

North Carolina Division of Social Services
Family Services Manual
Volume VII
Chapter VIII – In Home Aide Services

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I. STATEMENT OF PHILOSOPHY AND PURPOSE

In-Home Aide Services are intended to assist individuals (both adults and children) and their families with attaining and maintaining self-sufficiency and improving quality of life. These key supportive services assist individuals and families to maintain themselves in their homes as long as possible in order to:

1. Prevent or ameliorate conditions of abuse, neglect, exploitation and dependency,
2. Prevent the deterioration of individuals' functional capacity and maintain, strengthen and safeguard family functioning,
3. Avoid premature substitute care, family disruption, and unnecessary out-of-home placement,
4. Support the return from substitute care.

The intent in utilizing this service is to assist, but not replace, family members in carrying out their responsibilities for those persons needing care and support.

II. LEGAL BASE

Since In-Home Aide Services is a supportive service for a broad clientele and for multiple purposes, the legal base is varied and does not limit the broad target populations that may be served.

The primary federal funding source for In-Home Aide Services is the Social Services Block Grant (Title XX of the Social Security Act). Under 143B-153(2a) of the N.C. General Statutes the Secretary of the Department of Human Resources is authorized to establish and define all services offered under Title XX. Chore and Homemaker Services were established in 1975 under this authority and are being consolidated into In-Home Aide Services effective 12-1-91. Under this same statute the N.C. Social Services Commission establishes the rules and regulations for the provision of In-Home Aide Services (10 NCAC 42H) and has the authority to designate it as mandatory in every county of the State (10 NCAC 43L .0207).

Under G.S. 108A-71 (Authorization of Social Services Programs) the Department of Human Resources is authorized to accept State appropriations and is responsible for administering and supervising such programs. In 1979 the General Assembly established the State In-Home Services Fund and appropriated money for several in-home services, including the consolidated (1991) In-Home Aide Service. Under 143B-153 the Social Services Commission adopted rules for these in-home services that specify they will be provided in accordance with the same standards, rules and regulations that are applicable to services provided using Title XX funding.

In connection with G.S. 108A, Article 6 (Protection of the Abused, Neglected or Exploited Disabled Adult Act) the county DSS is required to evaluate the need for and provide services to disabled adults in need of protective services. The provision of protective services includes the mobilization of essential services. Essential services include social and medical services necessary "to maintain the physical or mental well-being of the individual," such as assistance with personal hygiene, food, clothing, adequately heated and ventilated shelter, and protection from health and safety hazards. These required services may be provided through the use of In-Home Aide Services.

In connection with G.S. 7A-542 (Protective Services) the county DSS is required to establish protective services for juveniles alleged to be abused, neglected or dependent. Protective services include the investigation and screening of complaints, casework or other counseling services (a component of which may include In-Home Aide Services) to the parents or other caretakers to help them prevent abuse or neglect, to improve the quality of child care, to be more adequate parents or caretakers, and to preserve and stabilize family life.

In-Home Aide Services is a service for which an agency must be licensed as a Home Care Agency [G.S. 13 1E-136 (3)], if hands on care (personal care) are provided. Rules Governing Home Care Agencies are filed under 10 NCAC 3L.

III. DEFINITION OF TERMS

The following terminology is used in the definition of the service and elsewhere in this manual and is provided to assist with appropriate interpretation.

A. “Activities of Daily Living (ADL)” include eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation and communication (ability to express needs to others, e.g. speech, written word, signing, gestures, communication devices).

B. “Adult” means 18 years of age or older.

C. “Available Person” is someone who lives with or near the client, who has the time and is willing to perform the needed service(s).

D. “Child” means under 18 years of age (includes an adolescent who is living on his own who is not an emancipated minor).

E. “Disabled” means unable to engage in any substantial activity necessary for self-care or self-support by reason of a medically determined physical or mental impairment.

F. “Home Management” includes tasks that range from basic housekeeping, shopping, and essential transportation to intensive work with clients/families on budgeting and family management. (See attached task listing included in Appendix A.)

G. “Instrumental Activities of Daily Living (IADL)” include meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.

H. “Medically Stable” means physical/mental adaptation to previously recognized health problems with effective maintenance by diet, medication and/or routine physical exercise.

I. “Medically Unstable” means a recent acute illness or complications of a chronic condition that are not physically/mentally controlled by diet, medication, and/or physical exercise and which require frequent monitoring and testing by skilled professionals.

J. “Own Home” means that the adult service recipient is living in a residence he/she maintains for himself/herself or is maintained for him/her. “Own home” does not include any group care setting.

For children and their families “own home” means a residence he/she maintains for himself/herself or is maintained for him/her; it also means a foster family home licensed by the North Carolina Department of Human Resources to provide care for children which is supervised by a county department of social services or licensed child-placing agency.

K. “Personal Care” includes tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation to medical monitoring and other health care related tasks. (See attached task listing included in Appendix A.)

L. “Primary Caregiver” is the person who voluntarily provides the most care or assumes the most responsibility for another person.

M. “Respite Care” is a component of In-Home Aide Services which provides needed relief to primary caregivers or parents of children or adults who cannot be left alone because of mental or physical problems or the need for care and supervision.

N. “Responsible Person” is someone who is dependable and capable of performing the needed service(s) for the client.

O. “Review” means a regular contact by an appropriate professional with the individual or family, or both, to note progress, maintenance or deterioration, changes in circumstances, and adequacy of the In-Home Aide Service Plan in meeting the person’s and family’s needs, and to make any needed adjustments.

IV. DEFINITION OF IN-HOME AIDE SERVICES

A. Primary Service

In-Home Aide Services are those paraprofessional services which assist children and adults, their families, or both with essential home management tasks, personal care tasks, or supervision, or all of the above, to enable children, adults and their families to remain, and function effectively, in their own homes as long as possible.

B. Component

In-Home Aide Services may be used for the purpose of providing respite for a primary caregiver or for parents. For this purpose In-Home Aide Services may be provided to individuals in their own homes or in the home of the primary caregiver, and to children and their families in their own homes. Respite care may consist of any level of home management or personal care tasks.

The local DSS has the responsibility of deciding whether or not to offer the respite component; whether it will be provided in planned or emergency situations, or both; what limits, if any, are placed on the total hours of service (per visit; per month; per year) received by any client/family; what limits, if any, will be placed on the total dollars spent on the respite care component; and whether or not “after hours” care will be provided.

C. Resource Items - None

D. Target Populations

1. Adults

The target population consists of individuals who are unable to carry out tasks essential to the activities of daily living or the instrumental activities of daily living, or both, who have no responsible person available to perform these tasks, and who need the service in order to remain in their own homes. It also includes functionally impaired persons whose primary caregivers need relief from everyday care giving responsibilities in order for the impaired individuals to remain at home.

2. Children and Their Families

The target population consists of children and their families or adolescents living independently who need help in remaining in their own homes, or who need help in maintaining, strengthening and safeguarding their functioning because of economic dependency, physical and emotional illness or handicap, or to preserve and strengthen family functioning. It also includes children whose parents or primary caregivers need relief from everyday care giving responsibilities in order for the children to remain at home.

E. Description of Service Levels

In-Home Aide Services is available at four levels of complexity and two areas of specialization (Home Management and Personal Care). Level I is the least complex level and requires the least skill of the persons performing it.

