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Providing home health
licensure training and
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Objectives

- Understand the different waiver types and which waivers require separate certifications.
- Recognize the Volume 8 requirements that are reviewed in the survey process.
- Understand the survey process.

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Objectives

- Understand the different services available under each waiver.
- Have an understanding of the do's and don'ts of personal care under Volume 8.

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CDPHE- Wavier Certification Oversight

Medicaid Waivers: HCBS - Home and Community Based Services.

- **EBD** – Elderly, Blind and Disabled
 - **IHSS** – In Home Support Services (separate certification)
- **CMHS** – Community Mental Health Supports (Previously MI)
- **BI** – Brain Injury

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What makes your clients eligible?

EBD- Functional

- Functional eligibility, Nursing home level of care.
- 18 years or older, 18-64 must be blind, physically disabled or have a diagnosis of HIV or AIDS.

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Services available under HCBS-EBD

- Adult Day Services
- Alternative Care Facilities
- Community Transition Services
- Consumer Directed Attendant Support Services
- Homemaker Services
- Home Modifications
- In-Home Support Services (IHSS)

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Services available under HCBS-EBD

- Medication Reminder
- Non-Medical Transportation
- Personal Care Services
- Personal Emergency Response System
- Respite Care Services

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What makes your clients eligible?

CMHS- Functional

- Functional eligibility, Nursing home level of care.
- A person experiencing a severe and persistent mental health need that requires assistance with one or more Activities of Daily Living (ADL).
- Is 18 years of age or older with a severe and persistent mental health need;

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What makes your clients eligible?

- Currently has or at any time during the past year leading up to assessment has a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria; and
- Has a disorder that is episodic, recurrent, or has persistent features, but may vary in terms of severity and disabling effects; and

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What makes your clients eligible?

- Has resulted in functional impairment which substantially interferes with or limits one or more major activities.

A severe and persistent mental health need does not include:

- Intellectual or developmental disorders; or
- Substance use disorder without a co-occurring diagnosis of a severe and persistent mental health need.

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Services available under HCBS-CMHS

- Adult Day Services
- Alternative Care Facilities
- Consumer Directed Attendant Support Services
- Homemaker Services
- Home Modifications

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Services available under HCBS-CMHS

- Non-Medical Transportation
- Personal Care
- Personal Emergency Response System
- Respite care
- Specialized Medical Equipment

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What makes your clients eligible?

BI- Functional

- Functional eligibility, Nursing home level of care.
- You must be 16 years or older.
- You must have a brain injury.
- Your brain injury occurred before your 65th birthday.
- Your diagnosis must fit within certain categories.

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Services available under HCBS-BI

- Adult Day Services
- Behavioral Programming and Education
- Consumer Directed Attendant Support Services
- Day Treatment
- Home Modification
- Independent Living Skills Training (ILST)
- Mental Health Counseling

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Services available under HCBS-BI

- Non- Medical Transportation
- Personal Care
- Personal Emergency Response System
- Respite Care
- Specialized Medical Equipment and Supplies/ Assistive Devices
- Substance Abuse Counseling
- Supported Living Program
- Transitional Living Program

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What makes your clients eligible?

EBD, CMHS, BI- Financial

- Your income must be less than \$2,199.00 per month.
- For a single person, your countable resources must be less than \$2,000.
- For a couple, the countable resources must be less than \$3,000.

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Surveyors: What are they looking for?

- Policies and Procedures
- Complaints/ Incidents/ Occurrences logs
- Quality Management (Chapter 26 & Chapter 2)
- Client records
- Employee records
- Evidence of billing training
- Evidence of Insurance

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General Certification Standards

Volume 8
8.487.10

8.487.10

- . 11 "Provider agencies shall:
- A. Conform to all State established standards for the specific services they provide under this program; and
 - B. Abide by all the terms of their provider agreement with the Department; and

P&P

Regulations:
8.487.11.C
8.487.12- 8.487.15
Chapter 26, section 6

8.487.10

C. Comply with all federal and state statutory requirements. A provider shall not discontinue or refuse services to a client unless documented efforts have been made to resolve the situation that triggers such discontinuation or refusal to provide services.”

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Volume 8- P&P

8.487.12

“Provider agencies shall have written policies and procedures for recruiting, selecting, retaining and terminating employees.”

