

Instructions for the Revised In-Home Aide Monitoring Tool For DAAS In-Home Aide Services

Purpose:

DAAS revised the In-Home Aide monitoring tool and process.

(<http://www.ncdhhs.gov/aging/contents.htm>) The revised tool and process will go into effect 01/01/2020 for all Area Agencies on Aging (AAAs), service providers and their subcontract providers. 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 a program is operating in accordance with administrative and programmatic standards for In-Home Aide services to adults who need assistance with home management and/or personal care.

General Instructions:

The monitoring tool for In-Home Aide services is completed by Area Agencies on Aging (AAAs) staff members who conduct monitoring of Home and Community Care Block Grant (HCCBG) funded programs operated directly by local for profits, not-for profits, Departments of Social Services (DSS) and non-governmental entities in their service area. For programs that provide the service through subcontract arrangements the form will be available for use by local service providers who monitor these subcontract providers to determine compliance with In-Home Aide standards.

Formal programmatic monitoring by AAA staff will occur every three years for programs supported with HCCBG funds based on risk assessment. DSS agencies will be reviewed following guidance in the Administrative Letter 12-08 for HCCBG funded In-Home Aide services. Unit verification monitoring will occur every other year. More frequent monitoring can occur as needed for non-compliance or high-risk assessments.

Service providers that provide In-Home Aide service under contractual agreement with a local subcontract provider should monitor the subcontractor each year that the entity operates under terms of the contractual agreement. Revised Section 308 2.G in the AAA Policies and Procedure Manual provides guidance for providers using subcontractors for the In-Home Aide service. In addition, an annual "Subcontractor Performance Evaluation" will be completed by providers to verify that the subcontractor has met the terms and conditions of their subcontract. Providers are encouraged to use the DAAS service monitoring tools as part of the "Subcontract Performance Evaluation." During the three-year monitoring cycle, the AAA staff should review documentation that the subcontractor complies with In-Home Aide service standards. Per the revised In-Home Aide monitoring process all subcontractors should annually deliver to the service provider In-Home Aide supervisory logs and competency/continuing education training logs. The contractual arrangement with the subcontractor should include this condition for continuation of the subcontract, this documentation should also be in place at the service provider agency for monitoring purposes

even if the subcontract is not renewed. This documentation will be stored by the service provider to be reviewed by the AAA at the three-year programmatic monitoring visit.

Client files designated to review for monitoring will be selected from the ARMS reporting systems. To assure the efficacy of monitoring, agencies will **not** receive advance notice of the client records to be reviewed. All client records reviewed will be selected by the reviewer at the time of the on-site monitoring visit. Based on the assigned risk of an agency, monitors will be able to request additional client records for review during the monitoring visit. **General guidance on the risk-based approach may be found in section 308.2E of the AAA Policies 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 August 22, 2013 to reflect the restructured In-Home Aide monitoring tool and process (DAAS Administrative Letter 13-15). The monitoring tool has been designed to collect administrative and client data uniformly for HCCBG funded In-Home Aide services and the HCCBG standards of service.

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:

To review

Complete the fields requesting the following information:

- Service Provider Name (Agency)
- State Fiscal Year Being Reviewed
- Date of the Review
- Monitor(s) Name(s)
- Agency Person's Interviewed and Their Job Titles

PART I - PROGRAM ADMINISTRATION:

1. Levels/Funding: This section confirms the level(s) of service provided, code for each level of service and funding source for the level of service. There has been a category titled Other added to allow for documentation of special funding sources as appropriate. The revised electronic tool includes a dropdown box for this information. The printed version of the tool has a check box for manual entries. You only need to use one or the other (not both).

The revised tool has a legend at the bottom of each page in all formats that identifies the references and citations for each question on the tool.

2. Agency Eligibility: The agency providing personal care service are 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 a license to an agency to provide personal care for In-Home Aide service. When an agency is licensed for Personal Care it is licensed to provide both Level II or III and the agency policy establishes whether they provide Level II and/or Level III care. Agencies providing Home Management Only Levels I-IV care are/or may be certified by DAAS or licensed by DHSR (licensure rules were established in 2010).

