

# **Instructions for the Restructured In-Home Aide Monitoring Tool for DAAS In-Home Aide Services**

## **Purpose:**

During the past year, DAAS has restructured the In-Home Aide monitoring tool (<http://www.ncdhhs.gov/aging/contents.htm>) and the monitoring process. The purpose of the monitoring tool is to collect and record information related to the administration of the In-Home Aide program and to the delivery of direct service for clients of the service program. The monitoring procedures are intended to help determine whether or not a program is operating in adherence to specific administrative and program standards for In-Home Aide service to adults and need help with home management and/or personal care.

## **General Instructions:**

The monitoring tool for In-Home Aide services is to be completed by Area Agency on Aging (AAA) staff members who conduct monitoring of Home and Community Care Block Grant (HCCBG) funded programs operated directly by local for profits, not-for profits, or by non-Department of Social Services (DSS) governmental entities in a community. The same tool is to be used by the Division of Aging and Adult Services (DAAS) Program Compliance Representatives (PCRs) who monitor DSS programs funded by HCCBG, Social Services Block Grant (SSBG), and State In-Home Fund that are operated directly by a DSS. For programs that provide the service locally through sub-contractual arrangements in the community, the form will be available for use by local DSS staff and others who monitor these subrecipient providers to determine compliance with In-Home Aide standards.

Formal monitoring by AAA staff and PCRs will occur every three years for programs solely supported with HCCBG funds. PCRs will monitor every three years IHA programs funded by HCCBG, SSBG, and State In-Home Fund when the DSS uses HCCBG and SSBG and/or State In-Home Funds for IHA service. If a DSS provides IHA service using only SSBG or State In-Home Fund, the PCRs will monitor the program every four years.

Those service programs that provide In-Home Aide service under contractual agreement with a local subrecipient provider should monitor the subrecipient each year that the entity operates under terms of the contractual agreement. The staff that will provide this monitoring will be trained by staff of the AAAs or by Adult Program Representatives who work directly with DSSs. During the every three years monitoring cycle, the AAA staff or PCR's should review documentation that the subrecipient is in compliance with IHA standards. Per the restructured In-Home Aide monitoring process all subrecipients should provide to the service provider on an annual basis In-Home Aide supervisory logs, competency and training logs. The contractual arrangement with the subrecipient should include this condition for subrecipients to continue their contract but this documentation should also be in place in the service provider agency for monitoring purposes even if the subrecipient is not renewing their contract. This documentation will be stored by the service provider for review by the AAA/PCR every three-four years respective to the monitoring cycle of the funding source for the In-Home Aide service.

Client files selected for the purpose of monitoring will be selected from the ARMS or SIS program reporting systems. To assure the efficiency of monitoring, agencies will receive advance notice of 70% of the client records to be reviewed and 30% of the client records will be selected on-site at the time of the monitoring visit. Based on the assigned risk of an agency, monitors will have the option to not give advance notice about records to be monitored and/or to request additional client records for review during the monitoring visit. **General guidance on the risk-based approach may be found in section 308. 2 D and E of the AAA Policy and Procedures Manual. This document is available at the following link: <http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>. (Please note that sec. 308 was revised as of 9/09 to reflect the restructured In-Home Aide monitoring tool and process (Administrative Letter 09-20).** Within this selection process, the monitoring tool has been designed to collect administrative and client data uniformly for all funding sources or standards of service for a funding source.

For ease in completing the comprehensive monitoring tool it is recommended that monitors complete the Client Record Review component prior to answering questions four (4), five (5) and six (6) in the Program Administration component of the In-Home Aide monitoring tool.

## **Specific Instructions for Monitoring Tool for In-Home Aide Services:**

### **Complete the fields requesting the following information:**

- Service Provider Name (Agency)
- State Fiscal Year Being Reviewed
- Date of the Review
- Names of Those Conducting the Review
- Agency Persons Interviewed and Their Job Titles

### **PART I .....PROGRAM ADMINISTRATION:**

**1. Levels/Funding:** This section confirms the level(s) of service provided and the funding source paying for the level of service. The provider of service should know the proper source of funding for the level of service being provided.