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Volume 8- P&P

8.487.13

“Provider agencies shall have written policies governing access to duplication and dissemination of information from the client's records in accordance with state statutes on CONFIDENTIALITY OF INFORMATION at 26-1-114, C.R.S., as amended.”

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Volume 8- P&P

8.487.13, continued:

“...Provider agencies shall have written policies and procedures for providing employees with client information needed to provide the services assigned, within the agency policies for protection of **confidentiality.**”

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Volume 8- P&P

8.487.14

“Provider agencies shall maintain liability insurance in at least such minimum amounts as set annually by the Department of Health Care Policy and Financing, and shall have written policies and procedures **regarding emergency procedures.**”

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Volume 8- P&P

8.487.15

“Provider agencies shall have written policies and procedures regarding the handling and reporting of critical incidents, including accidents, suspicion of abuse, neglect or exploitation, and criminal activity. Provider agencies shall maintain a log of all complaints and critical incidents, which shall include documentation of the resolution of the problem.”

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P&P

- Discharge Policy
- Employee Policies including: recruiting, selecting, retaining and terminating employees.
- Confidentiality Policy
- Emergency Preparedness Policy
- Complaint and Incident Procedure Policy

Make sure to read chapter 26 and make sure your policy also includes those requirements.

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P&P- What other policies surveyors may look at?

- Training
- Supervision
- Scheduling
- Infection Control (Chapter 26-6.15)
- Criminal Background Check (Chapter 26- 6.3)
- Administration (Chapter 26- 8.2)

This is at a minimum. They may want to see more as the survey progresses. All policies should be reviewed annually.

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P&P- Why do they look at them?

- They are looking to understand the procedures that operate the day to day business in the agency.
- They may even ask you or your supervisors what the procedure is for a specific task to see if the written policy matches the actions being taken.

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Complaint/Incident Log

What are surveyors looking for?

- They will review the most recent complaints. They will look back at least 3 months but could be up to a full 12 months.
- If they are there on a complaint investigation they can go back as far as they need to, to locate that complaint. They may even go as far as the last recertification survey.

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Complaint/Incident Log

- They are looking to see if there are any trends within the complaints, same issues, employee/clients, etc.
- They are looking to make sure that an acceptable resolution was reached and documented.
- They are ensuring that reportable incidents are being reported appropriately.
- They may request copies of any complaint.

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What should be in your LOGS

- Complaints- All complaints no matter how minimal they are.
 - Documentation of the details of the complaint
 - Evidence that an investigation occurred
 - Documentation of an acceptable resolution
 - Documentation that shows the consumer is safe and satisfied.

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What should be in your LOGS

- Incidents- All incident that occur in the home, no matter how minimal they are even if your staff was not present for the incident.
 - Documentation of the details of the incident
 - Evidence that an investigation occurred
 - Documentation of an acceptable resolution
 - Documentation that it was reported, if it's a reportable critical incident.
 - Documentation that shows the consumer is safe and satisfied.

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What should be in your LOGS

- Occurrences- All potential occurrence should be logged in the occurrence log.
 - Documentation of the details of the occurrence
 - Evidence that an investigation occurred
 - Documentation of an acceptable resolution
 - Documentation that it was reported, if it's a reportable occurrence.
 - Documentation that shows the consumer is safe and satisfied.

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Let's talk about C.I.R.

Critical Incident Reporting

- This is separate from Occurrence reporting at this point but is rumored to potentially be combined with Occurrence reporting in the near future.
- This should be separated within your administrative tasks, QMP, Etc.

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Critical Incident Reporting

What does HCPF say?

What is a Critical Incident?

- Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the health or welfare of a client
- Could have, or has had, a negative impact on the mental and/or physical well being of a consumer in the short or long term.

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C.I.R.- Reporting Requirements

- All HCBS Waiver service providers are required to report critical incidents to their area SEP within **1 business day** of learning of the incident
- SEPs are required to report all critical incidents they learn of from providers, directly or indirectly, to the Department within **1 business day** of learning of an incident via the CIRS

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C.I.R.- Reportable Incidents:

- **Death**- suspicious in nature or not due to natural causes.
- **Illness/Injury to Client**- Beyond 1st aid, immediate emergency medical treatment or admission, (i.e. illness, staples, stiches, fractures, dislocations, loss of limb, burns, skin wounds.)
- **Damage to Client's Property or Theft**- includes the deliberate diversion of medications.