3. Policies and Procedures for Managing/Administering the Service: An entity that provides an IHA program must have a written document specifying how staff are to administer and manage the IHA program, including policies that address the levels of service to be provided. This document must address if the service is directly provided or subcontracted, whether respite care is provided, if waiting lists or inquiry lists are used, and if applicable how the waiting or inquiry list is maintained, if there is a client priority policy, and the entity's appeals policy.

4. Competency Requirements for Aides:

Please document aide specific data for #4 on the Attachment A to the Program Administration Component of the In-Home Aide Monitoring Tool.

All aides working with clients whose service is paid for with HCCBG funds must have demonstrated competence for the tasks they are 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. Aides performing tasks at Level III Personal Care must be registered as NA Is and listed on the Nurse Aide registry maintained by the NC Division of Health Service Regulation (DHSR). Aides performing tasks that require them to be NA IIs must have documentation that they were competency tested to perform the advanced tasks. Any agency using NA Is to perform tasks from the NA II task list must 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 the client name served by the aide. The monitor reviews 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 aligns 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 record aide specific data for #5 of this Document on the Attachment B spreadsheet attached to the Program Administration Section of the In-Home Aide Monitoring Tool.

Aide Supervisory Contact Standards: Aides who have been hired since the last monitoring of the IHA program must be observed at least twice in the home 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 aides not hired since the last monitoring visit and being assigned new clients for service, supervisors are encouraged to contact them within the first calendar week of service either by telephone call or home visit (Best Practice). 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). Those monitoring should familiarize themselves with Home Care Licensure Rules. These Rules are available through the NC Division of Health Service Regulation www.dhhs.state.nc.us/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.

It is highly recommended for supervisors to contact all clients receiving service at Levels II and III personal care by phone call or home visit each month to check on their status (Best Practice). Supervisors should contact the aide every month to ensure service provision is appropriate for the client's needs. This is not mandated but is a best practice to assure the client's health, safety and well being as well as the quality assurance of the service.

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

Supervisors must be ~~on~~ available 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 the client name served by the aide (this is set up to auto-populate from Attachment A). The monitor reviews the aide's supervisory logs to determine the frequency and appropriateness of the supervision of the aide per the In-Home Aide standards for supervision of the aides. The spreadsheet includes the date of employment, level of service (this is set up to auto-populate from Attachment A), and the 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 is a sub-contract with a provider agency that specifies the sub-contract time period. The sub-contractor can provide the service and has the appropriate credentials or requirements.

C. The sub-contract addresses each of the following:

- 1) Client Assessment
- 2) Process/procedure for selecting qualified aide to align with the needs of designated assignment
- 3) Process/procedure for assigning aide to client
- 4) Process/procedure for supervision of aides based on In-Home Aide 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 county procurement plan is being used and complies with all local, state, and federal requirements

D. HCCBG providers must use competitive proposals to secure contractual providers for service.

E. Documentation must be provided to the provider agency by the sub-contractor annually to ensure the competency of the direct service IHA staff and the supervision provided the direct service IHA staff by the sub-contractor. All requirements addressed in the sub-contract must be reviewed, documented, and submitted to the provider agency on an annual basis. When formal monitoring by AAA staff is conducted, this documentation should be on file with the provider agency. (Please reference Administrative Letter 13-15 regarding revisions to Section 308 "Subcontract Monitoring" and the newly implemented HCCBG Performance Evaluation tool.)

Formal sub-contract monitoring must occur at least annually. Problems in meeting contract requirements should be addressed on an on-going basis.

8. Organization of Record:

The monitor may give positive feedback to an agency whose records are well organized that facilitates 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. Organization of records is noted in 10A NCAC .06A .3009 and the In-home Aide Policies and Procedures Manual pg.16

9. 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.

The Fiscal Verification form for the non-unit code 941 found here should be completed for all PPE and other consumable supplies purchased (regardless if you do a programmatic monitoring or just unit verification).

