



**BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO**

406 Justice Drive, Lebanon, Ohio 45036

www.co.warren.oh.us

commissioners@co.warren.oh.us

Telephone (513) 695-1250

Facsimile (513) 695-2054

TOM GROSSMANN

SHANNON JONES

DAVID G. YOUNG

**BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO**

MINUTES: Regular Session – September 12, 2017

The Board met in regular session pursuant to adjournment of the September 5, 2017, meeting.

Tom Grossmann – present

Shannon Jones – present

David G. Young – present

Tina Osborne, Clerk – present

Minutes of the August 29, 2017, meeting were read and approved.

- 17-1392 A resolution was adopted to hire Celyna Massey Emergency Communications Operator, within the Warren County Emergency Services Department.
Vote: Unanimous
- 17-1393 A resolution was adopted to hire Karen Feltner as Emergency Communications Operator, within the Warren County Emergency Services Department.
Vote: Unanimous
- 17-1394 A resolution was adopted to hire Sarah Oliver as Emergency Communications Operator, within the Warren County Emergency Services Department.
Vote: Unanimous
- 17-1395 A resolution was adopted to hire Rachel Pyle as Emergency Communications Operator, within the Warren County Emergency Services Department.
Vote: Unanimous
- 17-1396 A resolution was adopted to hire Cortescia Davis as Emergency Communications Operator, within the Warren County Emergency Services Department.
Vote: Unanimous

MINUTES

SEPTEMBER 12, 2017

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- 17-1397 A resolution was adopted to hire Shelby Davis Emergency Communications Operator, within the Warren County Emergency Services Department. Vote: Unanimous
- 17-1398 A resolution was adopted to hire Hannah Banks Emergency Communications Operator, within the Warren County Emergency Services Department. Vote: Unanimous
- 17-1399 A resolution was adopted to approve end of 365-day probationary period and approve a pay increase for David Griffin within the Warren County Department of Emergency Services. Vote: Unanimous
- 17-1400 A resolution was adopted to approve end of 365-day probationary period and approve a pay increase for Elnora Hamilton within the Warren County Department of Job and Family Services, Children Services Division. Vote: Unanimous
- 17-1401 A resolution was adopted to designate Family and Medical Leave of Absence to Eric Haddix, Wastewater Treatment System Chief Operator within the Water and Sewer Department. Vote: Unanimous
- 17-1402 A resolution was adopted to designate Family and Medical Leave of Absence to Thomas Barnes, Staff Tech, within the Warren County Water and Sewer Department. Vote: Unanimous
- 17-1403 A resolution was adopted to designate Family and Medical Leave of Absence to Tanya Sellers, Foster Care Adoption Caseworker, within the Department of Job and Family Services, Children Services Division. Vote: Unanimous
- 17-1404 A resolution was adopted to approve and authorize the Board President or Vice-President to execute a Declaration of Permanent Highway Easement & Limited Driveway Access for Recording of Public Record, and declare the property located at 3228 Fields-Ertel Road, Loveland, Ohio as no longer needed for public use and advertise for bids for the sale of said property. Vote: Unanimous
- 17-1405 A resolution was adopted to approve engineering agreement with Jones Warner Consultants, Inc for the design of the Lower Springboro Road Waterline Improvements Project. Vote: Unanimous
- 17-1406 A resolution was adopted to affirm "Then and Now" requests pursuant to Ohio Revised Code 5705.41 (D0 (1). Vote: Unanimous
- 17-1407 A resolution was adopted to approve various refunds. Vote: Unanimous
- 17-1408 A resolution was adopted to acknowledge receipt of August 2017 Financial Statement. Vote: Unanimous