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C.I.R.- Suspected Abuse, Neglect or Exploitation

- **Abuse** includes actions which result in bodily harm, pain or mental distress.
- **Neglect** is a failure to provide care and service when an adult is unable to care for him/herself.
- **Exploitation** is the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a client's belongings or money without the client's consent.

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C.I.R.- Reportable Incidents:

- **Medication Management-** Problems with medication dosage, scheduling, timing, set-up, compliance, administration or monitoring **which result in documented harm or an adverse effect which necessitates medical care.**

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C.I.R.- Reportable Incidents:

- **Other High Risk Issues-** Serious issues that do not yet rise to the level of a critical incident, but have the potential to do so in the future, including such events such as environmental hazards, suicide threats, self-injurious behaviors, arrest or detention, etc. Reports to County Human Services Departments regarding adult or child protection issues or other mandatory reporting.

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C.I.R.- Reportable Incidents:

- Death
- Abuse/neglect/exploitation
- Illness/Injury to Client
- Damage to Client's Property or Theft
- Medication Management
- Other High Risk Issues

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C.I.R.S.- HCBS Provider Reports to SEP/CMA

- The Department does not require any specific method of communication between HCBS Providers and SEP/ CMAs
- A form entitled "PROVIDER CRITICAL INCIDENT REPORTING FORM" has been provided as a means of capturing the detail necessary for reporting incidents; but, it is not a required by the Department.
- This form can be found on the HCPF website, under Provider Services/Forms/Critical Incident Reporting Forms

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Critical Incident Reporting

When reporting a critical incident, be prepared to provide enough information so the SEP/CM knows:

- **Who** was involved in the incident?
- **What** were the circumstances of the incident details?
- **Where** did the incident happened?
- **When** did the incident took place, date & time?

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C.I.R.S.- Mandatory Reporting Responsibilities

- **Reporting Critical Incidents does not relieve the provider, provider agency or SEP/CMA of other forms of mandated reporting**, including reports to law enforcement, Child or Adult Protective Services, or Occurrence Reports to the Colorado Department of Public Health and Environment

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Questions?

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Client Record

What are they looking for?

A Client record should give the surveyor a clear picture of what is going on in the clients home.

This is required for all provider types.

- They will gather basic information that is required to be in the record: 8.487.16.A- I
- They will flag certain pages in each record for copies.

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8.487.16- Client Record

“Provider agencies shall maintain records on each client. The specific record for each client shall include at least the following information:

A. Name, address, phone number and other identifying information about the client; and

8.487.16- Client Record

B. Name, address and phone number of the case manager and single entry point agency; and

C. Name, address and phone number of the client's physician; and

D. Special health needs or conditions of the recipient; and

8.487.16- Client Record

E. Documentation of the services provided, including where, when, to -whom and by whom the service was provided, and the exact nature of the specific tasks performed, as well as the amount or units of service. Records shall include date, month and year of service, and when applicable, the beginning and the ending time of day; and

8.487.16- Client Record

F. Documentation of any changes in the client's condition or needs, as well as documentation of appropriate reporting and action taken as a result; and

G. For personal care agencies, documentation concerning advance directives shall be present in the client record; and

8.487.16- Client Record

H. Documentation of supervision of care; and

I. All information regarding a client shall be kept together for easy access and review by supervisors, program monitors and auditors.”

Any Questions?

Make sure to read Chapter 26 requirements to ensure all client records are compliant.

Employee Record

How are they selected?

- Staff that provided care to the clients whose records were reviewed, supervisors, trainers, schedulers and administrators.

What are they looking for?

- 8.487.17.A-E

8.487.17-Employee Record

8.487.17

“Provider agencies shall maintain a personnel record for each employee. The employee record shall contain at least the following:

- A. Documentation of employee qualifications. (applications and experience)
- B. Documentation of training.

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8.487.17-Employee Record

C. Documentation of supervision and performance evaluation, (required annually per license requirements, Chapter 26-6.11.B.4).

D. Documentation the employee was informed of all policies and procedures required by these rules.

E. A copy of the employee's job description.”

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Employee Record Additional Requirements

- DORA check (Chap 26- 6.11.C).
- Criminal Background check – on all staff (Chap 26- 6.3).
- References, dates of employment and separation from the agency and the reason (Chap 26- 6.11.B).
- Orientation to the agency (Chap 26-6.11.B.2).