Level IV is the most highly complex and requires the most skill to perform. Level I offers only the Home Management specialization; Level II can offer Home Management Only or a combination of Home Management and Personal Care tasks; Level III offers either a Home Management or Personal Care track, although aides may be cross-trained to provide both specialties; Level IV is Home Management only. Aides performing higher levels of In-Home Aide Services may be expected to perform lower level tasks as well.

Utilizing DSS reimbursable finds, county DSS agencies may offer all four levels of the service and both specializations. Each county DSS must decide which level or levels of the service it will provide, based on the needs of the community. The descriptions of the In-Home Aide Services levels are intended to aid in making this decision. At least one level of the service must be available in each geographic area.

The following levels are also meant to serve as a guide to the responsible case manager in determining which level of service is most appropriate to meet each eligible person’s/family’s needs. The descriptions are based partly on the condition or situation of the person/family and partly on the nature and complexity of tasks that the aide will be asked to perform. In situations where the client characteristics indicate a higher level than the actual

tasks needed to be performed, the level of tasks can be the criteria used in selecting the appropriate level of service. The case manager is responsible for making the decision about the appropriate level for each client based on information from the assessment and from continuing review of the effectiveness of the service. A more detailed description of tasks for each level of the service is contained in Appendix A.

1. Level I - Home Management

a) Client Characteristics

(1) Adults - Persons who are self-directing, medically stable, and who have at least one instrumental activity of daily living (IADL) impairment or limitation.

(2) Children and their families - Families who require assistance with basic home management tasks.

b) Tasks

Basic home management tasks, such as housekeeping, cooking, shopping and bill paying.

2. Level II - Home Management and Personal Care

a) Client Characteristics

(1) Adults - Individuals whose capacities are diminishing or those who are striving to maintain or improve their functioning; who are medically stable; and who are partially dependent in carrying out activities of daily living (1 or 2 ADLs) due to physical or mental impairments, or both. Individuals may also require assistance with IADL activities to improve IADL functioning or to learn independent living skills; or they may have increased IADL needs (2-4) requiring additional support to maintain or achieve overall functioning.

(2) Children and their families - Families who require assistance with basic personal care and home management tasks when either their capacities are diminishing or when the family is striving to maintain or improve family functioning.

b) Tasks

Basic personal care/activities of daily living assistance and home management tasks.

3. Level II - Home Management Only

a) Client Characteristics

(1) Adults - Individuals and their families who want to strengthen and develop their own home management skills rather than have the tasks done for them and who need assistance to maintain, strengthen and safeguard their functioning because of physical or emotional illness or handicap.

(2) Children and their families - Families who want to strengthen and develop their own home management skills rather than have the tasks done for them and who need assistance to maintain, strengthen and safeguard their functioning because of physical or emotional illness or handicap, or to obtain education, training, and employment to improve their economic self-sufficiency.

b) Tasks

Development, support or reinforcement of individuals/families in completing home management tasks.

4. Level III - Home Management

a) Client Characteristics

(1) Adults - Individuals have moderate to severe limitations in cognitive or psychosocial functioning, but have potential for partial or total independence in IADL or home management functioning, or both. Some clients may have severe IADL impairments (more than 4) or be in a crisis situation.

(2) Children and their families - Families who have difficulty carrying out home management tasks and who have poor family functioning skills and who may be in a crisis situation.

b) Tasks

Intensive education and support in carrying out home management tasks and improving family functioning skills. Focuses on individualized work with an individual family, to teach and demonstrate skills and tasks and reinforcing improved individual/family accomplishments. Also involves direct assistance and support in crisis situations.

5. Level III - Personal Care

a) Client Characteristics

(1) Adults - Individuals who: are medically stable with significant ADL impairments (3 or more) resulting from a chronic condition; or are medically stable with significant ADL impairments, but have rehabilitative potential; or are medically unstable due to a recent illness, complications of a chronic condition, or a deteriorating condition, and who have variable ADL and IADL needs.

(2) Children and their families - Children and their families who have a wide range of health related conditions and who need substantial support.

b) Tasks

Extensive “hands on” care and assistance to individuals/families with a wide range of health and personal care tasks, or both.

6. Level IV - Home Management

a) Client Characteristics

(1) Adults - Individuals/families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Includes those who have serious limitations in cognitive or psycho-social functioning, or both, but who have potential for major or complete independence in IADL functioning and who have little or no ADL impairment.

(2) Children and their families - Children and their families who are in crisis or who require long term assistance with complex home management and family functioning skills.

b) Tasks

Provision of a wide range of educational and supportive services. Involves quick and creative responses to individual and family crisis situations identified by the case manager. Also focuses on appropriate learning sessions with small groups of persons from different families who have similar needs.

V. CLIENT ELIGIBILITY FOR THE SERVICE

A. Eligibility Based on Need for the Service

Persons/families who meet the criteria for the target populations (see Section IV-D) are determined to be in need of the service and are eligible for the service without regard to their income. The service is, however, subject to Service Cost-Sharing requirements (see Volume VI, Chapter III of the Family Services Manual). Application for the service is made to the county department of social services where eligibility for the service is determined.

If an individual is determined to be eligible based on need for the service, backup documentation must be referenced on the DSS-5027; the reference should tell the page number or date and location of this information in the client record. The documentation must show that the individual/family is in need of the service.

If the service is denied or terminated because it is determined that an individual does not need the service, the basis for the agency's decision must be documented. The service may also be denied or terminated for other documented reasons (see Family Services Manual, Volume VI, Chapter II, Sections 8070 and 8080). The client must be notified of the reason for any denial or termination of the service.

B. Priority for the Receipt of In-Home Aide Services

No additional eligibility criteria can be imposed upon applicants for In-Home Aide Services. If an applicant is found eligible and appropriate resources are available to provide the service, the service is provided. When the requested service cannot be provided promptly (within 15 days), the application for the service must be denied unless the agency has adopted a waiting list policy.

Since in many situations resources to provide the service are not adequate, priorities have been established for provision of the service. Within the target population for In-Home Aide Services eligible clients must be served in the following order of priority:

- I. Adults and children for whom the need for protective services has been substantiated and the service is needed as part of a protective services plan.
2. Adults who are at risk of abuse, neglect or exploitation and children who are at risk of abuse, neglect or dependency.
3. Adults with extensive ADL or IADL impairment who are at risk of placement in substitute care and children who are at risk of placement in substitute care.
4. Children who need the service as part of a plan of preventive services designed to strengthen the family and preserve the home for the child, or as a part of permanency planning to enable a child to return home from substitute care or transition of adolescents from substitute care to living independently. Adults with extensive (3 or more) ADL or IADL impairments.
5. Adults with less extensive (1-2) ADL or IADL impairments.

If a county chooses to maintain a waiting list for service applicants, the appropriate priority category is to be established for each applicant and used to determine which applicant will be served first when resources become available. Applicants within the same priority category are to be served in order of application date when the funding and appropriate level of the service becomes available. Local agencies may not develop sub-priorities within a priority category, as this constitutes imposing additional restrictions on the defined target populations and priority groups.

If funding used to provide the service is restricted to a specific population (e.g., Independent Living Funds for adolescents 16 to 21 residing in foster care) the priorities are to be applied to applicants of that particular group in order of application date. This may mean that persons in the specific population covered by the restricted funding source will be served ahead of some others on the waiting list.

If a county's waiting list policy is developed for the purpose of responding to inquiries about the service, eligibility of the persons on the list is not determined until resources to provide the service become available. At that time potential applicants are notified, eligibility is determined, priorities are assigned, and service is provided in order of priority.