- 17-1409 A resolution was adopted to acknowledge payment of bills. Vote: Unanimous
- 17-1410 A resolution was adopted to amend Resolution Number 16-1748 relative to the Public Improvement Performance and Maintenance Security Agreement with the Drees Company for the Legacy at Elliott Farm, Section 1, Block "A".
Vote: Unanimous
- 17-1411 A resolution was adopted to approve a Subdivision Public Improvement Performance and Maintenance Security Agreement Reduction with the Drees Company for the Legacy at Elliott Farm, Section 1, Block "A" in Deerfield Township. Vote: Unanimous
- 17-1412 A resolution was adopted to approve bond release for Franklin DOHP, LLC for completion of improvements in Dollar General situated in Franklin Township.
Vote: Unanimous
- 17-1413 A resolution was adopted to approve a Subdivision Public Improvement Performance and Maintenance Security Agreement Reduction with SF Duke, LLC DBA Vintage Oaks for Vintage Oaks Subdivision situated in Deerfield Township. Vote: Unanimous
- 17-1414 A resolution was adopted to enter into Erosion Control Bond Agreement for Highlands One, LLC for completion of improvements in Highlands at Heritage Hill, Phase 2 situated in Union Township. Vote: Unanimous
- 17-1415 A resolution was adopted to approve the following record plats. Vote: Unanimous
- 17-1416 A resolution was adopted to approve appropriation decreases within various funds. Vote: Unanimous
- 17-1417 A resolution was adopted to approve supplemental appropriation into Common Pleas Court Community Based Corrections Fund #289. Vote: Unanimous
- 17-1418 A resolution was adopted to approve supplemental appropriation into the Bond Retirement Special Assessment Fund 327. Vote: Unanimous
- 17-1419 A resolution was adopted to approve a supplemental appropriation into Fund #484 (P & G TIF). Vote: Unanimous
- 17-1420 A resolution was adopted to approve appropriation adjustments within Probate Court Fund #101-1250 and from Juvenile Court Fund #101-2600 into Juvenile Detention Fund #101-1240. Vote: Unanimous
- 17-1421 A resolution was adopted to approve appropriation adjustments within Sheriff's Office Funds #101-2200, 101-2210, 101-2211, and #630. Vote: Unanimous

- 17-1422 A resolution was adopted to approve appropriation adjustments within County Fairgrounds Construction Fund #498. Vote: Unanimous
- 17-1423 A resolution was adopted to approve appropriation adjustment within the Building and Zoning Department Fund #101-2300. Vote: Unanimous
- 17-1424 A resolution was adopted to authorize payment of bills. Vote: Unanimous
- 17-1425 A resolution was adopted to approve Rezoning Application initiated by the Rural Zoning Commission (Case #2017-04), to rezone approximately 1.023 acres from Agriculture Zone "A1" to single family residential "R1B" in Turtlecreek Township. Vote: Unanimous
- 17-1426 A resolution was adopted to approve an amendment to the agreement with Council on Aging of Southwestern Ohio relative to Administrative Functions and approve revised services specification as required by said agreement. Vote: Unanimous
- 17-1427 A resolution was adopted to authorize President of the Board to sign F Permit Application from the Ohio Department of Commerce, Division of Liquor Control for an event at the Warren County Fairgrounds. Vote: Unanimous
- 17-1428 A resolution was adopted to approve the Sublease Agreement Addendum with Mobilcomm, Inc. on behalf of Warren County Telecommunications. Vote: Unanimous
- 17-1429 A resolution was adopted to cancel regularly scheduled Commissioners' Meeting of Thursday, September 14, 2017. Vote: Unanimous

DISCUSSIONS

On motion, upon unanimous call of the roll, the Board accepted and approved the consent agenda.

PUBLIC HEARING

REZONING APPLICATION INITIATED BY THE RURAL ZONING COMMISSION
(MARK MANN, OWNER OF RECORD) TO REZONE 1.023 ACRES FROM
AGRICULTURAL A1 TO SINGLE FAMILY RESIDENTIAL R1B
IN TURTLECREEK TOWNSHIP

The rezoning application initiated by the Rural Zoning Commission, Mark Mann, owner of record (Case #2017-04), to rezone approximately 1.023 (Parcel Number 0931435010) located at 1435 Drake Road in Turtlecreek Township from Agricultural Zone "A1" to Single Family Residential "R1B" was convened this 12th day of September 2017.

Michael Yetter, Zoning Supervisor, provided the background of the zoning history of the parcel, the location and surrounding zoning and presented the attached PowerPoint presentation.

Mr. Yetter stated that this property was inadvertently included in the map amendments as Agricultural and it should not have been. He then stated the Rural Zoning Commission decision to approve the rezoning and the Regional Planning Commission recommendation to approve.

Upon further discussion, the Board closed the public hearing and resolved (Resolution #17-1425) to approve the rezoning application.

Lois Reeder, Turtlecreek Chapter of the Daughters of the American Revolution, was present to present a framed picture of the signing of the Constitution to be hung in the atrium of the Warren County Administration Building and for the Board to proclaim "Constitution Week" in Warren County.

Ken Wilson, Council on Aging of Southwestern Ohio, was present for a discussion relative to the ongoing challenge with workforce staffing relative to home health care as well as the high turnover in staff.