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8.487.18

“A provider agency may become separately certified to provide more than one type of HCBS-EBD service if all requirements are met for certification. Administration of the different services provided shall be clearly separate for auditing purposes...

8.487.18

..The provider agency shall also understand and be able to articulate its different functions and roles as a provider of each service, as well as all the rules that separately govern each of the types of services, in order to avoid confusion on the part of clients and others.”

8.487.19

“Provider agencies shall send billing and other staff to the provider billing training offered by the fiscal agent, at least once each year.”

GENERAL PERSONAL CARE RULES

Volume 8 - 8.489.2

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8.489.21

“Personal care services shall include unskilled personal care as defined under INCLUSIONS for each personal care task listed in Section 8.489.30.”

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8.489.22

“A. Personal care services shall not include any skilled personal care, which must be provided as home health aide services or as nursing services under non-HCBS programs. These services as defined under EXCLUSIONS for each personal care task listed in Section 8.489.30, shall not be provided as personal care services under HCBS, regardless of the level of the training, certification, or supervision of the personal care employee.”

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8.489.22

B. Personal care staff shall not perform tasks that are not included under INCLUSIONS for each personal care task listed in Section 8.489.30, or tasks that are not listed. For example, personal care staff shall not provide transportation services and shall not provide financial management services. Clients, family, or others may choose to make private pay arrangements with the provider agency for services that are not Medicaid benefits, such as companionship.

8.489.22

C. The amount of personal care that is prior authorized is only an estimate, including estimated travel time. The prior authorization of a certain number of hours does not create an entitlement on the part of the client or the provider for that exact number of hours. All hours provided and reimbursed by Medicaid must be for covered services and must be necessary to meet the client's needs.

8.489.22

D. Personal care provider agencies may decline to perform any specific task, if the supervisor or the personal care staff feels uncomfortable about the safety of the client or the personal care staff, regardless of whether the task may be included in the INCLUSIONS section for the task.

8.489.22

E. Family members shall not be reimbursed to provide **only homemaker** services. Family members must provide relative personal care in accordance with SECTION 8.485.200, LIMITATIONS ON PAYMENT TO FAMILY. Documentation of services provided must indicate that the provider is a relative.”

8.485.200- LIMITATIONS ON PAYMENT TO FAMILY.

“.201 In no case shall any person be reimbursed to provide HCBS EBD services to his or her spouse.”

“.202 Family members other than spouses may be employed by certified personal care agencies to provide personal care services to relatives under the HCBS EBD program subject to the conditions below. For purposes of this section, family shall be defined as all persons related to the client by virtue of blood, marriage, adoption or common law.”

8.485.200- LIMITATIONS ON PAYMENT TO FAMILY.

“.203 The family member shall meet all requirements for employment by a certified personal care agency, and shall be employed and supervised by the personal care agency.”

“.204 The family member providing personal care shall be reimbursed, using an hourly rate, by the personal care agency which employs the family member, with the following restrictions:”

8.485.200- LIMITATIONS ON PAYMENT TO FAMILY.

8.485.200.A.2-

“The maximum number of hours for personal care units HCBS-EBD shall be 444. Family members must average at least 1.2164 hours of care per day (as indicated on the client’s Service Plan) in order to receive the maximum reimbursement.

8.485.200- LIMITATIONS ON PAYMENT TO FAMILY.

8.485.204.E-

“Services other than personal care shall not be reimbursed with HCBS EBD funds when provided by the client's family, with the exception of Attendant services provided under In-Home Support Services (§8.552).”

SPECIFIC PERSONAL CARE TASKS

Volume 8 - 8.489.30

8.489.31

“The specific personal care tasks shall be authorized and provided according to the following rules.”

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8.489.31.A- BATHING

A personal care worker may assist with bathing, only when:

- Skilled **skin care, transfer and dressing** is not required in conjunction with bathing.

Unskilled bathing may include:

- Bed bath
- Tub
- Shower- seated or standing

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8.489.31.B- SKIN CARE

A personal care worker may perform general skin care assistance, only when:

- Skin is unbroken,
- When any chronic skin problems are not active.