The waiting list policy for In-Home Aide Services must insure that persons on the waiting list are either provided the service within 90 days or are notified that the service cannot be provided.

C. Uses of Priorities

1. Adding New Clients

When the county DSS maintains a waiting list the priorities are applied according to policy in the Family Services Manual, Volume VI, Chapter II, and Section 8100.

2. Increasing Service to Recipients

If new or additional resources become available to the agency so that increased service for current recipients can be considered, the agency may establish priority status of all recipients at that time. Then the need of each client for increased service is reviewed, and based on need, the hours of service are increased starting with recipients in the first priority group.

3. Terminating or Reducing Service to Recipients

When service funding is reduced or re-allocated, the local DSS has several options for handling reductions in levels of service:

- a) Denial of applications for In-Home Aide Services on the basis of funds being exhausted for the year and reduction of service through attrition of current recipients.
- b) Reviewing the entire caseload of current recipients and, on the basis of need, reducing the hours of service of individual clients.
- c) Assessing the current priority status of recipients and, starting with those in the lowest priority group, reducing hours of service equally for everyone in that group. If further reductions are needed, the next lowest priority group would be reduced, and so on.
- d) Applying across the board (equal) reductions in hours of service to recipients, regardless of priority group.
- e) Terminating recipients by priority group starting with the lowest priority group. Within each priority group, terminating service to individuals on a "last on, first off" basis.
- f) Terminating service to recipients, regardless of priority group, on a "last on, first off" basis.

Terminations or reductions in service hours of current recipients may not be based on level of income.

When priorities are applied for either applicants or recipients, the appropriate target group number to which the individual was assigned must be entered on the record keeping tool and dated, initially and for each subsequent change. The reason for assigning the priority group number must also be included in the record. If a tool is used to determine the correct priority group, a dated copy of this in the record will be sufficient if its location is referenced initially on the DSS-5027.

D. Service Cost-Sharing (See Family Services Manual, Vol. VI, Chapter III)

In-Home Aide Services is one of the six services subject to the Service Cost Sharing Policies and Procedures. The following are procedures specific to the provision of In-Home Aide Services:

When the county DSS is providing the service directly or through a purchase of service contract, refer to Vol. VI, Chapter III of the Family Services Manual regarding requirements for Cost Sharing.

When a cost sharing amount is established for a client using the cash payment method, the county DSS will make the cash payment for the entire cost of the service and will be responsible for collecting and accounting for any agreed upon amount from the recipient.

VI. SERVICE PROVISION

As a part of the total social service program, each county DSS may utilize funding from a wide range of social services funding sources to provide In-Home Aide Services to appropriate individuals and families (see Appendix D County DSS agencies may also strengthen their In-Home Aide Services programs by utilizing a number of non-DSS funding sources to provide the service or to access the service for their clients. If these sources are used, the DSS is to follow the specific APA rules and manual guidance applying to these funding sources and available through the appropriate DI-IR Divisions (see Appendix D-2).

In-Home Aide Services must be provided in accordance with the standards established for task levels, competency requirements, supervision and quality assurance requirements, regardless of whether the aide performing the tasks is a paid employee or a volunteer under the supervision of an established agency. The amount of service provided to each client will be based on individual need, regardless of the method of service provision.

A. Service Planning

1. Assessment/Reassessment of Clients

The purpose of the initial assessment and regular reassessments is to determine each individual's or family's level of functioning and to determine or confirm the need for In-Home Aide Services. The initial assessment and reassessments must be conducted and documented by an appropriate professional, which means either a social worker, registered nurse, registered dietitian or certified nutritionist, physical therapist, occupational therapist, or some combination of these disciplines. The initial assessment must be completed prior to the development of an In-Home Aide Service Plan. Sample record keeping tools, including assessment and reassessment tools, are included in Appendix F-1 which may be used or modified for serving any DSS target population. Other acceptable alternative assessment tools are listed in Appendix F-2.

A full reassessment must be completed at least every twelve months, or earlier if the appropriate professional determines that the family's or individual's needs have increased or decreased due to changes in one or more of the six functional areas listed below. Consultation with an RN is required for Level II clients receiving Personal Care tasks if the client's personal care needs have increased due to changes in a medically related problem to determine the appropriate level of In-Home Aide Services needed.

The initial assessment and reassessments must be conducted in the individual's or family's home and must address the following six functional areas: mental, social, environmental, economic, and physical health status of the individual or family, as well as an individual's ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs). They must be signed and dated by the professional responsible for assuring their completion.

2. Emergency Care

The assessment is a prerequisite to providing In-Home Aide Services, except when the service must be provided immediately because the health, safety, or well being of the individual or the family is at risk. In these instances the initial assessment, the Client Service Plan and the In-Home Aide Service Plan must be completed within five working days of the onset of services. Level IV In-Home Aides may be used to assist the social worker in client/family interventions and assessments as a part of emergency care.

3. Persons Qualified to Conduct Assessments

a) Home Management

If the individual needs Home Management tasks at Level I or II, the initial assessments must be completed by an appropriate professional. If a professional other than a social worker is conducting the initial assessment or reassessment at Level I or II and the individual's or family's social needs appear more extensive than the assessor is able to adequately evaluate, then a social worker must be consulted for further input.

If the individual or family needs Home Management tasks at Level III or IV, the initial assessment and reassessments must be completed by a social worker.

b) Personal Care

If the individual or family needs Personal Care tasks at Level III, a registered nurse must complete the physical health status and the ADL portions of the initial assessment and reassessments. For Level II Personal Care tasks, if a social worker or registered dietician is conducting the initial assessment or reassessments and the individual's or family's personal care needs appear more extensive than the assessor is able to adequately evaluate, then an appropriate health professional must be consulted for further input.

4. Adult and Family Service Plan

Each individual/family receiving services from the DSS should have a written service plan developed by the case manager based on the initial assessment and regular re-assessments. The plan is developed in collaboration with the client and includes the formal services the client will receive, plus the client and family contribution to the plan. A sample service plan format is included in Appendix F-1; other acceptable alternative service plans are listed in Appendix F-2.

5. In-Home Aide Service Plan

Each client must have an identifiable In-Home Aide Service Plan developed by the case manager which supports the overall Adult and Family Service Plan and which specifies how the aide and service will be used. The In-Home Aide Service Plan must include:

- a) Measurable client outcome goals;
- b) In-Home Aide Service level or levels to be provided;
- c) Specific tasks to be performed;
- d) Frequency of service provision;
- e) Anticipated duration of the service; conditions for continuing or discontinuing service;
- f) Safety measures and activity restrictions that are specific to the client (for Level II or Level III -Personal Care only); See 10 NCAC 3L .1202 - Home Care Agency Licensure;
- g) Signature of the agency's professional staff developing the service plan;
- h) Physician's signature, if required by a specific finding source.
- i) When a client receiving Level II - Personal Care requests assistance with one or more of the following tasks:
 - 1) applying ace bandages, TED's or binders,
 - 2) applying or removing prosthetic devices,
 - 3) self-monitoring of temperature, pulse, blood pressure and weight, the In-Home Aide Service Plan must specify that the client is responsible for directing these tasks and for making decisions regarding actions to be taken as a result of temperature, pulse, blood pressure and weight readings.

Also recommended on the Plan is the signature of the client/designated person which indicates understanding of and agreement with the In-Home Aide Service Plan. In some protective services situations where clients are receiving services involuntarily it may not be possible to obtain a signature; this should be noted on the Plan and in the client record.