Mr. Wilson discussed the desire to amend the Service Specifications relative to home care assistance in order to help fill the need for service providers (as attached). He stated that the current agreement with this Board requires the Board's approval prior to any changes.

Upon discussion, the Board stated their concurrence to the changes to the service specifications.

Mr. Wilson then discussed the desire to include Consumer Directed Care to the services available to Warren County Residents. He reviewed the proposed program (as attached) which would allow for clients or family caregivers to hire their own aid without going through an agency. He stated that other counties have added this as an available service and clarified that only 4 – 5% of the clients would qualify for this service. He then stated the need to amend the current service agreement in order to offer those services.

Upon further discussion, the Board resolved (Resolution #17-1426) to approve an amendment to the agreement with Council on Aging of Southwestern Ohio relative to Administrative Functions and approve revised services specification as required by said agreement.

Martin Russell, Deputy County Administrator, discussed the Request for Qualifications for a Construction Manager at Risk (CMR) for the New Warren County Jail Project and an evaluation committee that would need to be established relative thereto.

Mr. Russell reviewed the proposed request and the criteria for evaluation.

There was discussion relative to the CMR process and various concerns relative to the experience portion of the evaluation criteria.

Commissioner Jones stated her concern with the exclusion of a reputable company due to the number of points in the criteria being associated with jail CMR experience vs. managing a \$100 million CMR project that was not a jail.

There was discussion relative to the desire to not bind the committee based upon specific criteria.

Upon discussion, the Board requested Mr. Russell to amend the criteria evaluation form for their review next week.

Tiffany Zindel, County Administrator, discussed the following matters with the Board:

1. The selection process the Board desires to follow relative to the selection of an architect for the roof renovation at the old Warren County Jail. The Board stated their desire to delegate the selection to a review committee.
2. The Village of South Lebanon is requesting the Board to grant a sanitary sewer easement along the property where a telecommunications tower is located along US RT 22-3 in Hamilton Township. Mrs. Zindel stated that the easement is being requested in order to provide sanitary sewer services to the property that was annexed along with Warren

County's property. She stated the concern relative to the adjacent residential properties being required to connect to the sanitary sewer due to the close proximity. Upon discussion, the Board determined to take the matter under advisement.

There was discussion relative to the T-CAP grant and the loss of funds due to Warren County's lack of participation.

Commissioner Grossmann reviewed the discussion from the work session with Commissioner Young as he was not present at that meeting.

The Board stated their desire to further explore our options relative to this grant and requested the Clerk to follow-up on the grant deadline with the Ohio Department of Rehabilitation and Corrections on the ability to further discuss this opportunity with the Sheriff and Common Pleas Court Judges.

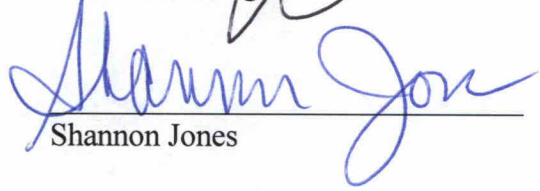
Upon motion the meeting was adjourned.



Tom Grossmann, President




David G. Young



Shannon Jones

I hereby certify that the foregoing is a true and correct copy of the minutes of the meeting of the Board of County Commissioners held on September 12, 2017, in compliance with Section 121.22 O.R.C.



Tina Osborne, Clerk
Board of County Commissioners
Warren County, Ohio

BACKGROUND:

The Elderly Services Program has been experiencing increasing difficulty with the quality of the home care assistance (HCA) services caused by higher provider staff turnover and inadequate provider capacity in some areas. The problems have been monitored by COA via a number of methods including client satisfaction scores collected via the SASI tool, dropping service utilization rates as measured in the provider quality report, and the complaint log. The Home Care Assistance service includes personal care, homemaking, caregiver respite, and companion services.

COA and our providers decided to focus on a complete review of the HCA service specifications, and operating procedures to identify changes that could help alleviate the shortage by removing non-value added requirements, while tightening other requirements that improve quality.