Unskilled skin care may include:

- The application of non-medicated lotions and solutions, or lotions and solutions not requiring a physician’s prescription.

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8.489.31.B- SKIN CARE

- Application of preventive spray on unbroken skin areas that may be susceptible to development of decubiti
- Rubbing of reddened areas
- Reporting of changes to supervisors
- Skin care provided is preventative rather than therapeutic in nature.

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8.489.31.C- HAIR CARE

A personal care worker may assist with hair care, only when:

- Skilled **skin care, transfer and dressing** is not required in conjunction with the hair care.

Unskilled hair care may include:

- Shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription,
- Drying, combing and styling of hair.

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8.489.31.D- NAIL CARE

A personal care worker may assist with nail care, only when:

- Skilled **skin care** is not required in conjunction with the nail care.
- There is an absence of any medical conditions that might involve peripheral circulatory problems or loss of sensation.

Unskilled nail care may include:

- Soaking of the nails, *pushing back cuticles, trimming* and filing of nails. (License contradiction)

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8.489.31.E- MOUTH CARE

A personal care worker may assist with mouth care, only when:

- Skilled **skin care** is not required in conjunction with the mouth care.

Unskilled mouth care may include:

- Denture care and basic oral hygiene.

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8.489.31.F- SHAVING

A personal care worker may assist with shaving, only when:

- Skilled **skin care** is not required in conjunction with the shaving.

Unskilled shaving may include:

- Shaving with an *electric razor*. (License contradiction)

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8.489.31.G- DRESSING

A personal care worker may assist with dressing, only when:

- Skilled **skin care and transfer** is not required in conjunction with dressing.

Unskilled dressing may include:

- Assistance with ordinary clothing;
- Application of support stockings, if they have been purchased without a physician's prescription;

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8.489.31.G- DRESSING

- Application of orthopedic devices such as splints and braces, or of artificial limbs, only if manipulation of the device or limb is not needed and the consumer is fully trained and can instruct the staff.

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8.489.31.H- FEEDING

A personal care worker may assist with feeding, only when:

- Skilled **skin care and dressing** is not required in conjunction with feeding.
- Oral suctioning is not required
- When the consumer can independently chew.
- There is not a choking hazard

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8.489.31.H- FEEDING

Unskilled feeding may include:

- Assistance with eating by mouth, using common eating utensils, such as forks, knives and straws.

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8.489.31.I- AMBULATION

A personal care worker may assist with ambulation, only when:

- Skilled **transfers** are not required in conjunction with the ambulation.
- A consumer has been fully trained in the use of an assistive device
- Observation, reporting and skilled skin care is not needed when assisting someone in a cast.

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8.489.31.J- EXERCISE

A personal care worker may assist with exercise, only when:

- The exercises have not been prescribed by nurse or other licensed medical professional

Unskilled exercise assistance may include:

- Encouragement of normal bodily movement, as tolerated, on the part of the consumer
- May remind the consumer to perform ordered exercise program.

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8.489.31.K- TRANSFER

A personal care worker may assist with transfers, only when:

- The consumer has sufficient balance and strength, to assist with the transfer to some extent.
- Adaptive equipment can be used if the consumer is fully trained and can direct the transfer step by step. (gait belt, slide board, walker, cane) **NO lifts!** (License contradiction)

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8.489.31.L- POSITIONING

A personal care worker may assist with positioning, only when:

- Skilled **skin care** is not required in conjunction with the positioning.
- The consumer is able to identify to the personal care staff, verbally, non-verbally or through others, when the positions needs to be changed

Unskilled positioning may include:

- Simple alignment in a bed, wheelchair, or other furniture

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8.489.31.M- BLADDER CARE

A personal care worker may assist with bladder care, only when:

- Skilled **skin care and transfer** is not required in conjunction with the bladder care.

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8.489.31.M- BLADDER CARE

Unskilled bladder care may include:

- Assisting the client to and from the bathroom;
- Assistance with bed pans, urinals, and commodes;
- Changing of clothing and pads of any kind used for the care of incontinence.
- Emptying of Foley catheter bags or supra-pubic catheter bags, as long as the system is not disrupted.

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8.489.31.N- BOWEL CARE

A personal care worker may assist with bowel care, only when:

- Skilled **skin care and transfer** is not required in conjunction with the bowel care.