The In-Home Aide Service Plan should be developed with client/family participation and the client/family is to receive a copy of the Plan.

All changes in tasks must be documented and dated on the In-Home Aide Service Plan as they occur by the responsible professional. See Appendix B for a sample In-Home Aide Service Plan.

6. Quarterly Review

A review of the individual's or family's situation must be completed and documented by an appropriate professional at least quarterly. If a reassessment has been conducted in that quarter, it meets the requirement for a quarterly review. The Adult and Family Service Plan, including the In-Home Aide Service Plan, are also reviewed at least quarterly and revised based on the client's needs.

When Level II or III Personal Care tasks are provided to a client, the appropriate professional shall visit the client in his residence at least quarterly to review the client's general condition, progress and response to services provided. If the same professional is assigned responsibility for supervision of the In-Home Aide and the Quarterly Review, these functions may be conducted during the same home visit. (See 10 NCAC 3L .1202 - Home Care Agency Licensure.)

7. Selecting Aides and Reporting Services

The social worker responsible for the client's/family's plan of care will need to determine the highest level of In-Home Aide Services needed by the client, document that on the In-Home Aide Service Plan and the DSS-5027 and arrange for an aide who can deliver that level and type of care. This is also the level of service reported on the DSS-4263 (Day Sheet) even though the aide may also be expected to perform assigned tasks from lower levels of the service, as well as the assigned higher level tasks. The agency may elect to use two levels of aides to serve the client/family when this is more efficient or cost effective; in this situation the aide performing the lower level of service will report it at the level provided. Refer to the Services Information System (SIS) Manual for specific reporting instructions.

B. Competency Requirements and Training Recommendations

1. Competency Requirements

Aides who provide In-Home Aide Services must meet the competency requirements for the level of service they are regularly required to perform. (Exception: An aide performing any task in Level III Personal Care must meet the competency requirements for that level and be registered as a Nurse Aide I with the NC Division of Facilities). Meeting competency requirements includes a correct demonstration of the tasks to an appropriate professional. Demonstration of competence can take place in a variety of settings including, but not limited to, the classroom, laboratory, local agency or the home of the client/family.

When the DSS employs in-home aides it must maintain documentation of each aide's competence; this includes verification of knowledge of all content areas and ability to correctly perform all tasks at the level of service regularly provided. If the aide is required to perform selective tasks at a higher level, documentation of competence in the specific tasks is also required. An aide must be fully competent at the current level of service provision before being assigned tasks at a higher level. When the DSS contracts with another agency to provide In-Home Aide Services, that agency is responsible for assuring each aide's competence.

By December 1, 1991, regardless of the level of service to which the aide is assigned, demonstrated competence for the specific tasks assigned to that aide must be documented before allowing the aide to perform the task(s) independently.

Competency requirements for all levels except Level III Personal Care are applicable on July 1, 1993 for all persons hired after that date. All aides performing any Level III Personal Care tasks must meet the NC Board of Nursing competency requirements for Nurse Aide I by January 1, 1991 or within four months of being assigned these tasks.

When the DSS provides the service it is responsible for ensuring that competency testing is appropriately administered. It is also responsible for ensuring that its aides have sufficient training to pass a competency test for the level of service that the aides will regularly provide. When the DSS contracts for the service, the contracting agency is responsible for ensuring that competency testing is appropriately administered. A listing

of the tasks and related areas of competence for each level from which the competency test for the aide will be drawn is provided in Appendix A.

2. Training Recommendations

Training is the primary mechanism for preparing aides to gain the knowledge and skills to perform their work and to meet competency requirements. Training can be carried out through a variety of methods such as: classroom instruction, on-the-job training, and individual instruction/coaching. Experienced aides, whose abilities have not been documented, may be able to meet competency test requirements without further training.

Appendix A lists the recommended minimum hours of training needed for each level of the service if offered through classroom instruction; use of other methods may modify the number of hours needed. A reference list of suggested curricula to meet training recommendations and competency requirements is listed in Appendix C. The sample Training Log in Appendix G may be useful for tracking the training completed by each aide.

3. Time Frames for Meeting Competency Requirements

Aides must be competency tested for the level of service they are regularly required to perform. In most situations this test will include competencies from lower levels of work also, since the aides may be expected to perform these tasks. Testing for lower levels or the current level is not required if the aide brings documentation from a previous employer or training program that competency requirements were met. However, it is recommended that DSS agencies conduct selected job specific competency testing for any newly hired aide.

a) Level I: Competency requirements consist of demonstration of knowledge and skills indicated for Level I tasks listed in Appendix A. Competency requirements for Level I must be met within one year of employment as a Level I aide. (Effective July 1, 1993)

b) Level II: Competency requirements consist of demonstration of knowledge and skills indicated for Level II tasks for Home Management Only or Home Management/Personal Care listed in Appendix A. Competency requirements for Level II must be met within one year of employment as a Level II aide. (Effective July 1, 1993)

c) Level III: This level is tracked for either Home Management or Personal Care.

Home Management Track: Competency requirements consist of demonstration of knowledge and skills indicated for Level III Home Management tasks listed in Appendix A. Competency requirements for Level III Home Management must be met within one year of employment at this level. (Effective July 1, 1993)

Personal Care Track: Competency requirements consist of demonstration of knowledge and skills indicated for Level III Personal Care tasks (and for the Nurse Aide I) and registration on the Division of Facility Service's Nurse Aide

Registry (see Appendix E) Level III Personal Care Tasks are listed in Appendix A. Aides performing Level III Personal Care tasks must complete training and/or competency testing within four months of employment at this level. (Effective January 1, 1991)

d) Level IV: Competency requirements consist of demonstration of knowledge and skills indicated for Level IV tasks listed in Appendix A. Competency requirements for Level IV must be met within one year of employment as a Level IV Aide. (Effective July 1, 1993)

4. Family Members

In the event that a spouse, parent, child or sibling is paid to provide care for a client, the service provider agency can make a determination that the family member is capable of providing the care needed without requiring any formal training. The family member must demonstrate competence to perform the tasks needed by the client to an appropriate professional, but will not be required to be trained or competency tested for tasks he is not paid to perform. However, when one of the above family members is paid to provide Personal Care at Level III, he must meet the NC Board of Nursing competency requirements and be listed as a Nurse Aide I with the NC

Division of Facility Services within four months of being assigned these tasks, just like any other aide. The NC Board of Nursing requires that any person (including a family member) who is paid to provide care and perform one (1) or more Nurse Aide I (Level III Personal Care) tasks must be listed on the Nurse Aide Registry.

C. Supervision Aide Supervision

1. It is the responsibility of the agency providing In-Home Aide

Services to assure that supervision is given to all aides, which includes assuring that supervisory backup and support is continuously available to the aide during any time period an aide is assigned to work with a client/family (see 10 NCAC 3L .1110 for Home Care Agency Licensure supervision requirements).

Responsibilities of supervision include, but are not limited to, the following:

- a) Determining which aide is most appropriate to serve a particular client;
- b) Assuring that the aide is competent to perform the necessary tasks and understands responsibility for confidentiality regarding clients;
- c) Assigning tasks and giving specific instructions to the aide;
- d) Providing ongoing support and task supervision;
- e) Observing and evaluating the aide's performance; and
- f) Conducting or arranging for necessary training.

These responsibilities may be accomplished through a combination of home visit observations, individual conferences or training sessions, group conferences or training sessions dealing with job related issues, and/or telephone contacts with the aide.

