training and testing must shall be documented by the provider, and the documentation must shall include training site information, the date of training, the number of hours of training, a list of instruction materials and the subject areas covered, the qualifications of the trainer and the tester, the signatures of the trainer and tester verifying the accuracy of the record, and all testing results.

(2)(b) Supervisors: The HMK supervisor must have a bachelor's or associate's

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degree in a health or human services area or have a minimum of two years of work experience as a HMK. Homemaker supervisors shall meet at least one of the following requirements:

New means by which one may qualify to be a homemaker surpervisor. (i) A bachelor's or associate's degree in a health and human services area.

→ (ii) A current, valid license to be an RN or an LPN under the direction of an RN.

(iii) At least two years of experience as a homemaker aide.

(c) All staff:

- (3)(i) Orientation: Prior to working with consumers, all employees who have face to face contact with consumers must receive orientation and training that addresses, at a minimum Before allowing any staff member to provide homemaker activities, the provider shall train the staff member on all the following:
 - (a) The <u>provider's</u> expectations of <u>employees</u> <u>homemaker staff</u>;
 - (b) The provider's employee code of conduct ethical standards, as required under rule 173-39-02 of the Administrative Code;
 - (c) An overview of the provider's personnel policies.

Moved 2 paragraphs below.

(d) Incident reporting procedures;

(e)(d) The organization and lines of communication of the provider's agency and the lines of communication; and,

(e) Incident-reporting procedures.

(f) Emergency procedures.

New orientation topic.

(g) Person-centered planning process.

(4)(ii) Continuing education: The provider must shall assure and document a minimum of eight hours of continuing education for each HMK staff member every twelve months on topics listed in paragraph (B)(6)(c)(i) of this rule.

Citation in public commentperiod draft now corrected.

(H)(7) Supervisory Requirements requirements:

- (1)(a) The supervisor must shall complete and document a consumer individual home visit, which may occur at the initial HMK homemaker visit to the consumer individual to define the expected activities of the HMK homemaker aide and prepare a written activities plan consistent with the case manager authorized plan that has been completed by the case manager and the consumer prior to consumer service initiation individual before the individual's first episode of service.
- (2)(b) The supervisor must shall evaluate HMK the homemaker aide's compliance with the activities plan, consumer the individual's satisfaction, and job performance during a home visit with the consumer individual at least every ninety three days to evaluate the HMK homemaker aide's compliance with the plan. The HMK homemaker aide need not be present during the visit. The visit must shall be documented, including the date of the visit, the name of the HMK homemaker supervisor, name of the consumer individual, and must shall include the signature of the consumer individual and the HMK homemaker supervisor or the electronic signature of the HMK homemaker supervisor.

(C) Units and rates:

Moved from (1) One unit of homemaker service equals fifteen minutes. earlier in rule. Standard language for >(2) The maximum rate allowable for a unit of homemaker activities is established in many rules in Appendix A to rule 5160-1-06.1 of the Administrative Code. OAC Chapter 173-39. (3) The rates are subject to the rate-setting methodology in rule 5160-31-07 of the Standard Administrative Code. language for many rules in OAC Chapter 173-39.