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8.489.31.N- BOWEL CARE

Unskilled bowel care may include:

- Assisting the client to and from the bathroom;
- Assistance with bed pans, urinals, and commodes;
- Changing of clothing and pads of any kind used for the care of incontinence.
- Emptying ostomy bag and assistance with other client-directed ostomy care (only when there is no need for skilled skin care or for observation and reporting to a nurse.)

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8.489.31.O- MEDICATION REMINDING

A personal care worker may assist with medication reminding, only when:

- Medications have been preselected, by the consumer, a family member, a nurse or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders.
- Medication minder containers must be clearly marked as to day and time of dosage, and must be kept in such a way as to prevent tampering.

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8.489.31.O- MEDICATION REMINDING

Medication Reminding may include:

- Only inquiries as to whether medications were taken,
- Verbal prompting to take medications,
- Handing the appropriately marked medication minder container to the client,
- Opening the appropriately marked medication minder container for the client if the client is physically unable to open the container.

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8.489.31.P- RESPIRATORY CARE

A personal care worker may assist with respiratory care, within these perimeters:

Unskilled respiratory care may include:

- Cleaning or changing the tubing for the oxygen equipment
- Filling the distilled water reservoir. *NO adjustment of O2 levels.* (License contradiction)
- Temporarily removing and replacing the cannula or mask from the consumer's face for purposes of shaving or washing the client's face.

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8.489.31.Q- ACCOMPANYING

A personal care worker may assist with accompanying, to the extent necessary and as specified on the care plan. As long as the tasks provided on the trip remains unskilled in nature.

Accompanying the consumer may include:

- Medical appointments, banking errands, basic household errands, clothes shopping and grocery shopping.

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8.489.31.Q- ACCOMPANYING

- Personal care services must be completed in conjunction with the accompanying or accompanying will not be approved.
- Accompanying the consumer to other services is also permissible as specified on the care plan, to the extent of time that the client would otherwise receive personal care services in the home.
- Companionship is not allowed under Medicaid. (License contradiction)

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8.489.31.R- HOMEMAKING

Homemaking, as described at Section 8.490, HOMEMAKER SERVICES, may be provided by personal care staff, if provided during the same visit as unskilled personal care, as described in these regulations.

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8.490- HOMEMAKING

- A personal care worker may assist with homemaking, during the same visit of personal care, including the following tasks:
- Cleaning bathroom and kitchen areas,
 - Meal preparation,
 - Dishwashing,
 - Bed Making,
 - Laundry,
 - Shopping
 - Dusting,
 - Vacuuming,
 - Mopping,

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8.489.31.S- PROTECTIVE OVERSIGHT

A personal care worker may assist with protective oversight, only when:

- The client requires stand-by assistance with any of the unskilled personal care assigned.
- When the client must be supervised at all times to prevent wandering.

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8.489.32

“Personal care services as described above may be used to provide respite care for primary care givers, provided that the respite care does not duplicate any care which the primary caregiver may be receiving payment to provide.”

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Exclusions:

The agency shall not allow personal care workers to:

- Perform skilled home health services as defined above.
- Any service not listed on the assignment of duties.
- Provide transportation services and shall not provide financial management services.
- Family members shall not be reimbursed to provide only homemaker services.

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Exclusions:

“The amount of personal care that is prior authorized is only an estimate, including estimated travel time. All hours provided and reimbursed by Medicaid must be for covered services and must be necessary to meet the client's needs.”

Make sure to review Chap 26 to ensure that services are within the requirements in section 8.5.

CERTIFICATION STANDARDS FOR PERSONAL CARE SERVICES

Volume 8- 8.489.40

8.489.42- Training

“Personal care provider agencies shall assure and document that all personal care staff have received at least twenty hours of training, or have passed a skills validation test, in the provision of unskilled personal care as described above...”

8.489.42- Training

... Training, or skills validation, shall include the areas of bathing, skin care, hair care, nail care, mouth care, shaving, dressing, feeding, assistance with ambulation, exercises and transfers, positioning, bladder care, bowel care, medication reminding, homemaking, and protective oversight...

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8.489.42- Training

... Training shall also include instruction in basic first aid, and training in infection control techniques, including universal precautions. Training or skills validation shall be completed prior to service delivery, except for components of training that may be provided in the client's home, in the presence of the supervisor."

