



Ohio Administrative Code

Rule 173-3-06.5 Older Americans Act: personal care.

Effective: January 1, 2023

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

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

(a) Assisting the consumer with ADLs, IADLs, household management, personal affairs, and self-administration of medications.

(b) Homemaker activities listed in rule 173-3-06.4 of the Administrative Code, if the activities are specified in the consumer's activities plan and are incidental to the activities provided, or are essential to the health and safety of the consumer, rather than the consumer's family. The homemaker activities include routine meal-related activities, routine household activities, and routine transportation activities.

(c) The activities described in paragraphs (A)(1)(a) to (A)(1)(b) of this rule when they assist the consumer as respite to the consumer's caregiver or are essential to the health and safety of the consumer as respite to the consumer's caregiver.

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

(a) Activities provided outside of the home except for routine transportation activities listed in paragraph (A)(1)(b) of this rule.

(b) Activities within the scope of home maintenance and chores.

(c) Activities available through third-party insurers, community supports, Ohio medicaid state plan, or a medicaid waiver program.



(d) Activities to administer or set-up medications.

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

(1) General requirements: The AAA-provider agreement is subject to rule 173-3-06 of the Administrative Code.

(2) Licensure: The provider is subject to the requirement under Chapter 3740. of the Revised Code and Chapter 3701-60 of the Administrative Code for the provider to hold a current, valid license to provide skilled home health services or nonmedical home health services.

(3) Availability: The provider shall maintain the following:

(a) Adequate staffing levels to provide personal care at least five days per week.

(b) A back-up plan for providing personal care when the provider has no PCA available.

(c) The availability of a PCA supervisor during all hours when PCAs are scheduled to work.

(4) PCAs:

(a) Initial qualifications: The provider may allow a person to serve as a PCA only if the person meets at least one of the following qualifications and if the provider meets the verification requirements under paragraph (B)(4)(d) of this rule:

(i) STNA: The person successfully completed a nurse aide training and competency evaluation program approved by Ohio department of health (ODH) under section 3721.31 of the Revised Code.

(ii) Medicare: The person met the qualifications to be a medicare-certified home health aide according to one of the following sets of standards:

(A) The standards in 42 C.F.R. 484.4 and 484.36, if the person met those standards on or before



January 12, 2018.

(B) The standards in 42 C.F.R. 484.80 and 484.115, if the person met those standards on or after January 13, 2018.

(iii) Previous experience: The person has at least one year of supervised employment experience as a home health aide or nurse aide and has successfully completed competency evaluation covering the topics listed under paragraph (B)(4)(a)(v)(b) of this rule.

(iv) Vocational programs: The person successfully completed the COALA home health training program or another vocational school program that included at least sixty hours of training and competency evaluation covering the topics listed under paragraph (B)(4)(a)(v)(b) of this rule.

(v) Other programs: The person successfully completed a training and competency evaluation program with the following characteristics:

(A) The training lasted at least sixty hours.

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

(i) Communications skills, including the ability to read, write, and make brief and accurate reports (oral, written, or electronic).

(ii) Observation, reporting, and retaining records of a consumer's status and activities provided to the consumer.

(iii) Reading and recording a consumer's temperature, pulse, and respiration.

(iv) Basic infection control, including hand washing and the disposal of bodily waste.

(v) Basic elements of bodily functioning and changes in body function that should be reported to a PCA supervisor.



- (vi) The homemaker activities listed in rule 173-3-06.4 of the Administrative Code.
 - (vii) Recognition of emergencies, and knowledge of emergency procedures.
 - (viii) Physical, emotional, and developmental needs of consumers, including the need for privacy and respect for consumers and their property.
 - (ix) Techniques in personal hygiene and grooming that include bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate nutrition and fluid intake.
- (b) Orientation: Before allowing PCAs or other employees to meet consumers in person, the provider shall ensure that the PCAs or other employees successfully completed orientation that, at a minimum, addressed the following topics:
- (i) The provider's expectations of employees.
 - (ii) Person-centered care.
 - (iii) The provider's ethical standards.
 - (iv) An overview of the provider's personnel policies.
 - (v) The organization and lines of communication of the provider's agency.
 - (vi) Incident reporting.
 - (vii) Emergency procedures.
- (c) Additional training: The provider shall ensure that each PCA successfully completes additional training and competency evaluation if the PCA is expected to perform activities for which the PCA did not receive training or undergo competency evaluation under paragraph (B)(4)(a) of this rule.