Overview of the changes to the home care assistance service specifications:

1. Training: Focused on the content of the training rather than the number of hours. The current specification requires 60 hours of training regardless of whether personal care or homemaking is being provided. The new specification removes the number of hours and spells out what exact tasks need to be trained on for an aide doing personal care versus aide that is doing homemaking only.
2. The revised specifications separate requirements for supervisors and home care aide staff that are providing homemaking tasks vs. those who also provide personal care and respite.
3. Expanded homemaking staff qualifications: Have at least one year employment experience as a supervised homemaker or in environmental or housekeeping services and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision. The former requirement was for the employee to have at least one year employment experience as a supervised home health aide or nurse aide.
4. Expanded homemaking supervisor qualifications: must have experience in environmental/homemaking Services and is responsible for managing the Homemaker Aides. Formerly the Supervisor was required to be an RN or LPN.

**Warren County Elderly Services Program
Home Care Assistance Service Specification Changes**

5. Lowered the number of visits required by the HCA Supervisor for homemaking services. Can be made by home visit or telephone call. Every other contact must be in person. Homemaking and companion services supervisory visits/calls must be completed every 180 days. The previous requirement was supervisory in-home visits every 93 days. Personal Care requirements are that a supervisory visit is done every 62 days and provider can alternate between in person visits and telephone calls.
6. Language was added to clarify how recorded service time was to be documented. Each record must include actual arrival and departure times. For billing purposes, rounding to the nearest quarter hour was outlined but the actual arrival and departure times must be documented.
7. Provider expectations were added for when a client is a no-show. Providers are to contact their emergency contact along with notifying the Care Manager immediately.

Background:

Home Care aide shortages is a problem that COA has been reporting on for the past couple years. This results in more aide turnover, aide no shows, complaints, and lower service utilization. The problem has increased over time as the economy has improved.

One option to address the problem is a service called Consumer Directed Care (CDC). CDC is a combination of Home Care Assistance and Independent Living Assistance services delivered in a different way utilizing a different workforce from the traditional home care agency model. Clients become “employers” and hire their own “employees” to provide the care and services that they need. For clients that have dementia or are unable to advocate for themselves, they have someone (authorized representative) act on their behalf as the employer.

Consumer Directed Care is already an option in Butler, Clinton, and Hamilton County ESP programs in addition to Ohio’s Medicaid Waiver programs.

Recommendation:

COA recommends that Consumer Directed Care be added as a service to the Warren County Elderly Services Program. The Warren County Advisory Council adopted this recommendation at their meeting on June 14, 2017.

How it works:

Eligibility:

1. Employee must be age 18 or older and not already providing services for the client.
2. Employee must pass criminal background check requirements, legally allowed to work in the US, and provide a valid identification.
3. The employee cannot be a spouse, power of attorney, or the authorized representative of the client.
4. The employee must submit a time sheet every two weeks that includes service date, start time, end time, and signature of client and employee.
5. The client or their authorized representative must be capable of fulfilling the employer requirements.

Client/Authorized Representative Responsibilities:

1. The employer of record including the responsibility of monitoring time sheets and employee performance. COA is not the employer.
2. Hiring, firing, and disciplining the CDC home care employee.

Consumer Directed Care Proposal

3. Determines the hourly rate up to a ceiling of \$11.50 per hour while also staying within the approved hours and under the program cost cap.

Care Manager Responsibilities:

1. Resource information, assessment of need and eligibility, resource information, referral, care planning and following the intervention schedule.
2. Determining tasks and hours of care that are needed.

Employee payroll, taxes, background checks, and workers compensation:

- COA contracts with a fiscal intermediary (Acumen) to provide the administrative functions of processing time sheets, payroll, withholding taxes, and workers compensation fees.

Cost and Utilization:

The current average cost per client per month for CDC is \$397.72 compared to \$215.60 per month for clients receiving home care assistance. A previous evaluation by Scripps Gerontology Center at Miami University has determined that the higher cost is because a higher average acuity (including dementia) for CDC clients compared to ESP clients receiving home care assistance from a traditional provider.

6% of clients in Hamilton County, and 4% in Butler County are receiving Consumer Directed Care. 62% of clients in Hamilton County, and 47% of Butler County clients are receiving traditional home care assistance. Both of these counties have had CDC in place for more than 10 years. The utilization of CDC and Home Care Assistance in Hamilton County is likely higher because of tighter eligibility requirements that have led to higher acuity levels in that program.

53% of Warren County ESP clients are currently receiving home care assistance. We anticipate that CDC utilization would be between 4% and 5% of clients enrolled in the Warren County Elderly Services Program.

