

**MEDICAID STATE PLAN PERSONAL CARE
SERVICE STANDARDS**

Medicaid State Plan Personal Care Assistance

Service Definition: Personal Care is a level of care for individuals who do not require care in a NF or ICF/MR. Personal Care services may be provided by an individual DHS certified contractor employed by the client or by an agency holding a valid certification and contract to provide Title XIX Personal Care service. Personal Care is defined as assistance to an individual in carrying out activities of daily living, such as bathing, grooming and toileting or in carrying out instrumental activities of daily living, such as preparing meals and doing laundry, or errands directly related to the member's personal care needs to assure personal health and safety of the individual or to prevent or minimize physical health regression or deterioration. Personal Care services do not include service provision of a technical nature, i.e., tracheal suctioning, bladder catheterization, colostomy irrigation, and operation/maintenance of equipment of a technical nature.

Provider Title: Personal Care Assistant (PCA); Personal Care Assessment/Service Planning Nurse

Minimum Qualifications: Provider has a current ADvantage Program certification and Oklahoma Health Care Authority contract to provide Title XIX Personal Care services. The Provider agency meets all licensure requirements as set forth in state regulations 63 O.S., Sec. 1-1961 et seq. The PCA is at least 18 years of age, has not been convicted of a crime as defined in 63 O.S., Sec. 1-1950 et seq., has no pending notation of abuse or neglect as reported by the Oklahoma State Department of Health Nurse Aide Registry, name does not appear on the DHS Community Services Workers Registry, does not meet the definition of a care recipient's family member as defined in the policies of the Oklahoma Health Care Authority, demonstrates the ability to understand and carry out assigned tasks, has verifiable work history and/or personal references, has verifiable identification and meets all Medicaid contractual and certification requirements. The Personal Care Assessment/Service Planning Nurse is a Registered Nurse or Licensed Practical Nurse licensed under the Oklahoma Nurse Practice Act -- 59 O.S. Sec. 567.1 through 567.16.

Training Requirements: The PCA demonstrates competency to a qualified evaluator to meet the personal care assistance needs of the individual client.

PERSONNEL

A Personal Care administrative supervisor shall be designated by the provider ownership or administrative management to supervise the day-to-day delivery of direct Personal Care services. This position of responsibility may be assigned in conjunction with other duties within the provider organization.

The designated administrative supervisor shall be at least 21 years of age and have at least one year of supervisory experience in the field of health care or social services. In

MEDICAID STATE PLAN PERSONAL CARE SERVICE STANDARDS

addition, the supervisor must meet at least one of the following criteria before performing the supervisory duties required by these standards. The administrative supervisor must:

- Be a registered nurse (RN) licensed in the State of Oklahoma; or
- Have a Bachelor of Science or Bachelor of Arts degree; or
- Be a licensed practical nurse, licensed in the state of Oklahoma with at least one year of experience with the direct care of the elderly, disabled, or infirm; or
- Have three years experience in the care of the elderly, disabled and infirm.

If the designated administrative supervisor is not a registered nurse (RN), the provider agency shall have an RN consultant available to fulfill the specific functions described later in this section. The RN consultant must be currently licensed in the State of Oklahoma. When the plan of care contains homemaker tasks only, a licensed nurse visit is not required. The agency may designate the qualifications of the supervisor.

Supervision

The duties of the designated supervisor will include the following:

- Utilize the plan of care to determine the training needs of the PCA for each client assigned and implement the plan of care that meets the needs of each client. Provide training, as necessary, based upon the needs of the PCA and/or the needs of the client. Arrange for a qualified evaluator to review and certify PCA competency to perform required plan of care tasks prior to service delivery and confirm that this certification is documented on the PCA competency checklist maintained in the agency's PCA file. For all hands on personal care tasks, qualified PCA competency evaluators must be appropriately licensed health care professionals (RN, PT, etc.). Assure agency compliance with all requirements of the Occupational Safety and Health Act.
- Monitor the provision of Personal Care services and authorized RN visits to ensure that services are delivered in accordance with the services authorized by the Department of Human Services (DHS). This shall include routine review and comparison of the PCA's logs of services with the service authorizations for each Consumer. The units of service authorized, the tasks specified, and the authorized frequency of delivery must be compared to the units, tasks and frequency of delivered services. A written explanation of any discrepancies and description of corrective action taken must be signed and dated by the supervisor and be readily available for monitoring or inspection. This requirement shall be met by the Supervisory Monitoring/Delivery Log. The Log must be completed monthly.
- Complete a written evaluation of each Personal Care Assistant's performance at least annually. The evaluation must be based in part on at least one on-site visit,

MEDICAID STATE PLAN PERSONAL CARE SERVICE STANDARDS

unannounced to the aide beforehand. The PCA must be present during the visit. The written report of the evaluation should document the visit, containing the Consumer's name and address, the date and time of the visit, the PCA's name, and the supervisor's observations and notes from the visit. In addition to information from the on-site visit, the written evaluation should contain sufficient other data on the PCA's performance to demonstrate that the evaluation was based on qualified observation. The written evaluation should show what support and supervision has been provided to the PCA and what support, supervision, and other intervention is planned as a result of the evaluation. The evaluation must be signed and dated by the supervisor who prepared it and by the aide.