(d) In-service training: The provider shall retain records to show that each PCA successfully completes eight hours of in-service training every twelve months. Agency- and program-specific orientation do not count toward the eight hours. If the PCA is also a homemaker aide (aide) according to rule 173-3-06.4 of the Administrative Code, the provider may consider eight hours of successfully-completed in-service training as an aide to count for the eight hours required by this paragraph.

(e) Training sources:

(i) An organization other than the provider may provide the orientation and training required in paragraphs (B)(4)(b) to (B)(4)(d) of this rule. Any training successfully through <https://mylearning.dodd.ohio.gov/> or <https://collinslearnng.com/home-health-care/> is approved.

(ii) The portion of training that is not competency evaluation may occur online.

(iii) The portion of competency evaluation that involves return demonstration only qualifies as competency evaluation under paragraph (B)(4)(a) of this rule if it is conducted in person.

(f) Verification of compliance with PCA requirements:

(i) The provider shall either retain copies of certificates of completion earned by each PCA after the PCA meets qualifications/requirements under paragraph (B)(4) of this rule for successfully completing any training and competency evaluation program, orientation, additional training, and in-service training under paragraph (B)(4) of this rule or record the following information for each PCA, and retain it, if it does not appear on the PCA's certificate of completion (or if the PCA did not receive a certificate of completion): name of the school or training organization, name of the course, training dates, and training hours successfully completed.

(ii) If a person meets the initial qualifications to be a PCA under paragraph (B)(4)(a) of this rule by successfully completing a nurse aide training and competency evaluation program described in paragraph (B)(4)(a)(i) of this rule, the provider shall retain a copy of the search results from ODH's nurse aide registry (<https://nurseaideregistry.odh.ohio.gov/Public/PublicNurseAideSearch>) to verify



the registry listed the person as "active," "in good standing," or "expired."

(iii) If a person meets the initial qualifications to be a PCA under paragraph (B)(4)(a) of this rule only by the previous employment experience described in paragraph (B)(4)(a)(iii) of this rule, the provider shall also retain records to verify the person's name, the former employer's name and contact information, the former supervisor's name, the date the person began working for the former employer, and the date the person stopped working for the former employer.

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

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

(b) PCA supervisor visits:

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

(ii) Subsequent: The PCA supervisor shall visit the consumer in person at the consumer's home at least once every sixty days after the PCA's initial episode of service with the consumer to evaluate compliance with the activities plan, the consumer's satisfaction, and the PCA's performance. The PCA supervisor may conduct subsequent visits with or without the presence of the PCA being evaluated. During a state of emergency declared by the governor or a federal public health emergency, the PCA supervisor may conduct subsequent visits by telephone or video conference, unless an emergency requires visiting the consumer in person at the consumer's home.

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



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

(6) Provider's policies:

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

(i) Job descriptions.

(ii) Qualifications to provide personal care.

(iii) Performance appraisals.

(iv) Incident reporting.

(v) Obtaining the consumer's written or electronic permission before releasing information concerning the consumer to anyone.

(vi) The required content, handling, storage, and retention of consumer records.

(vii) The provider's ethical standards.

(viii) Assistance with self-administration of medication.

(b) The provider shall make its policies available to all employees and provide to ODA or the AAA upon request.

(7) Service verification:

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



(b) The following are the mandatory reporting items for each episode of service that a provider retains to comply with the requirements under paragraph (B)(9) of rule 173-3-06 of the Administrative Code:

(i) Consumer's name.

(ii) Service date.

(iii) PCA's arrival time.

(iv) PCA's departure time.

(v) Description of the activities provided.

(vi) Service units.

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

(viii) The unique identifier of each PCA in contact with the consumer to attest to providing the service.

(ix) The unique identifier of the consumer or the consumer's caregiver to attest to receiving the service.

(c) During a state of emergency declared by the governor or a federal public health emergency, the provider may verify each episode of service provided without collecting the unique identifier of the consumer or the consumer's caregiver.

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