	Butler	Hamilton	Warren
CDC	115	260	0
CDC %	4%	6%	0
HCA	1,337	2,774	990
HCA %	47%	62%	53%
Total Census	2,873	4,479	1,878

ELDERLY SERVICES PROGRAM (ESPSM)

HOME CARE ASSISTANCE (HCA)

SERVICE SPECIFICATION

**EFFECTIVE XX-XX-XXXX
(BCESP) (HCESP) (WCESP)**

HOME CARE ASSISTANCE

SERVICE SPECIFICATION

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DRAFT

HOME CARE ASSISTANCE (HCA) SERVICES

1.0 Objective

The HCA service assists a client to achieve optimal independence by assisting them with their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

2.0 Unit of Service

2.1 A full unit of service is equal to one hour of in-home service to the client. The smallest unit of service is equal to one-quarter hour of service to the client.

2.2 The unit rate must include administration, supervision, travel, and documentation costs.

2.3 The number of units is determined by the Care Manager.

3.0 Client Eligibility

3.1 Clients who are eligible for this service must be enrolled in Elderly Services Program and meet the following criteria as determined by the Care Manager:

- a) Functional, cognitive and/or mental health impairments restricting his/her ability to perform specific tasks related to daily living activities.

4.0 Provider Requirements

4.1 General

- a) The Provider must be capable of delivering services seven days a week. Telephone coverage must be provided for staff and clients twenty four hours a day, seven days per week including all holidays.
- b) The Provider must have the capacity to respond to inquiries or requests pertaining to client care within 24 hours.
- c) When a provider identifies health and safety issues of a client, the provider will contact care management staff immediately to discuss issues and work collaboratively to ensure client's welfare.
- d) If a client is a no-show, provider will call their emergency contact and will email care management staff immediately via secured email so that follow up can be completed to ensure client's health and safety. In the event that email is unavailable a phone call will be made.
- e) If an Aide does not show for services, this must be communicated to the Care Manager within one business day from the date the provider becomes aware. The provider must offer to reschedule the service to the client.
- f) Services over and above ~~beyond~~ what are authorized, must be pre-authorized. In the event of an emergency when services need to be

rendered immediately, provider may provide those services without prior authorization. It is expected that provider will contact care management staff within 1 business day to inform of the additional hours and reason for hours.

4.2 Employees

- a) The Provider must maintain in employee files, documented evidence verifying that each of the individuals providing HCA services meet all applicable training and certification requirements prior to client contact.
- b) The Provider must document training and testing for staff, including training site information, the date of training, the number of hours of training, a list of instruction materials, a description of the subject areas covered, the qualifications of the trainer and tester, the signatures of the trainer and tester to verify the accuracy of the documentation, and all testing results applicable to section 5.8 e and 5.16 g of this specification.
- c) HCA Supervisor for HCA Aides providing personal care or respite services:
 1. The Provider must ensure that all HCA Supervisors and trainers shall be an RN or an LPN. An LPN serving in this capacity must be under the supervision of an RN. RNs and LPNs shall have a current and valid license to practice nursing in the State of Ohio.
 2. The Provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA Aides are scheduled to work
- d) HCA Supervisor for HCA Aides providing homemaking or companion services only:
 1. The Provider must ensure that HCA Supervisor and trainer shall have experience in environmental/homemaking services or home health services and is responsible for independently managing the HMK aides who render environmental/homemaking services in the home. Supervisors will maintain high standards of efficiency, client safety, and client satisfaction.
 2. The Provider must have a system in place to ensure that the Supervisor is accessible to respond to emergencies during times when the HCA Aides are scheduled to work
- e) HCA Aide:
 1. The Provider must assure HCA Aide is qualified to complete the tasks outlined in the Care Manager's authorized plan, which may include any of the following tasks with client approval:
 - a) Personal hygiene and care
 - b) Mobility
 - c) Elimination
 - d) Meal Assistance
 - e) Homemaking/Laundry

- f) Companion
 - g) Respite
2. The Provider must maintain documented evidence of completion of eight hours of in-service education for each HCA Aide annually, excluding Provider and program-specific orientation, initiated after the first anniversary of employment with the Provider.

Documentation maintained in the employee's file of in-service education must include:

- a) Date
- b) Length of training
- c) Signature of trainer
- d) Signatures of those in attendance

4.3 Service Delivery

1. The Provider must maintain evidence of compliance with the following supervisory requirements:

- a) Prior to the start of services being provided to the client, the HCA Supervisor must complete and document an initial home visit. The documentation of the initial visit must define the expected activities of the HCA Aide and a written activity plan should be developed prior to service delivery where possible.

