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Ohio Administrative Code

Rule 173-39-02.11 ODA provider certification: personal care.

Effective: April 16, 2022

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

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

(2) Assisting the individual with ADLs and IADLs.

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

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

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

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

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

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

(2) Availability: The provider shall maintain staffing at adequate levels to provide personal care seven days a week, including possessing a back-up plan for providing personal care when the provider has no PCA or PCA supervisor available.

(3) PCA requirements:

(a) Initial qualifications: The provider shall only allow a person to serve as a PCA if the person meets at least one of the following qualifications, the training and competency evaluation comply with paragraph (C)(3)(e) of this rule, and the provider meets the verification requirements under paragraph (C)(3)(f) of this rule:

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

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

(A) 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 a competency evaluation covering the topics listed under paragraph (C)(3)(a)(v)(b) of this rule.

(iv) Vocational programs: The person successfully completed the COALA home health training program or a certified vocational training and competency evaluation program in a health care field covering the topics listed under paragraph (C)(3)(a)(v)(b) of this rule.

(v) Other programs: The person successfully completed a training and competency evaluation

program with the following characteristics:

(A) The training lasted at least sixty hours.

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

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

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

(iii) Reading and recording an individual's temperature, pulse, and respiration.

(iv) Basic infection control.

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

(vi) Maintaining a clean, safe, and healthy environment, including house cleaning and laundry, dusting furniture, sweeping, vacuuming, and washing floors; kitchen care (including dishes, appliances, and counters), bathroom care, emptying and cleaning beside commodes and urinary catheter bags, changing bed linens, washing inside window within reach from the floor, removing trash, and folding, ironing, and putting away laundry.

(vii) Recognition of emergencies, knowledge of emergency procedures, and basic home safety.

(viii) The physical, emotional, and developmental needs of individuals, including privacy and respect for personal property.

(ix) Appropriate and safe techniques in personal hygiene and grooming including bed, tub, shower, and partial bath techniques; shampoo in sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate

nutrition and fluid intake.

(x) Meal preparation and nutrition planning, including special diet preparation; grocery purchase, planning, and shopping; and errands such as picking up prescriptions.

(b) Orientation: Before allowing a PCA or other employee to have direct, in-person contact with an individual, the provider shall ensure the PCA or other employee successfully completed orientation, which, at a minimum, addressed the following topics:

(i) The provider's expectations of employees.

(ii) The provider's ethical standards, as required under rule 173-39-02 of the Administrative Code.

(iii) An overview of the provider's personnel policies.

(iv) The organization and lines of communication of the provider's agency.

(v) Incident-reporting procedures.

(vi) Emergency procedures.

(vii) Universal precautions for infection control.

(c) Additional training: The provider shall ensure each PCA successfully completes additional training and competency evaluation if the PCA is expected to perform activities for which the PCA did not receive training or undergo competency evaluation under paragraph (C)(3)(a) of this rule.

(d) In-service training: The provider shall ensure 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.

(e) Training sources:

(i) An organization other than the provider may provide the orientation and training required in paragraphs (C)(3)(b) to (C)(3)(d) of this rule. Any training completed through https://mylearning.dodd.ohio.gov/ or https://collinslearning.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 (C)(3)(a) of this rule if it is conducted in person.

(f) Verification of compliance with PCA requirements:

(i) The provider shall retain copies of certificates of completion earned by each PCA after the PCA meets requirements under paragraph (C)(3) of this rule for successfully completing any training and competency evaluation program, orientation, additional training, and in-service training under paragraph (C)(3) of this rule. Additionally, the provider shall also record the following information for each PCA, and retain it, if it does not appear on the PCA's certificate of completion (or if the PCA did not receive a certificate of completion): name of the school or training organization, name of the course, training dates, and training hours successfully completed.

(ii) If a person meets the initial qualifications to be a PCA under paragraph (C)(3)(a) of this rule by successfully completing a nurse aide training and competency evaluation program described in paragraph (C)(3)(a)(i) of this rule, the provider shall retain a copy of the search results from ODH's nurse aide registry (https://nurseaideregistry.odh.ohio.gov/Public/PublicNurseAideSearch) to verify the registry listed the person as "active," "in good standing," or "expired."

(iii) If a person meets the initial qualifications to be a PCA under paragraph (C)(3)(a) of this rule only by the previous employment experience described in paragraph (C)(3)(a)(iii) of this rule, the provider shall also retain records to verify the former employer's name and contact information, the former PCA supervisor's name, the date the person began working for the former employer, and the date the person stopped working for the former employer.

(4) PCA supervisors:

(a) Qualifications: The provider shall only allow an RN (or LPN under the direction of an RN) to be a PCA supervisor. The provider shall retain records to show each PCA supervisor maintains a current, valid license to practice as an RN (or LPN under the direction of an RN).

(b) PCA supervisor visits:

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

(ii) Subsequent: The PCA supervisor shall visit the individual at least once every sixty days after the PCA's initial episode of service with the individual to evaluate compliance with the activities plan, the individual's satisfaction, and the PCA's performance. The PCA supervisor may conduct subsequent visits with or without the presence of the PCA being evaluated. During a state of emergency declared by the governor or a federal public health emergency, if the PCA supervisor conducts at least two in-person visits per year, the PCA supervisor may conduct the remainder of the subsequent visits during the same year by telephone, video conference, or in person based upon the individual's needs. To comply, the PCA supervisor may conduct two subsequent in-person visits in the same year or the combination of an initial in-person visit and an in-person subsequent visit in the same year.