**2. Agency Eligibility:** The agency providing personal service must be licensed by the Division of Health Service Regulation (DHSR), accredited by a nationally recognized accreditation organization, or certified by the Division of Aging and Adult Services as specified by standards or by state directives that have amended the standards. DHSR issues license to an agency to provide personal care for In-Home Aide service. DHSR does not identify Levels of Care, e.g. Level II or III Personal Care. If the agency is licensed for Personal Care they are licensed to provide both levels and the agency policy will establish whether they provide Level II and or Level III. Agencies providing Home Management Only Levels I-IV are certified by DAAS.

**3. Policies and Procedures for Managing/Administering the Service:** An entity that provides an IHA program must have a written document that specifies how staff is to administer and manage the IHA program, with particular policies addressing what levels of service are to be provided, whether the service is directly provided or subcontracted, whether respite care is to be provided, whether or not waiting lists or inquiry lists are used, if applicable how the waiting or inquiry list is maintained, whether or not

there is a client priority policy, and the entity's appeals policy. NOTE: SSBG and State In-Home Fund guidelines do not require attention to maintenance of waiting lists, a client priority policy, or an appeals policy. All agencies licensed to provide In-Home Aide personal care services require policies for administration and management of the program. (10A NCAC 13J.1001)

**4. Please Document Aide Specific Data for #4 of this Document on the spreadsheets attached to the Program Administration Component of the In-Home Aide Monitoring Tool.**

**Competency Requirements for Aides:** All aides who work with clients whose service is paid for with HCCBG, SSBG, or State In-Home Fund must have demonstrated competence for the tasks they have been assigned to perform. The files maintained by the employing agency should have written documentation of each aide's competency to perform these tasks at the time the task is assigned for the aide to function independently. Those aides who perform tasks at Level III Personal Care must be registered as NA I's and listed on the Nurse Aide registry maintained by the NC Division of Health Service Regulation. Those aides who perform tasks that would require them to be NA II's must have documentation that they were competency tested to perform the tasks. Any agency using NA I's to perform tasks from the NA II task list have to be approved to provide up to four specific tasks and have an agreement with the NC Board of Nursing prior to assigning these specified tasks to the NA I.

**The Attachment A spreadsheet for Competency Requirements for Aides allows up to 20 aides to be listed on one spreadsheet.** The spreadsheet provides a space for a client name served by the aide. The monitor may review the aide's personnel file to determine the competency level of the aide and the client file to determine if the aide's level of skill was aligned with the client's level of need. The spreadsheet includes the date of employment and the current and previous date of competency declaration and registration.

**5. Please Document Aide Specific Data for #5 of this Document on the Spreadsheets Attached to the Program Administration Component of the In-Home Aide Monitoring Tool.**

**Aide Supervisory Contact Standards:** Those aides who have been hired since the last monitoring of the IHA program must have been observed at least twice in a home of a client in the first month of employment. Other visits during the first month would be made as needed to help the aide respond to client needs.

For those aides who have not been hired since the last monitoring visit and are being assigned clients for service, supervisors must contact them within the first calendar week of service either by telephone call or home visit. For aides serving Level I Home Management and Level II Home Management a quarterly visit to the home of at least one client the aide is serving is required. For aides providing service to Level II Personal Care clients the supervisor is required to visit each client's residence at least every three months with or without the in-home aide's presence and at least annually, while the in-home aide is providing care to the client.

For aides serving Level III Personal Care clients, supervisory visits must be in compliance with Home Care Licensure Rules (10A NCAC 13J.1110). Individuals performing monitoring should familiarize themselves with Licensure Rules. These Rules are available through the NC Division of Health Service Regulation at [www.ncdhhs.gov/dhsr](http://www.ncdhhs.gov/dhsr).