2. The HCA Supervisor must conduct and document a visit/call to the client as follows:

- a) A supervisory visit/call must be completed every 180 days for each client receiving only homemaking or companion services. Supervisor can make every other visit a telephone call. There must be at least one in person visit a year.
- b) A supervisory visit/call must be completed every 62 days for each client receiving only personal care or respite services or clients that receive personal care or respite services along with homemaking or companion services. A supervisor may alternate between calls and visits. Visits must be done at least every other contact.
- c) The visit must document and address compliance with the activity plan, client satisfaction, and Aide performance. The HCA Supervisor must discuss recommended modifications with the Care Manager and Aide. The Aide need not be present during the visit. The visit must be documented and the documentation must include the date of the visit, the printed name and signature of the HCA Supervisor, printed name and signature of the client. Electronic signatures are acceptable.

- d) The telephone call must document and address compliance with the activity plan, client satisfaction, and Aide performance. The HCA Supervisor must discuss recommended modifications with the Care Manager and Aide. The call must be documented and the documentation must include the date of the call, the printed name and signature of the HCA Supervisor and printed name of client.
 - e) If the HCA Supervisor identifies any significant change in the client's health, the Provider will notify the Care Manager and recommend service modifications to meet the client's health needs.
3. The Provider must maintain individual client records for each episode of service delivery. If the provider uses a manual method for service delivery, each record must contain the following:
- a) Date of service delivery
 - b) A description of the service tasks performed
 - c) The printed name of the HCA Aide providing the service(s)
 - d) The HCA Aide's arrival and departure time.
 - e) The HCA Aide's written signature to verify the accuracy of the record
 - f) The client's or client's caregiver's signature for each episode of service delivery
4. If a provider uses an electronic verification system, each record must contain the following:
- a) Date of service delivery
 - b) A description of the service tasks performed. If a code is used to identify each task performed, the provider must supply the list of codes for each task.
 - c) Name of the Aide providing the service. If the provider utilizes a unique identifier assigned to each Aide, the provider must supply the list of identifiers assigned to each name.
 - d) The Aide's arrival and departure time. This record must show actual arrival and departure times. Rounding to the closest quarter hour can be used for billing purposes but the actual times must be visible for each service delivery.
 - e) The Aide's electronic signature to verify the accuracy of the record. If a unique identifier is assigned to each Aide, the provider must supply the list of identifiers assigned to each name
 - f) The client's or client's caregiver's electronic signature for each episode of service delivery. If a provider uses a unique identifier assigned to each client, the provider must supply the list of identifiers assigned to each client name.
 - g) If a Provider utilizes an electronic verification system, or if a landline is not available or in the event the system is unavailable, the provider must maintain written verification of service delivery including all required documentation as identified in section 4.3 a 1-6.
 - h) If a provider utilizes an electronic verification system, the provider must round every episode of service delivery to the nearest quarter hour.

To ensure consistent time entry, Aide clock in and out times should be rounded to the nearest quarter hour based on 7 minute time increments

Clock time	Quarter Hour
:00 - :07 minutes	.00
:08 - :22 minutes	.25
:23 - :37 minutes	.50
:38 - :52 minutes	.75
:53 - :60 minutes	1.00

Aide time from 1 to 7 minutes should be rounded down to the nearest quarter hour; time from 8 to 14 minutes should be rounded up to the nearest quarter hour.

The Provider must deliver service only when the client is at home. With the exception, that the HCA Aide may assist in preparing the client's home prior to their return from the hospital or nursing facility. The client's representative must be present for this service and prior authorization from the Care Manager must be obtained.

5. Monitoring System

- a) The Provider shall have a monitoring system to verify services are provided according to the care plan:
 1. In this system, the Provider shall include a written plan for monitoring:
 - a) Whether the HCA Aide is present at the location where the services are to be provided and at the time the services are to be provided
 - b) At the end of each working day, whether the provider's employees have provided the services at the proper location and time
 2. 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, this shall include standards for determining the maximum length of time that may lapse before the substitute arrives at the client's home without jeopardizing the health and safety of the client;
 3. Procedures and written documentation for maintaining records of the information obtained through the monitoring system;
 4. Procedures and written documentation 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,

5. Procedures and written documentation for conducting random checks of the accuracy of the monitoring system. A random check is considered to be a check of not more than five percent of the home care visits each HCA Aide makes to different clients.