(iii) Verification: In the individual's record, the PCA supervisor shall retain a record of the initial visit and each subsequent visit that includes the date of the visit; whether the visit occurred by telephone, video conference, or in person at the individual's home; the PCA supervisor's name and signature; the individual's name; and a unique identifier of the individual or the individual's caregiver. During a state of emergency declared by the governor or a federal public health emergency, the provider may verify that the PCA supervisor provided the initial or subsequent visit without collecting a unique identifier of the individual or the individual's caregiver.

(5) Provider policies: The provider shall develop, implement, comply with, and maintain written or

electronic policies on all the following topics:

(a) Job descriptions for each position.

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

(c) Performance appraisals for each staff position.

(6) Service verification:

(a) The provider shall comply with section 121.36 of the Revised Code.

(b) For each episode of personal care a PCA provides, the provider shall retain a record of the activities provided and comply with the requirements for EVV in rule 5160-1-40 of the Administrative Code.

(D) Every ODA-certified participant-directed provider of personal care shall comply with the following requirements:

(1) General requirements: The provider shall comply with the requirements for every ODA-certified participant-directed provider in rule 173-39-02 of the Administrative Code.

(2) Availability: The provider shall provide personal care as agreed upon with the individual and as authorized in the individual's service plan.

(3) Activity plan: The individual shall develop his or her own activity plan with the provider. The individual and the provider shall date and sign a copy of the plan. The provider shall retain a copy of the plan.

(4) Oversight: The individual is the employer of record and is responsible for supervising the provider. As used in this paragraph, "employer of record" means the individual who employs the provider; supervises the provider; pays the appropriate state, federal, and local taxes; and pays premiums for worker's compensation and unemployment compensation insurance. ODA provides the

support of a financial management service (FMS) to the individual to act as the agent of the common-law employer with the participant-directed personal care provider that he or she employs.

(5) Provider qualifications:

(a) Initial qualifications: A provider shall only begin to provide personal care if the individual complies with paragraph (C)(1)(a) of rule 173-42-06 of the Administrative Code and the provider meets the following requirements and retains records to show that he or she meets the following requirements:

(i) The provider shall meet at least one of the following qualifications:

(A) STNA: The provider successfully completed a nurse aide training and competency evaluation program approved by ODH under section 3721.31 of the Revised Code, which the provider shall verify by retaining 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."

(B) ODA-approved training program: The provider successfully completed an ODA-approved home health aide training and competency evaluation program.

(C) DOL-approved training: The provider successfully completed an apprenticeship program in home health, health, or a related subject approved by the United States department of labor.

(ii) The provider successfully completed any additional training the individual or ODA's designee considers necessary to meet the individual's needs.

(iii) The provider successfully completed any training that ODA (or its designee) or ODM mandates.

(iv) The provider successfully demonstrated his or her competence or mastery of an activity in a specific area in which the individual may require the provider to demonstrate the competence or mastery.

(b) In-service training: The provider shall only continue to provide personal care if the provider successfully completed at least twelve hours of in-service training during the previous twelve months on a subject related to the individual's activity plan.

(c) Training sources: The participant-directed provider is subject to the standards for training sources under paragraph (C)(3)(e) of this rule for the training required in paragraphs (D)(5)(a)(ii), (D)(5)(a)(iii), and (D)(5)(b) of this rule.

(d) Verification of qualifications and training requirements: The participant-directed provider is subject to the verification requirements for initial qualifications and in-service training in paragraph (C)(3)(f) of this rule.

(6) Service verification:

(a) Until rule 5160-1-40 of the Administrative Code requires a provider of this service to use EVV, the provider shall complete the time sheets the individual provides through the FMS, which shall include the date the provider provided personal care, a description of the activities the provider provided, the individual's name, the unique identifier of the individual, the provider's name, the provider's arrival and departure times, and the provider's unique identifier to verify the accuracy of the record.

(b) If rule 5160-1-40 of the Administrative Code requires a participant-directed provider of this service to use EVV, the provider is not subject to paragraph (D)(6)(a) of this rule.

(c) The provider shall retain records required under this rule and provide access to those records for monitoring according to rule 173-39-02 of the Administrative Code.

(E) Units and rates:

(1) One unit of personal care is fifteen minutes.

(2) The appendix to rule 5160-1-06.1 of the Administrative Code establishes the maximum rate allowable for one unit of personal care.

(3) In accordance with rule 5160-31-07 of the Administrative Code, if the same provider provides personal care during the same visit to more than one but fewer than four PASSPORT individuals in the same home, as identified in the individuals' service plans, the provider's payment rate for personal care provided to one person in the home shall be one hundred per cent of the per-unit rate listed in the provider agreement and seventy-five per cent of the per-unit rate for each subsequent PASSPORT individual in the home receiving services during the visit. As used in this paragraph, "in the same home" does not refer to a PASSPORT individual who resides alone in an apartment building where another individual may reside alone in a separate apartment.