2. Supervision of Respite Care

Supervision of the aide providing respite care involves joint responsibility of the primary caregiver and the agency supervisor in giving specific instruction to the aide in carrying out tasks for the person(s) needing care. The aide will also need to know the purpose of the respite care and any emergency procedures. If the agency offers "after hours" respite care, such as on evenings and weekends, the agency is responsible for assuring that supervision is available to the aide.

3. Frequency of Required Supervision

Regardless of the level of tasks performed, supervisory home visits must be made at least twice during the first month of the aide's employment. Otherwise, the frequency of required supervisory visits correlates to the level of the tasks performed by the In-Home Aide. The frequency of aide supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client. Agencies must assure at least some portion of the supervisory visits occur when the aide is providing care to clients. Some funding sources may also require more frequent visits to receive reimbursement for services.

- a) Level I - Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A quarterly on-site supervisory visit to the home of at least one client the aide is serving is required.
- b) Level II Home Management - Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A quarterly on-site supervisory visit to the home of at least one client the aide is serving is required.

In each of the two intervening months, the supervisor should have some type of contact (telephone, office conference, or home visit) with the aide the client/designated person to ensure service provision is running smoothly. These contacts may be initiated by the aide, client or the supervisor.

c) Level II Personal Care - Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. An on-site supervisory visit to the home of each client the aide is serving is required at least every 3 months with or without the aide's presence, and at least annually while the aide is providing care to each client.

The quarterly review by the appropriate professional in the home of each client will meet the minimum requirement for supervision of any and all in-home aides who have provided service to the client during the quarter as long as it includes a review of the client's general condition, progress, and response to the services provided by the aide. When follow-up supervisory activity is needed with the aide to address any identified problems, follow up will be provided directly by that professional or referred to a professional or paraprofessional aide supervisor. (See 10 NCAC 3L .1110 - Home Care Agency Licensure.)

d) Level III Home Management - Frequency: A supervisory home visit and telephone call to the aide within the first calendar week of an aide assignment is recommended. An on-site supervisory visit to the home of at least one client the aide is serving is required at least quarterly.

In the intervening months, the supervisor should have some type of contact (telephone, office conference, or home visit) with the aide and the client/designated person to ensure services provision is running smoothly. These contacts may be initiated by the aide, client or the supervisor.

e) Level III Personal Care-Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. An on-site supervisory visit to the home of each client the aide is serving is required at least every 3 months with or without the aide's presence, and at least annually while the aide is providing care to each client. The quarterly review by the appropriate professional in the home of each client will meet the minimum requirement for supervision of any and all in-home aides who have provided service to the client during the quarter as long as it includes a review of the client's general condition, progress, and response to the services provided by the aide. When follow-up supervisory activity is needed with the aide to address any identified problems, follow up will be provided directly by that professional or referred to a professional or paraprofessional aide supervisor. (See 10 NCAC 3L .1110 - Home Care Agency Licensure.)

In the intervening months, the supervisor should have some type of contact (telephone, office conference or home visit) with the aide and the client/designated person to ensure service provision is running smoothly. These contacts may be initiated by the aide, client or the supervisor.

f) Level IV - Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A supervisory visit to the home of at least one client the aide is serving at least every 60 days is required.

The social worker should conduct weekly conferences with the aide to ensure service provision is running smoothly, to plan subsequent services, and to provide feedback to the aide:

D. Selection of Aides

1. Persons Allowed to Serve as In-Home Aides

Agencies providing in-home aide services must have a written policy regarding who may serve as in-home aides. The written policy shall include, at a minimum, the following information about who may serve as in-home aides:

- a) aides shall be 18 years of age or older or emancipated minors; and
- b) aides shall be persons who have demonstrated competency to perform the tasks needed by the client; and
- c) whether or not the agency allows the hiring of relatives to serve as a client's in-home aide. If the agency allows a relative to be a client's in-home aide, the policy must also contain the following requirements:

- (1) that the relative of the client, who for this purpose is either a parent, spouse, child or sibling of the client, including step relations of the client for any of those; and
- (2) that the relative must have given up employment or the opportunity for employment in order to provide the tasks needed by the client; and
- d) any other hiring guidelines established by the agency.

2. Qualifications of Individuals Providing Supervision for Aides

The requirements for the individual(s) supervising aides will vary with the level(s) of tasks performed. If an aide provides some Level I or II tasks and other Level III or IV tasks, supervision may be shared by paraprofessional and professional staff. Supervision may also be shared between two professionals for appropriate tasks.

- a) Levels I and II - Home Management: For these tasks supervision may be provided by appropriately trained paraprofessional personnel (e.g. In-Home Aide Supervisor or experienced aide) or by a social worker or other appropriate professional (e.g. dietitian, nutritionist, registered nurse, etc.). If a paraprofessional is used, it is expected that the individual will be supervised by a professional.
- b) Level II - Personal Care: For these tasks supervision must be provided by an appropriate professional (e.g. a social worker, registered nurse, licensed practical nurse, nutritionist, etc.) or a competent, appropriately trained paraprofessional (e.g. In-Home aide supervisor, experienced aide, etc.), who is supervised by an appropriate professional. (See 10 NCAC 3L .1110 - Home Care Agency Licensure.)
- c) Level III - Personal Care: Supervision must be provided by an appropriate health care professional (e.g. registered nurse; licensed practical nurse who is supervised by a registered nurse; physical therapist; occupational therapist, etc.). (See 10 NCAC 3L .1102 and .1110 - Home Care Agency Licensure.)
- d) Level III - Home Management: These tasks should be supervised by an appropriate professional, usually a social worker.
- e) Level IV - Home Management: These tasks should be supervised by a social worker and be performed as part of a social work plan.

VII. DOCUMENTATION

A. Client Records

Records must be kept for each In-Home Aide Services client. If the agency is licensed as a Home Care Agency, each page of the record must have the client's name, and notes must reflect actual date of entry (see 10 NCAC 3L I . 1401-Home Care Agency Licensure). Each client record must include:

1. Documentation of request/authorization for service;
2. Source of referral (Only necessary for Level II or III Personal Care - See 10 NCAC 3L 1402, Home Care Agency Licensure);
3. A copy of the completed initial assessment;
4. Copies of all completed reassessments;
5. Copies of the initial and any revised In-Home Aide Service Plans;
6. Documentation of significant client information. Include names of next of kin or legal guardian for Level II or III Personal Care (See 10 NCAC 3L .1402, Home Care Agency Licensure);
7. Documentation of client eligibility;
8. Documentation of quarterly reviews;
9. Documentation notifying client of service reduction, denial or termination;
10. Copy of the agency's client's rights form signed by the client or his designated representative, or a signed statement by the social worker that the client's rights form was discussed with and provided to the client (only necessary for 10 NCAC 3L .1007, Home Care Agency Licensure; and certain accreditation organization standards).