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CHAPTER 26- Training???

Chapter 26 8.6 has a lot of different requirements for training and orientation. Please be sure to know and understand those as well as Volume 8 requirements.

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8.489.43- Supervision

“All employees providing personal care shall be supervised by a person who, at a minimum, has received the training, or passed the skills validation test, required of personal care staff, as specified above. Supervision shall include, but not be limited to, the following activities:

8.489.43- Supervision

- A. Orientation of staff to agency policies and procedures.
- B. Arrangement and documentation of training.
- C. Informing staff of policies concerning advance directives and emergency procedures.

8.489.43- Supervision

- D. Oversight of scheduling, and notification to clients of changes; or close communication with scheduling staff.
- E. Written assignment of duties on a client-specific basis. (care plans)
- F. Meetings and conferences with staff as necessary.

8.489.43- Supervision

G. Supervisory visits to client's **homes at least every three months**, or more often as necessary, for problem resolution, skills validation of staff, client-specific or procedure-specific training of staff, observation of client's condition and care, and assessment of client's satisfaction with services. **At least one of the assigned personal care staff must be present at supervisory visits at least once every three months.**

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8.489.43- Supervision

H. Investigation of complaints and critical incidents.

I. Counseling with staff on difficult cases, and potentially dangerous situations.

J. Communication with the case managers, the physician, and other providers on the care plan, as necessary to assure appropriate and effective care.

K. Oversight of record-keeping by staff.”

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CHAPTER 26- Supervision???

Chapter 26 8.5.F has additional requirements for supervision. Please be sure to know and understand those as well as Volume 8 requirements.

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HOMEMAKER BENEFITS

Volume 8 - 8.490.3

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8.490.3

8.490.3.A. Covered benefits shall be for the benefit of the client and not for the benefit of other persons living in the home. Services shall be applied only to the permanent living space of the client.

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8.490.3.B

Benefits include:

1. Routine light housecleaning, such as dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas.
2. Meal preparation.
3. Dishwashing.
4. Bed making.
5. Laundry.
6. Shopping.

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8.490.3.B

Benefits include:

7. Teaching the skills listed above to clients who are capable of learning to do such tasks for themselves. Teaching shall result in a decrease of weekly units required within ninety days. If such a savings in service units is not realized, teaching shall be deleted from the care plan.

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8.490.3.C

Benefits do not include:

1. Personal care services.
2. Services the person can perform independently.
3. Homemaker services provided by family members per 10 C.C.R. 2505-10, Section 8.485.200.F

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HOMEMAKER AGENCY RESPONSIBILITY

Volume 8 - 8.490.4

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8.490.4.C- TRAINING

“The Homemaker Provider Agency shall assure and document that all staff receive at least eight hours of training or have passed a skills validation test prior to providing unsupervised homemaker services. Training or skills validation shall include:

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8.490.4.C- TRAINING

1. The areas detailed in Section 8.490.3.B.
2. Proper food handling and storage techniques.
3. Basic infection control techniques including universal precautions.
4. Informing staff of policies concerning emergency procedures.”

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8.490.4.D- SUPERVISION

“All Homemaker Provider Agency staff shall be supervised by a person who, at a minimum, has received training or passed the skills validation test required of homemakers, as specified above. Supervision shall include, but not be limited to, the following activities:

1. Train staff on agency policies and procedures.
2. Arrange and document training.

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8.490.4.D- SUPERVISION

3. Oversee scheduling and notify clients of schedule changes.
4. Conduct supervisory visits to client's homes at least every three months or more often as necessary for problem resolution, staff skills validation, observation of the home's condition and assessment of client's satisfaction with services.
5. Investigate complaints and critical incidents."

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Q&A

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Objectives

- Understand the different waiver types and which waivers require separate certifications.
- Recognize the Volume 8 requirements that are reviewed in the survey process.

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Objectives

- Understand the different services available under each waiver.
- Have an understanding of the do's and don'ts of personal care under Volume 8.

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Evaluation

Please return to the instructor.

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Competency Exam

Make sure your name and Agency's name is legible and return to the instructor.

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References

- Department of Health Care Policy and Financing (HCPF) 10 CCR 2505-10 8.400 MEDICAL ASSISTANCE - SECTION 8.400.
- Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1, Chapter XXVI, Home Care Agencies.

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