Spreadsheet and Summary of 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 other year. When agencies are reviewed for unit verification every other year the sample size may follow the unit verification scale in section 308.2 B of the AAA Policies and Procedures Manual. The schedule for programmatic monitoring and unit verification is to be reflected on Exhibit 14 of the AAA Area Plan. 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. AAAs will monitor DSS agencies following the guidance in the Administrative Letter 12-08 for HCCBG funded In-Home Aide services.

The following items should be addressed on Attachment C:

1. Check the funding source used
2. Complete the attestation statement for special funding
3. The names of clients sampled (will auto-populate from Attachment A)
4. Document the ARMS code using the drop-down box
5. The month and year on which the units were reported.
6. The units reported on the Unit of Service Report (Units Reported in ARMS)
7. Units documented in the record
8. If applicable, the number of any unverified units should be identified.
9. The client and date that the unit(s) could not be verified should be noted on the form.

In addition, you will need to review the In-Home Aide Service Plan and DAAS 101 or DSS-5027. You would also need to review the aide timesheets as part of the unit verification process. Please record the documents reviewed in the Compliance Verification Comment section below.

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. This format also allows the monitor to print the two-page Client Record Review for each record to be reviewed.

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 section. If using the electronic version, the compliance summary for the client records reviewed will be automatically tallied for the monitor (remember to answer using only a y to make the formulas work, it will automatically convert to a YES if needed for computation of formulas). 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. It is located on the Client Record Review component in the revised 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.

Complete the blanks requesting the following information:

- Client Name or ID #
- Review Date (The date the monitoring visit takes place)
- State Fiscal Year (this will auto-populate on all pages after completion of page 1)
- Reviewer(s) (Name(s) of the monitors) (this will auto-populate on all pages after completion of page 1)
- Service Provider (Name of Agency) (this will auto-populate on all pages after completion of page 1)
- Level of Care (use the drop-down box)
- Funding – select the funding source supporting this client, under Other list the source (ex: CARES)

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 (remember to answer using only a y to make the formulas work, it will automatically convert to a YES if needed for computation of formulas).

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.

A-1. HCCBG clients should have an initial screening and intake completed (ex. SOS Profile).

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

C. If the client is not 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. (remember to answer using only a y to make the formulas work, it will automatically convert to a YES if needed for computation of formulas).

A. Enter date of most recent assessment/re-assessment.

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 (ex. DAAS 6220).

Assessments and Reassessments should address each of seven areas of functioning;

- 1) Physical Health,
- 2) ADL Functioning,
- 3) IADL Functioning,
- 4) Social Support Status,
- 5) Mental/Emotional Functioning,
- 6) Economic Functioning, and
- 7) 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.

C. 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. An RN is the appropriate professional for Level II and III Personal Care assessments and reassessments based on the revised Home Care Licensure Rules 10A NCAC 13J.

Level III stand alone Home Management and Level IV Home Management can be completed by the RN or a Social Worker.

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.

D. 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.

E. 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.

F. The purpose for an assessment is to determine what is needed to provide the care necessary to meet these needs. From this assessment a care plan is developed and reviewed quarterly for any needed adjustments based on the client's on-going 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.

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 aiding an individual to address care needs identified during the assessment.

A. The IHA Service plan (care plan) should include the following:

- 1) Measurable client outcome goals (what is to be provided with what expected results),
- 2) is the level of service to be provided identified (record what it is),
- 3) are specific tasks to be performed identified,
- 4) is the frequency of service specified,
- 5) is some indication of the duration of service given,

- 6) are conditions for continuing or discontinuing service indicated,
- 7) are restrictions for safety and activity level specified for Levels II and III personal care,
- 8) 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 (y) and No (n) 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 shall 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. If other purchase of service is being used it should be documented here with the name of the service and the level that the client needs.

5. Consumer Contribution Form

There are no changes to the consumer contribution form or policy, except that a field has been added on the monitoring tool to indicate if the monitor is reviewing services funded by HCCBG, CARES, or both.

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

A legend of references and citations for each question is provided at the bottom of each page of the Client Record Review

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