B. In-Home Aide Records

It is expected that a record will be kept by the agency providing the service for each aide providing In-Home Aide Services. At a minimum it should include:

1. A record of all competencies completed by the aide and the related level(s) of service the aide is able to perform;
2. Verification of the aide's current registration with the North Carolina Division of Facility Services as a Nurse Aide I, if Level III Personal Care tasks are provided by the aide;
3. For aides performing Level II or III - Personal Care tasks, documentation of supervisory visits shall be maintained in the agency's records and include at a minimum (see 10 NCAC 3L .1110 - Home Care Agency Licensure):
 - a) Date of visit;
 - b) Findings of visit;
 - c) Signature of person performing the visit; and
 - d) Documentation of corrective action, when needed.
4. For aides performing Level II or III Personal Care tasks (see 10 NCAC 3L .1003 - Home Care Agency Licensure):
 - a) An application or resume listing education, training and previous employment;
 - b) A job description;
 - c) Reference checks or verification of previous employment;

- d) Verification of a baseline skin test for TB; individuals who test positive must demonstrate non-infectious status prior to assignment in a client's home and annual verification that they are free of TB symptoms;
- e) Documentation of Hepatitis B immunization or declination in accordance with the agency's exposure control plan;
- f) A record of airborne and blood borne pathogen training, including annual updates; and
- g) At least annual performance evaluations.

VIII. QUALITY ASSURANCE REQUIREMENTS

All agencies providing In-Home Aide Services must be either licensed by the Department of Human Resources as a home care agency, or be certified or accredited through one of the following accreditation organizations or other entities recognized by the Department of Human Resources (See Appendix E):

The purpose of this requirement is to ensure that the service is provided safely and in accordance with recognized standards of practice.

A. Licensure

Licensure by the Department of Human Resources is required effective July 1, 1992 for agencies providing In-Home Aide Services at Level II - Home Management and Personal Care, Level III - Personal Care, or both. If the agency is certified or accredited as described above, then the agency will be given deemed status for licensure by the Department of Human Resources. (See Division of Facility Services rules contained in 10 NCAC 3L which govern the Licensing of Home Care Agencies. In addition to these In-Home Aide Services manual standards, 10 NCAC 3L contains certain broader administrative and management requirements which must be adhered to).

B. Certification and Accreditation

Certification or accreditation by one of the accreditation organizations described below is required by July 1, 1996 for agencies providing In-Home Aide Services at Level I - Home Management, Level II – Home Management Only, Level III - Home Management, Level IV – Home Management or any combination thereof. If the agency is licensed as a home care agency by the Department of Human Resources, then certification or accreditation will not be required.

1. Accreditation Commission for Home Care, Inc.;
2. Joint Commission on Accreditation of Health Care Organizations (Home Care accreditation);
3. National League for Nursing.
4. NC Division of Social Services or Division of Aging

If the agency is certified or accredited by the Accreditation Commission for Home Care, Inc., the Joint Commission on

Accreditation of Health Care Organizations, or the National League for Nursing and is also providing personal care, the agency will be given deemed status for licensure by the Department of Human Resources.

Any DSS which directly provides any level of the service must meet this requirement. If a DSS contracts with another agency (ies) for all the In-Home Aide Services it provides, that agency (ies) must meet the quality assurance requirement. If a DSS provides one or more level(s) of the service directly and contracts for one or more level(s), then both the DSS and the contracting agency (ies) must meet the requirement.

IX. METHODS OF SERVICE PROVISION

Each county DSS agency may elect to use one or more methods of service provision in making in-Home Aide Services available to its clients. The following methods are available:

A. Direct Service Provision

1. Agency Staff

County departments of social services may employ In-Home Aide Services providers as members of their staff to perform tasks in accordance with this policy. In-Home Aide Services providers are subject to the provisions of the State Personnel Act and to applicable personnel policies of the county in which they are employed. Responsibility for the selection, training, and assignment to the clients, supervision, and discharge of In-Home Aide Services providers rests with the county department of social services. Appendix H has a sample Weekly Time Sheet which may be useful in tracking the time an aide spends with each client.

This method of service provision is appropriate when the client is limited in either ability or desire to manage the supervision and financial responsibilities associated with employing an In-Home Aide and the DSS is willing to exercise these responsibilities.

2. Cash Payment to the Client

In-Home Aide Services may be provided through a cash payment to an eligible client as reimbursement for services he has received and for which he has paid. County departments of social services may make cash advances to eligible clients but may not claim reimbursement from state or federal funds until a receipt is provided by the client documenting that the service has been delivered and paid for. Appendix H may be modified for this documentation. The cash payment method is utilized only in accordance with the following arrangement:

- a) The client, or person designated by the client, is capable and willing to be responsible for hiring, firing and supervising the In-Home Aide Services provider and for carrying out other applicable employer related responsibilities.
- b) The tasks performed by the provider do not require supervision by a registered nurse or other professional with skills appropriate to the tasks being performed by the provider. (This method may be used for Levels I and II but may not be used for Levels III and IV.)
- c) The client, or a person designated by the client provides certification that the provider meets the competency requirements for the level of tasks provided.

Determining whether or not to use the Cash Payment method is comparable to selecting a contracting agency; i.e., the person who handles the Cash Payment must be able to manage the provision of the In-Home Aide Service. The case manager/social worker provides assessment and case management services to the client and continues to assure that provision of In-Home Aide Services through the Cash Payment is meeting the needs of the client.

B. Purchase of Service Contract

In-Home Aide Services may be purchased from another agency under a purchase of service contract in accordance with rules set forth in 10 NCAC 36. (Also use as reference Volume VI, Chapter IV of the Family Services Manual). The Vendor Agreement (DSS-2252) and Attachment A (DSS-1292) described in Volume VI are recommended for county use in contracting for In-Home Aide Services.

The agency receiving the contract is responsible for the selection of the In-Home Aide workers, their assignment to clients and their supervision and training in accordance with the standards set forth in this chapter. The provider agency is also responsible for all financial employment obligations to the In-Home Aide worker. A provider agency may not subcontract with an individual for service provision.

The county DSS is responsible for selecting a provider agency capable of delivering a service which meets the standards and complies with the regulations set forth in this chapter and the county contracting procedures. The county DSS has the responsibility for insuring that the provider agency meets the conditions of the contract. In order to establish a strong working relationship and communication with the contract agency it is recommended that the contract include the provider agency's responsibility for the following items:

1. Selection of qualified workers;
2. Assignments of workers to the clients;
3. Provision of supervision that meets the standards for the level(s) of service provided;
4. Assurance that aides meet the competency test requirements for the level(s) of service;
5. Fulfillment of employer financial obligations;
6. Client Assessment and Development of the In-Home Aide Service Plan;
7. How the provider agency will ensure backup service provision if an aide is out sick, etc.
8. How the provider agency and the DSS will communicate about changes in a client's condition, family circumstances, etc.
9. Whether or not the DSS expects each In-Home Aide Services Plan to be signed and returned to DSS by the provider agency.

If Level II or III-Personal Care services are being purchased from another agency, the written agreement shall include (see 10 NCAC 3L I .1111-Home Care Agency Licensure):

1. Specific service to be provided;
2. Period of time the contract is to be in effect;
3. Availability of services;
4. Financial arrangements;
5. Verification that any individual providing service is appropriately licensed or registered, as required by statute;
6. Provision for supervision of contract personnel where applicable;
7. Assurance that individuals providing services under contractual arrangements meet the same requirements as those specified for home care agency personnel;
8. Provision for the documentation of services rendered in the client's service record;
9. Provision for the sharing of assessment and plan of care data; and
10. The geographic service area the contractor agrees to serve.

The DSS will retain a strong role in service provision even if it chooses to contract for In-Home Aide Services. Specific responsibilities include:

1. Retaining the social work responsibility for client assessment, completion of the In-Home Aide Services Plan, and case management;
2. Selecting a capable provider agency;
3. Complying with county procurement procedures;
4. Utilizing the appropriate state Vendor Agreement or Purchase Contract in formalizing the contract;

5. Authorizing individual service provision using the DSS-5027;
6. Formal monitoring of the contract at least annually; insuring that the provider meets conditions of the contract on an on-going basis.

