



Division of Aging Services

State Review Guide

for

Personal Care Service for HCBS – Section 308

PSA/County: _____ **Site:** _____

Provider: _____ **Client:** _____

Reviewer: _____ **Date:** _____

Revised November 30, 2004

Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This guide is designed to assist the Area Agencies on Aging and the Division of Aging Services to measure the compliance and performance of subcontractors for Personal Care Service for HCBS.

Definition:

Area Agencies may contract for the provision of personal care services only with those agencies licensed as private home care providers, in accordance with the Rules of the Department of Public Health, Chapter 290-5-54 and O.C.G.A. If an Area Agency provides the service directly, the agency must be licensed according to the same rules and regulations and will be subject to being monitored by DAS using this review guide.

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ALZ	Alzheimer's (funded by state & private grants & federal funds)
APS	Adult Protective Services (DAS)
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
ESP	Elderly Service Program
FN	Footnote

Number	Section Cited	Administrative Compliance Statement	Yes/ No/ N/A Comments
1.	308.2	<p>Scope: The AAA has executed a contract with the provider agency specifically for the provision of personal care services.</p> <p><i>Monitors – Review current contract between AAA and provider.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
2.	308.3 and 308.9	<p>Service Provider Eligibility: The subcontractor is licensed in accordance with the rules and regulations of the state. (Also applies to a AAA which provides the service directly)</p> <p><i>Monitors – verify that the agency’s license is current.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
3a.	308.4	<p>Target Group: The subcontractor serves persons age 60 or above.</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
3b.		<p>Provider is serving only those clients who are functionally impaired and whose needs can be met in a community setting.</p> <p><i>Monitors – Review AIMS data for clients’ age and impairment levels. (Reports available, DON-R scores and ADL/IADL counts) AIMS report shows provider is serving no clients with a “0” LOI score)</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

Number	Section Cited	Administrative Compliance Statement	Yes/ No/ N/A Comments
4.	308.11	<p>Staffing: Provider has documentation of appropriate staff and supervision as required by DHR.</p> <p><i>Monitors –Review staff qualifications.</i></p> <p>Number of Files Reviewed:_____</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
5.	308.12	<p>Provider has documentation to show all personal care aides are certified or have received at least 40 hours of core training.</p> <p><i>Monitors - Review staff training records</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
6a.	308.13	<p>The agency has written policies and procedures which define the scope of the services it provides.</p> <p><i>Monitors – Review agency record keeping systems (paper and electronic) to determine whether all records, including financial and personnel, are accurate, current.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
6b.	308.13	<p>The agency has documentation that all employees have received a criminal background check.</p> <p><i>Monitor – Review employees records.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
7.	308.13 3(e)	<p>The provider maintains adequate professional liability insurance coverage on all staff.</p> <p><i>Monitors – review insurance policies, certificates of binder, and/or bond coverage for documentation of coverage in force.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

Number	Section Cited	Administrative Compliance Statement	Yes/ No/ N/A Comments
8.	308.13 (f)(2)	Staff uses photo ID badges. <i>Monitors –Inspect an actual employee badge.</i>	Yes ___ No ___ N/A ___ Comments:
9.	308.13 h	Provider has documentation of each staff receiving copies of agency code of ethics. <i>Monitor- Review the (documentation) signature of the staff member as receiving the code of ethics</i>	Yes ___ No ___ N/A ___ Comments:
10.	308.13,J 2b	Provider maintains client records for six years from the date of last service. <i>Monitor – Review client records.</i>	Yes ___ No ___ N/A ___ Comments:
11.	308.13,J 3	Provider maintains employee files, which contains emergency contact, documentation of qualifications, TB screening test, job descriptions, and annual performance evaluations. <i>Monitor – Review employee records.</i>	Yes ___ No ___ N/A ___ Comments:
12.	308.13,J 4	Provider maintains complaint and incidents records of (falls, accidents, etc.) of clients. <i>Monitor – Review documentation of action taken by the provider to resolve client’s complaints and to address any incident reports or unusual occurrences.</i>	Yes ___ No ___ N/A ___ Comments:
13.	308.16	Has the provider completed a client satisfaction survey? <i>Monitor – Review records for the survey.</i>	Yes ___ No ___ N/A ___ Comments:

Number	Section Cited	Clinical Compliance Statement	Yes/ No/ N/A Comments
14.	308.13 (j)(1)	<p>The provider maintains separate, individual client files containing all written records pertaining to each client’s service provision.</p> <ul style="list-style-type: none"> A. Assessment and reassessment documentation gathered through the use of instruments or inventories specified or approved by the Division of Aging Services; B. Identifying information including the name, address, telephone number of the client/responsible party, if applicable, and emergency contact information; C. Current service agreement; D. Current service plan; E. Documentation of tasks performed by personal care staff; F. Documentation of findings of home supervisory visits, unless reflected in the service plan; G. Any material reports from or about the client that relate to the care being provided, including items such as progress notes and problems reported by employees of the provider agency; communications with personal physicians or other health care providers; communications with family members or responsible parties, and any other pertinent information; H. The names, addresses and telephone numbers of the client’s personal physicians, if any; I. The date of the referral; J. Any and all additional information requested or required by the Division. <p><i>Monitors—Review client files for documentation of items (A)-(J)</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

15.	308.13,j,2, A	<p><u>Retention and confidentiality of client records:</u></p> <p>The Provider implements written policies and procedures for the maintenance and security of client records, specifying who shall supervise the maintenance of records; who shall have custody of records; to whom records may be released and for what purposes. {Also see §308.13(j)(2)(C).}</p> <p><i>Monitors - request a copy of the written policies and procedures for file and review client notification and service agreement forms for information on disclosure of confidential information.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
16.	308.14	<p>The agency assures that all staff comply with agency procedures for reporting suspected abuse, neglect or exploitation to the appropriate law enforcement agency, prosecuting attorney, or Adult Protective Services.</p> <p><i>Monitors - request a copy of the written procedures for personal care assistants to communicate such situations appropriately.</i></p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>