Aides serving Level III and Level IV Home Management clients should receive an on-site visit by the supervisor every 60 days in the home of at least one client at these levels.

When the DSS provides IHA service using SSBG or State In-Home Fund, the aides serving Level III Home Management clients should receive an on-site visit by the supervisor on a quarterly basis.

Supervisors are responsible for contacting all clients receiving service at Levels II and III personal care by phone call or home visit each month to check on their status. Supervisors should contact the aide every month to ensure service provision is appropriate for the client's needs.

Aides serving Level IV Home Management clients should have a conference with the supervisor on a weekly basis.

Supervisors must be on duty whenever an aide is working with a client. This includes the “after hours” working with a client when the agency is normally closed such as evenings, overnights, and weekends.

**The Attachment B spreadsheet for Supervision of Aides Contact Standards allows for up to 20 Aides to be listed on one spreadsheet.**

The spreadsheet provides a space for a client name served by the aide. The monitor may review the aide’s supervisory logs to determine the frequency and appropriateness of the supervision of the aide per the In-Home Aide standards for contact for supervision of the aides. The spreadsheet includes the date of employment, level of service, and the schedule for supervisory visits required by the In-Home Aide standards.

**6. Agency Policy and Procedures for Training and Testing:** Provider agencies have written assurances that competency testing is appropriately administered and aides have been properly trained to pass the required competency testing.

**7. Provider Agency’s Responsibilities When Services Are Purchased:** There should be a contract in place with a provider agency that specifies the contract time period for service to clients. The provider agency should verify that the contractor is capable of providing the service and has the appropriate credentials or requirements.

The contract addresses each of the following:

- 1) Client Assessment
- 2) Process/procedure for selecting qualified aide to align with the needs of the designated assignment
- 3) Process/procedure for assigning aide to client
- 4) Process/procedure for supervision of aides based on In-Home Aide contact standards for in-home aide supervision
- 5) Process/procedure to assure aide competency levels.
- 6) Policy for financial obligations of employer
- 7) Process/procedure for back up service to client when usual assigned aide is out
- 8) Process/procedures to assure communication between the client, the provider agency and the community service agency
- 9) Process/procedure regarding communicating the plan of care/service plan with the aide to begin the client assignment

10) Policy to assure compliance with the county procurement plan to meet all local, state, and federal requirements

HCCBG providers must use competitive proposals to secure contractual providers for service. Other funding sources may use one of the following:

- competitive sealed bids
  - competitive proposals
  - non-competitive proposals
  - small purchase procedures
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- Documentation must be provided to the contracting agency by the subrecipient annually to ensure the competency of the direct service IHA staff and the supervision provided the direct service IHA staff by the subrecipient agency. All requirements addressed in the contract must be reviewed, documented, and submitted to the contracting agency on an annual basis. When formal monitoring by AAA staff and PCRs is conducted, this documentation should be on file with the contractor agency. (Please see attached guidelines for contractual language that can be used to ensure needed information is received from the subrecipient provider on an annual basis to be available at the monitoring location for the comprehensive review by the monitors).

Formal contract monitoring must occur at least annually. Problems in meeting contract requirements should be addressed whenever a problem arises.

**Organization of Record:**

The monitor may give positive feedback to an agency whose records are well organized and facilitate staff and the monitor in locating needed information. If information is available but difficult to locate without the assistance of a staff person this is an example of poor organization of the records and should be noted.

**General Comments:** This section is for general comments that the monitor may want to provide the agency to encourage them to continue to do the good work that has been observed in the monitoring. It may also be used to offer some technical assistance suggestions. This is the section where the monitor will want to list the monitoring findings that will be shared during the exit conference with the agency.