Appendices

Appendix A - In-Home Aide Services - Levels I, II, III and IV

1. Client Characteristics
2. Tasks
3. Recommended Training
4. Supervision

Appendix B - In-Home Aide Service Plan (Sample)

Appendix C - Available Curricula and Competency Tests for In-Home Aide Services

Appendix D - Funding Sources for In-Home Aide Services and Program/Policy

1. References Division of Social Services Funding Sources
2. Non-DSS Funding Sources

Appendix E - Quality Assurance and Nurse Aide Registration Organizations

Appendix F - References for Client/Family Assessment and Service Plan Tools

- a. Adult Services Record Keeping Tool, (DSS 62 18-6225)
- b. Long Term Care Screening Program /JCAP-DA Assessment and Plan of Care (DMA-3011 and 3012)
- c. JOBS Program Personal Information Form, Assessment Form and Employability Plan (DSS-6901-I, 6901-II and 6902)
- d. Family Risk Assessment Factor Worksheet (DSS 5149 and 5151)

Appendix G - Sample Training Log

Appendix H - Sample Weekly Time Sheet

<p><u>Client Characterizes</u></p> <p>Home Management</p> <p>1 Person is self directing, medically stable, and has at least one IADL impairment</p> <p>2 Family requires assistance with basic management tasks</p>	<p><u>Level I Tasks</u></p> <p>Home Management</p> <ul style="list-style-type: none"> *Pay bills as directed by client *Provide transportation for medical appointments/shopping *Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes *Make minor repairs to house and furnishings *Make an un-occupied bed *Recognize/report changes in health/environment *Identify medications for client *Provide companionship/emotional support *Prepare simple meals *Shop for food and other essentials from verbal or written instructions *Observe/report indicators of abuse, neglect, illness, etc. to proper professional *Respond to emergency needs as they occur *Communicate/interact according to developmental level and as age appropriate 	<p><u>Recommended Training 21 Hrs</u></p> <p>Communication Skills I (2)</p> <ul style="list-style-type: none"> *Methods of communication *Maintaining control *Observing, documenting and reporting confidentiality <p>Mental Health/Illness I (1)</p> <ul style="list-style-type: none"> *Characteristics of good mental health *Personality differences <p>Family Dynamics I (2)</p> <ul style="list-style-type: none"> *Cultural/ethnic lifestyles *Role of families in meeting individual needs <p>Home Management Skills I (3)</p> <ul style="list-style-type: none"> *Maintaining a clean and safe environment *Basic housekeeping *Shopping *Clothing care and repair *Paying bills <p>Food and Nutrition I (2)</p> <ul style="list-style-type: none"> *Role of nutrition in promoting good health *Balanced meal preparation and food handling/storage Disabled Adults I (5) <p><u>Disables Adults I (5)</u></p> <ul style="list-style-type: none"> *Life long aging process *Disabled persons as individuals *Specific needs of older persons 	<p><u>Supervision</u></p> <p>Who: For these tasks supervision may be provided by appropriate trained paraprofessional personnel or by a social worker, nurse, or other appropriate professional. If a paraprofessional is used, that person must be supervised by a professional</p> <p>Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment and a quarterly on-site visit to the home of at least one client the aide is serving thereafter.</p> <p>Frequency of aide supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client.</p>
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Recommended Training –Cont.

Understanding Basic Human Needs (2)

- *Physical and psychological needs
- *Needs hierarchy
- *Client/patient rights

Medications I (1)

- *Retrieving and identifying medications for client
- *Do's and don'ts of medication

Responding to Emergencies I (1)

- *Fire
- *Personal injury/sickness
- *Observe/report symptoms of abuse, neglect, exploitation, per illness, or unsafe environment, etc. to proper professionals
- *Other dangers

Personal Hygiene (worker) I (1/2)

- *Expectations i.e. cleanliness, odors, smoking, etc.

Safety Measures I (1)

- *Household safety tips
- *Body Mechanics for aides
- Transporting of client

Inappropriate Tasks I (1/2)

- *Personal Care
- *Deviation from care plan
- *Other inappropriate tasks

<p><u>Client Characteristics</u></p> <p>Home Management and Personal Care</p> <p>1 Individual is medically stable and is partially dependant in ADL functioning (1 or 2 ADLs), as well as IADL functioning, due to physical or mental impairment; he has maintenance needs and/or rehabilitative potential.</p> <p>2 Individual has potential to improve IADL functioning or learn independent living skills</p> <p>3 Individual has increased IADL needs (2-4) requiring additional support to maintain functioning</p> <p>4 Family requires assistance with basic personal care and home management tasks when either capacities are diminishing or members are striving to maintain or improve family functioning.</p>	<p><u>Level II Tasks</u></p> <p>Home Management</p> <ul style="list-style-type: none"> *Assist in following budget prepared by case manager *Assist to find/use community resources *Perform reading/writing tasks *Demonstrate/model simple altering and mending techniques *Demonstrate/model housekeeping use of appliances *Assist in organizing household routines *Assist in making or purchasing clothing or other household items *Plan menus using food guide *Assist with developing a market order and shopping *Demonstrate/model food handling, preparation and storage; pest control *Reinforce keeping appointments *Assist in packing and moving *Provide temporary daytime supervisory care for child(ren) *Encourage/reinforce constructive play and positive parent/child interaction, ex. Reading *Reinforce/support pre and post natal care and family planning *Demonstrate/reinforce appropriate dress *Assist with recreational/leisure activities appropriate to age and developmental level 	<p><u>Recommended Training</u> <u>38 Hours – Cumulative:59 Hours</u></p> <p><u>Communication Skills II (2)</u></p> <ul style="list-style-type: none"> *Roles of the service delivery team *Plan of care *Report writing <p><u>Mental Health/Illness II (2)</u></p> <ul style="list-style-type: none"> *Effects of stress *Defense mechanisms *Dementia <p><u>Family Dynamics (2)</u></p> <ul style="list-style-type: none"> *Family life cycle *Issues at each stage of life *Effects of disruption <p><u>Home Management Skills II (5)</u></p> <ul style="list-style-type: none"> *Housekeeping techniques/ routine *Working within a budget *Clothing/household supply purchasing *Knowledge/use of community resources <p><u>Food and Nutrition II (3)</u></p> <ul style="list-style-type: none"> *Planning menus from a food guide *Developing a market order *Principles of food preparation *Following a prescribed diet 	<p><u>Supervision</u></p> <p><u>Who:</u> For these tasks supervision may be provided by appropriately trained paraprofessional personnel or by a social worker, nurse, or other appropriate professional. If a paraprofessional is used, that person must be supervised by a professional.</p> <p><u>Frequency:</u> A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment. For Home Management Only, a quarterly on-site visit thereafter to the home of at least one client the aide is serving is required. For Personal Care, a quarterly visit to the home of each client the aide is serving is required.</p> <p>In each of the two intervening months the supervisor should have some type of contact with the aide <u>and</u> the client/designated person (telephone, office conference or home visit) to ensure service provision is running smoothly. These contacts maybe initiated by the aide, client or the supervisor.</p> <p>Frequency of aide supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client.</p>
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<u>Client Characteristics</u>	<u>Level II Tasks (cont)</u>	<u>Recommended training (cont)</u>	
<p>Home Management Only</p> <p>1. Individuals/families who want to strengthen and develop their home management skills and need assistance due to physical or emotional illness or handicap.</p> <p>2. Family wants to strengthen and develop their home management skills in order to obtain education, training, and employment to improve their economic self-sufficiency.</p>	<p>Personal Care</p> <ul style="list-style-type: none"> *Assist ambulatory client with mobility and toileting *Provide care for normal, unbroken skin *Assist with personal hygiene: mouth care, hair and scalp grooming, fingernails and bathing (shower, tub, bed and basin); cut/trim hair *Shave client (electric/safety razor) *Provide basic first aid *Apply ace bandages, TEDs, binders *Assist limited function patient with dressing *Observe, record and report self administered medications *Apply/remove prosthetic devices for stable clients *Assist with feeding clients with special conditions (no swallowing difficulties) *Assist/encourage physical activity and/or prescribed exercise *Assist client with self-monitoring of temperature, pulse, blood pressure and weight *Demonstrated competency verified by RN 	<p>III and/or Disables Adults II (2)</p> <ul style="list-style-type: none"> *Diseases of the elderly *Coping with chronic illness <p>Special Care Skills (6)</p> <ul style="list-style-type: none"> *Assist with feeding clients with special conditions (excluding swallowing difficulties) *Application of ace bandages, TEDs, binders *Assist/encourage physical activity and/or prescribed exercise *Assist ambulatory client with mobility and toileting *Assist limited function client with dressing *Assist with application/removal of prosthetic devices <p>Personal Hygiene (client(II (4)</p> <ul style="list-style-type: none"> *Assist with bathing (bed, tub, shower, basin) *Assist with mouth care *Assist with hair and scalp grooming (cut/trim hair) *Assist with fingernail care (clean and file) *Shaving clients (electric/safety razor) *Normal skin care 	