5.0 Requirements of HCA Aide

- 5.1 The Home Care Assistance Aide will assist client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
- 5.2 Must be at least 18 years old and meet one of the training criteria requirements listed under Section 5.8 of this specification.
- 5.3 Is able to understand the written or electronic task sheet, execute instructions, and document services delivered.
- 5.4 Is able to communicate with clients/families and emergency service systems personnel.
- 5.5 The HCA Aide must be able to assist the client with personal care/hygiene as authorized.
- 5.6 The HCA Aide must be able to assist a client to maintain a clean and safe environment. The HCA Aide will assist a client to reduce isolation and maintain socialization. The HCA Aide is intended for the client and specifically excludes direct services for all other household members who are not clients.
- 5.7 The HCA Aide can provide indirect care in the form of relief for the caregiver who is responsible for twenty-four hour care of the client who requires constant supervision and may never be alone. The purpose is to decrease stress and/or isolation for the caregiver and ensure time to care for personal responsibilities.
- 5.8 Each HCA Aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:
 - a) Be listed on the Ohio Department of Health's Nurse Aide Registry; or
 - b) Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct care health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or
 - c) Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or

- d) Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or,
- e) Successfully complete training, including, but not limited to instruction on areas outlined on Attachment A. In addition aide must complete return demonstration in the areas marked with an ** in Attachment A.

5.9 Specialized Skills Training

Prior to performing specialized skills not included in initial training, HCA Aides must be trained by a supervisor and perform a successful return demonstration. Examples include, but are not limited to: Hoyer lift, TED hose, and assisting with prosthetics.

5.10 The Provider must assure that these specific tasks are **never** assigned as HCA Aide client care responsibilities:

- a) Administration of over-the-counter medications or eye drops
- b) Administration of prescription medications or application of topical prescription medications or eye drops
- c) Perform tasks that require sterile techniques
- d) Administration of irrigation fluids to intravenous lines, Foley catheters or ostomies
- e) Administration of food and fluids via feeding tubes
- f) Administration of enemas or suppositories
- g) Filing/cutting a client's finger nails or toe nails.

Requirements of Homemaking ONLY Aide

- 5.11 The Home Care Assistance Aide will assist a client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).
- 5.12 Must be at least 18 years old and meet one of the training criteria requirements listed under Section 5.16 of this specification.
- 5.13 Is able to understand the written or electronic task sheet, execute instructions, and document services delivered.
- 5.14 Is able to communicate with clients/families and emergency service systems personnel.
- 5.15 The HCA Aide must be able to assist a client to maintain a clean and safe environment. The HCA Aide will assist a client to reduce isolation and maintain socialization. The HCA Aide is intended for the client and specifically excludes direct services for all other household members who are not clients.

5.16 Each HCA (Homemaking Only) Aide must, at a minimum, meet at least one of the following training or certification requirements prior to client contact:

- a) Be listed on the Ohio Department of Health's Nurse Aide Registry; or
- b) Successfully complete the Medicare competency evaluation program for home health aides set forth in 42C.F.R. Part 484, as a direct care health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or
- c) Have at least one year employment experience as a supervised home health aide or nurse aide, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
- d) Have at least one year employment experience as a supervised homemaker or in environmental or housekeeping services, and have successfully completed written testing and skills testing by return demonstration prior to initiation of service provision; or
- e) Successfully complete a certified vocational program in a health care field, and successfully complete written testing and skills testing by return demonstration prior to initiation of service provision; or,
- f) Successfully complete training, including, but not limited to instruction on areas outlined on Attachment B. In addition aide must complete return demonstration in the areas marked with an ** in Attachment B.

NOTE: Aides may not drive clients in their cars or clients' car. However, Aides may accompany clients, if necessary, to appointments using transportation that has been contracted and authorized by COA to meet the transportation needs of the client. Aides are prohibited from purchasing alcohol and/or tobacco products for clients.