- For Individual Provider Personal Care: Communicate with the DHS LTC nurse or, if an *ADvantage* Consumer, with the *ADvantage* Program case manager, regarding changes in any Consumer's condition and recommended changes in scope or frequency of service delivery.
- Report any PCA suspected of abuse, neglect or exploitation to the Adult Protective Services staff of the Oklahoma Department of Human Services, the Attorney General Medicaid Unit and the Oklahoma State Department of Health.

RN Supervision

Registered nurse supervision of Personal Care services is a state requirement of the Home Care Act. Each home care provider agency must have an RN available to perform specific supervisory functions. While some of the nursing supervision functions may be delegated to a licensed practical nurse, the provider agency is responsible for having registered nurse staff available to perform specified supervisory tasks.

Quality Assurance Framework

To assure the consumer's health and welfare, CHC and Home Care providers must have a foundational Quality Assurance framework in place to lead to discovery, remediation and improvement of issues related to personal care service delivery. The key elements required for a foundational Quality Assurance framework include a process for Consumer Complaint and Grievance, Consumer Satisfaction Survey, Quality Self-Audit, Employee Education and Training Program and Personal Care Staffing.

Quality Self-Audit

At a minimum a CHC or Home Care provider agency must meet service quality monitoring and oversight requirements in accordance with OAC 310: 662-5-4. In addition as part of State Plan Personal Care Provider certification as a qualified provider of Home Care services, agencies are required to develop and implement a Continuous Quality Improvement (CQI) plan that details the quality safeguards the provider has designed to meet the state requirements. The provider will be held accountable for following the Quality Self-Audit process for supervisory oversight of personal care

MEDICAID STATE PLAN PERSONAL CARE SERVICE STANDARDS

services described in the individual provider's AA approved CQI plan. For Quality Self-Audit supervisory monitoring visits, the RN shall visit the Consumer at home or determine that an LPN make the visit based upon the type(s) of Personal Care services authorized in the Consumer's plan of care. Until providers have an approved CQI plan in place they will be required to continue to complete the RN supervisory requirements as outlined in the October 2004 *ADvantage* Program and State Plan Personal Care Service Standards.

The RN has the responsibility of determining the status of the present plan of care in meeting the Consumer's needs. The LPN is under the direct supervision of the RN. This supervision includes a review and co-signature by the RN for all reports prepared by the LPN and consultation between RN and LPN as needed.

Written notes concerning the on-site visit must be maintained in the Consumer's case record. In addition, the RN must keep an on-site visiting log, which lists, for each visit, the name of the Consumer visited and the date the visit was made and whether the visit was made by an LPN or RN.

PERSONNEL RECORD

The provider must maintain an individual record for each Personal Care Assistant. A personnel record is a confidential record and shall be protected from damage, theft and/or unauthorized inspection. An individual personnel record shall include, at a minimum, the following:

- Employment application with the PCA's signature showing date of birth, education, work experience, and the date employed and terminated by the service provider;
- Documentation of at least 2 references contacted;
- Documentation of all clients served and that a competency checklist exists for the PCA in each employee file;
- Annual performance evaluation which includes observations from an on-site visit;
- Signed statement(s) verifying that the PCA received a copy of the Consumer's Rights and the Code of Ethics, and that the provider's policy regarding confidentiality of Consumer information was explained prior to service delivery;
- Verification that the PCA's name is not included on the Department of Human Services' Community Services Registry, including Form DDS-39;
- Statement identifying the PCA's position; and

MEDICAID STATE PLAN PERSONAL CARE SERVICE STANDARDS

- Returned ID card for a terminated PCA, or documentation of why it is not available.

The provider must maintain the supervisor's and the RN's on-site visiting log.

Copies of the Supervisory Monitoring/Delivery Log, explaining discrepancies between authorized and delivered services, and describing the corrective action taken, must be maintained in a central location and available for monitoring or inspection by the *ADvantage* Program.

Providers must retain for six (6) years fiscal and service records, which coincide and fully document services billed to the Medicaid agency. Failure to retain and submit upon request adequate documentation for all services billed to the Medicaid agency may result in recovery of the Medicaid payments for those services not adequately documented and may result in sanctions to the provider's Medicaid participation. The provider must make records available for unannounced inspections and audits, with access during normal business hours by the Department of Human Services, OHCA or their designee.

Agency _____

Authorized Agent _____ Date _____