**Unit Verification:** This section is for the identification and verification of units of service. Unit Verification of HCCBG reimbursements (review of source documentation documenting specific hours of service and records documenting client eligibility to receive services) is also to be conducted as needed, using assigned risk, but at a minimum every three (3) years. If the unit verification of HCCBG is done only at the time of the programmatic and client record review, the review of 10 client records or 10% of the total client caseload (agencies with less than 10 clients will have all records reviewed) is appropriate. If agencies are reviewed for unit verification on a more frequent basis than every three years, the sample size may follow the unit verification scale in section 308.2 B of the AAA Policy and Procedures Manual. The schedule for programmatic monitoring and unit verification is to be reflected on Exhibit 12 of the AAA Area Plan and on the Adult Services Monitoring Plan for DSSs. This change in the minimum requirement for conducting unit verifications from two to three years as it affects AAAs means that all AAAs will need to review and amend their Exhibit 12 Provider Monitoring Plan, as appropriate. Unit verifications may be conducted more frequently as a best practice or whenever needed. The primary reason for using a risk-based approach for unit verification is to assure efficiencies in the use of limited staff resources.

The following items should be addressed on Attachment C:

1. The names of clients sampled
2. The month and year on which the units were reported.
3. The units reported on the Unit of Service Report (Units Reported in ARMS)
4. Units documented in the record
5. If applicable, the number of any unverified units should be identified.
6. The client and date that the unit(s) could not be verified should be noted on the form.

In addition, the monitor will need to review the In Home Aide Service Plan and DAAS 101 or the DSS-5027. The monitor also needs to review the aide timesheets as part of the unit verification process.

## **PART II...CLIENT RECORD REVIEW:**

**General Comments:** The Client Record Review is in a Microsoft Excel File that allows up to 20 client records to be reviewed by tabbing to each record number. The second format allows the monitor to print the two-page Client Record Review for each record to be reviewed. The third format provides the option of having one 30-page Word document for all client records (up to 20 clients).

The Client Record Review component of the In-Home Aide monitoring tool should be completed prior to completing the Program Administration component for ease in transferring needed information located in the client record to the Program Administration component. \*If using the electronic version, the compliance summary for the client records reviewed will be automatically tallied for the monitor. The Client Record component includes the questions for consumer contributions. Those responses are also electronically tallied when using the electronic format. Please note that there has been no change to the content of the Consumer Contribution component of the monitoring tool, but it is relocated to the Client Record Review component in the restructured monitoring tool.

To use the electronic format of the tool, the AAA will need to ensure that all documents on the laptop are secured against unauthorized disclosure and use via its security policy. Monitoring documentation by DAAS PCRs is covered under the DAAS security policy.

**\*Answers in the electronic version of the Client Record Review will only be tallied in the summary if a “y” is used to answer the question. Only compliance answers are tallied in the summary. “N” can be recorded for your reference but only “y” reflecting compliance will be tallied.**

**Complete the blanks requesting the following information:**

- Client Name or ID #
- Service Provider (Name of Agency)
- Review Date (The date the monitoring visit takes place)

- State Fiscal Year
- Reviewer(s) (Name(s) of the monitors)

Elements to be monitored:

**1. Eligibility is Established:** Answer each section per the areas requested on the form, supporting your answer with compliance documentation where requested and explaining and/or further supporting the compliance information under the Comments section.

**A.** Documentation in the client files shows that the client is eligible for service per the criteria for the target population and need for the service is documented. If additional need criteria are imposed, the record should clearly indicate the additional need criteria.

**B.** The DAAS 101 or the DSS 5027 have been completed in full with regard to the funding source supporting the service and the form is filed in the client record.

**C.** If the client is not yet an active client and the agency maintains a waiting list, the status of the client on the waiting list is documented.

**D.** If the client was deemed not eligible for service, the reason for the denial is clearly documented in denial files maintained by the agency.