Personal Care
Training Requirements
Attachment A

Below are the training requirements that are expected for home care aides performing personal care and/or respite. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

Understanding and Working With Differing Client Populations

- Basic Human Needs
 - Physical Needs
 - Psychological Needs
- Working With the Family Unit
- Customs and Cultures

Principles of Safety

- General Home Safety Rules
 - Bathroom Safety
 - Kitchen Safety
 - Bedroom Safety
 - Living Room Safety
 - Stair Way Safety
 - Fire Safety
 - Medication Safety
 - Equipment Safety
 - Oxygen Safety
- Principles of Body Mechanics

Preventing Falls in the Elderly

- Risk Factors
- Risk factors for the Aide

Communication

- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

Observations, Reporting and Documentation

- Observation and Reporting
- Legality
- HHA Note
- Care Plan

Infection Control and Universal or Standard Precautions

- Infection
- Chain of Infection
- Preventing the Spread of Infection
- Standard or Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
 - Engineering and Work Practice Controls
 - Personal Protective Equipment **
 - Handwashing **

Homemaking Services (Incidental to Respite Services)

- Introduction
- Cleaning a Client's Home
- How To Keep a House Clean
- Basic Kinds of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
 - Dusting **
 - Washing Dishes **
 - Cleaning Bathrooms **
 - Laundry **
 - Rugs and Carpeting, Floors **
 - Pests and Bugs
 - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

Laundry (Incidental to Respite Services)

- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat
- Ironing **

Nutrition

- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

Elder Abuse

- Types of Abuse
- Signs of Abuse and Neglect
- Intervention

Personal Care/ ADL Assistance

- Oral Hygiene
 - Brushing/ Flossing **
 - Denture Care **
 - Mouth Care for the Unconscious Client **
- Bathing the Client
 - Complete Bed Bath **
 - Partial Bath **
 - The Tub Bath **
 - The Shower **
- Skin Care
- Skin Integrity
- Pressure Sores
- Positioning
- Nutrition
- Prevention
- Treatment
- Incontinence
- Hair Care
 - Shampoo- Shower /Tub/Sink **
- Nail Care
- Giving the Client a Back Rub
- Shaving the Male Client **
- Dressing / Undressing Client **

Procedures

- Handwashing **
- Using the Urinal / Bedpan **
- Using the Bedside Commode **

- Assisting the Client With a Sitz Bath **
- Positioning, Lifting and Exercising
 - Moving Up in Bed **
 - Moving Up in Bed with Assistance **
 - Turning the Client in Bed **
 - Transferring to Chair From Bed **
 - Transferring From Chair to Bed **
 - Transferring From Chair to Chair **
 - Positioning **
 - Using a Mechanical Lift **

Homemaking

Training Requirements-Homemaking

Attachment B

Below are the training requirements that are expected for home care aides performing homemaking only. Areas marked with ** require skills testing through return demonstration.

Training and testing shall be documented by the Provider and shall include training site information, date, length of training that includes the number of hours, instruction materials, subject areas, signature of trainer and all testing results.

*The Trainer must meet Homemaker supervisor requirements.

Understanding and Working With Differing Client Populations

- Basic Human Needs
 - Physical Needs
 - Psychological Needs
- Working With the Family Unit
- Customs and Cultures

Principles of Safety

- General Home Safety Rules
 - Bathroom Safety
 - Kitchen Safety
 - Bedroom Safety
 - Living Room Safety
 - Stair Way Safety
 - Fire Safety
 - Medication Safety
 - Equipment Safety
 - Oxygen Safety

Communication

- Introduction to Communication
- Verbal Communication
- Nonverbal Communication
- Guidelines for Better Communication
- Written Communication

Observations, Reporting and Documentation

- Observation and Reporting
- Legality

Infection Control and Universal or Standard Precautions

- Infection/Chain of Infection
- Preventing the Spread of Infection

- Standard/Universal Precautions
- HIV/AIDS
- Hepatitis A, B, C
- Tuberculosis
- Prevention of Transmission
 - Engineering and Work Practice Controls
 - Personal Protective Equipment **
 - Handwashing **

Homemaking Services

- Introduction
- Cleaning a Client's Home
- How To Keep a House Clean
- Basic Kinds of Cleaning Products
- Common Cleaning Products
- Sample Cleaning Schedule
- Specific Tasks
 - Dusting **
 - Washing Dishes **
 - Cleaning Bathrooms **
 - Laundry **
 - Rugs and Carpeting **
 - Floors **
 - Pests and Bugs
 - Bed Making (Closed Bed, Open Bed, Occupied Bed) **

Laundry

- Sorting Clothes and Linens **
- Preparing the Clothes for Washing (Stains, Sewing) **
- Loading the Washer **
- Drying, Folding, Ironing, Putting Away Clothes **
- The Laundromat **
- Ironing **

Nutrition

- Special Diets
- Meal Planning
- Grocery Shopping
- Guidelines for Storage of Food
- Guidelines for Preparing Foods
- Guidelines for Serving A Meal

Elder Abuse

- Types of Abuse
- Signs of Abuse and Neglect