**2. Client Assessment/Reassessment:** Answer each section per the areas requested on the form, supporting your answer with compliance documentation where requested and explaining and/or further supporting the compliance information under the Comments section.

**A.** HCCBG clients should have an initial screening and intake completed.

**B.** Client files, both active and terminated, should have assessment/reassessment forms that are dated with the most recent determination of the need for or continuing need for IHA assistance.

**C.** Assessments and Reassessments should address each of seven areas of functioning; Physical Health, ADL Functioning, IADL Functioning, Social Support Status, Mental/Emotional Functioning, Economic Functioning, and Environmental Status.

Compare the previous assessment to the most current assessment and note whether or not the reviewer has indicated changes in the level of functioning. Comments such as “No Changes” should be addressed with the agency. As people age, it seems reasonable to expect that changes will occur in some of the seven functioning areas reviewed and these should be noted under Comments.

**D.** Assessment/Reassessments and quarterly reviews are completed by an appropriate staff person. This means that staff classified as Social Workers per the state definition can complete Level I Home Management and Level II Home Management and Personal Care reviews and a RN will complete Level III Personal Care. Level III stand alone Home Management and IV Home Management can be completed by the RN or a Social Worker.

**E.** Assessments/Reassessments must be conducted in the client’s home by the appropriate professional. The key point is that they are conducted in the home and face-to-face with the client and not by telephone or other electronic means that may be available.

**F.** The initial assessment for service always precedes the development of the IHA Service Plan (care plan) and the initiation of service. Look for dates on forms that confirm that the initial assessment was done prior to service beginning. The signature of the appropriate professional should be on the assessment form and dated when signed. The date on the care plan for the aide and the actual start date of service should be no earlier than the assessment date. There may be situations where all paperwork is completed on one day due to an emergency or extenuating circumstance. If service plans (care plans) are written and service is initiated prior to the assessment, this is not an acceptable procedure. The purpose for an assessment is to determine what is needed in order to provide the care necessary to meet these needs.

**G.** A reassessment of the continuing need for service must be completed twelve months from the date of the original assessment or

twelve months from the previous reassessment by the appropriate professional. The appropriate professional should sign and date the reassessment forms.

**H.** The appropriate professional should assess the individual/family's situation and document changes/needs every quarter. For Levels II and III personal care clients, a home visit for this purpose must be made quarterly. The reviewer should document changes noted in any of the seven functional areas. The reviewer should note any family situations/dynamics that might affect the service provided to the client. If no such documentation is found, this would be an area to discuss with the agency.

**3. Service Provision:** This is the heart of IHA assistance, the nuts and bolts of what results in direct service to clients. Service is the result of information gathered during the assessment or reassessment process. It is the process of providing assistance to an individual to address care needs identified during the assessment.

**A.** The IHA Service plan (care plan) should include the following: Measurable client outcome goals (what is to be provided with what expected results), is the level of service to be provided identified (record what it is), are specific tasks to be performed identified, is the frequency of service specified, is some indication of the duration of service given, are conditions for continuing or discontinuing service indicated, are restrictions for safety and activity level specified for Levels II and III personal care, have both the professional and the client signed the care plan? This is the section for noting what was observed in the review of the care plan. Yes and No responses should be supported with comments about the documentation.

**B.** Once service has begun; changes that are made in the tasks assigned to the aide should be changed on the care plan and dated.

**C.** If service has been terminated to a client, the reason should be documented in the client record. Some agencies may have a form for this purpose, whereas others may document the reason in the narrative portion of the client record. In any case, the reason for termination should be documented in the file.

4. Does the DSS 5027 authorize the Service and Level of Care for the client?

**5. Consumer Contribution Form**

THERE ARE NO CHANGES TO THE CONSUMER CONTRIBUTION FORM OR POLICY.

- Monitor will check to assure that the Consumer Contribution form is contained is in the client record.
- Monitor will check to assure that the Consumer Contribution form was reviewed by the consumer.

Revised 7/09