		<p><u>Recommended Training (cont)</u></p> <p>Medication II (1) *Reminding/reinforcing self-administered medications *Observe, report, record self-administered medications</p> <p>Abuse and Neglect I(2) *Recognizing/reporting criteria (age specific)</p> <p>Infection Control I (2) *Preventing the spread of diseases *Hand washing techniques</p> <p>Basic First Aid I (6) *Principles of cardiopulmonary resuscitation (CPR) *Taking temperature, pulse, height and weight *Taking blood pressure</p> <p>Inappropriate Tasks II (1)</p>	
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<p>Client Characteristics</p> <p>Home Management</p> <p>1.Client has moderate limitations in cognitive and/or psycho-social functioning, but has potential for partial/total IADL and/or home management functioning.</p> <p>2.Client has severe IADL impairment (more than 4) or is in a crisis situation.</p> <p>3.Family has difficulty carrying out home management tasks and has poor family functioning skills and may be in a crisis situation.</p> <p>Personal Care</p> <p>1.Client is medically stable with significant ADL impairments (3 or more) resulting from a chronic condition.</p> <p>2.Client is medically stable with significant ADL impairments (3 or more), but has rehabilitative potential.</p>	<p>Level III Tasks</p> <p>Home Management</p> <ul style="list-style-type: none"> *Demonstrate securing and caring for household furnishings *Teach basic sewing/use of sewing machine *Demonstrate how to plan for a move, locate housing, and organize moving activities *Teach/reinforce housekeeping methods, home safety, energy conservation, and sanitation skills and recycling techniques *Teach/reinforce personal hygiene and self care, reinforce sound health care practices, personal safety techniques and infection control in home *Take/accompany to medical appointments; reinforce special diet routines and professional instructions on routine problems; monitor treatment plans; reinforce sound health practices *Teach/reinforce household budgeting and planning skills; teach proper use of credit *Demonstrate/reinforce comparison shopping and good consumer practices with food, clothing and furnishings *Teach/reinforce management of time and resources, including work simplification techniques 	<p>Recommended Training</p> <p>Core (15 hr) + Personal Care (27 hr) = 42 hr. Cumulative +101 hr.</p> <p>Core (15hr.) + Home Management (20hr) = 35 hr. Cumulative +94 hr.</p> <p>Core Curriculum (15)</p> <p>Communications Skills III (3)</p> <ul style="list-style-type: none"> *Promoting client independence *Strategies for guiding, supporting and encouraging *Medical terminology *Documentation <p>Mental Health/Illness III (2)</p> <ul style="list-style-type: none"> *Substance Abuse *Mental retardation *Types of mental disorders <p>Principles of Adult Education I (2)</p> <ul style="list-style-type: none"> *How adults learn *"Let's Do" teaching <p>Food and Nutrition III (4)</p> <ul style="list-style-type: none"> *Comparison shopping *Principles of therapeutic (specialized) diets *Purchasing/planning/preparing therapeutic (specialized) diets *Observing dietary treatment plans 	<p>Supervision</p> <p>Who: These tasks must be supervised by an appropriate professional. For the Home Management Tasks this should be a social worker. For Personal Care Tasks this will usually be an RN and sometimes an LPN, OT, PT etc.</p> <p>Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment. For Home Management, a quarterly on-site visit to the home of at least one client the aide is serving is required. For Personal Care, a quarterly on-site visit to the home of each client the aide is serving is required.</p> <p>In the intervening months the supervisor should have some type of contact with the aide and the client/designated person (telephone, office conference or home visit) to ensure service provision is running smoothly. These contact maybe initiated by the aide, client or the supervisor.</p> <p>The frequency of supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client.</p>
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<u>Client Characteristics (cont)</u>	<u>Level III Tasks (cont)</u>	<u>Recommended Training (cont)</u>
<p>3. Client is medically unstable, due to recent illness, complications of a chronic condition, or a deteriorating condition with variable IADL and ADL needs</p> <p>4. Children and their families who have a wide range of health related conditions which need substantial support.</p>	<ul style="list-style-type: none"> *Teach/reinforce appropriate menu planning, food handling, and cooking skills *Monitor/reinforce family progress on protective service plan goals *Teach social skills in dealing with the public *Demonstrate how to arrange house (furnishings) to accommodate disabled person *Promote/reinforce normal child development and child care skills; observe/report developmental delays *Teach/support appropriate roles within family unit; reinforce parent/school communication *Reinforce basic care of handicapped children *Promote/reinforce appropriate parenting skills, behavior management and discipline with normal and special needs children *Reinforce sex education, family planning options and methods *Monitor home visits of foster children *Expose family to enrichment activities 	<ul style="list-style-type: none"> Infection Control II (2) *Isolation techniques *Universal precautions *Application in the home Death and Dying (2) Home Management Track (20) Home Management Skills III (5) *Teaching housekeeping skills *Planning and organizing moving activities *Energy conservation *Basic mending/sewing and use of sewing machine *Home safety skills Financial Management I (6) *Setting family goals *Developing a family budget *Making good budgeting/spending choices *Use of credit *Consumer protection practices Resource Management *Securing and caring for household furnishings *Teaching management of time and resources *Locating housing *Work simplification techniques

	<p>Level III Tasks (cont)</p> <p>Personal Care (Tasks subject to nurse supervision requirements of the Nursing Practice Act)</p> <ul style="list-style-type: none"> *Assist with feeding clients with special conditions. *Give bed bath *Make occupied bed *Assist with mobility, weight training , using assistive devices *Assist with range of motion exercises *Assist limited function patient with dressing *Take/record temperature, pulse, respiration, blood pressure, height and weight *Observe, record and report self-administered medications *Apply/remove prosthetic devices for stable client *Apply ace bandages, TEDs, binders *Assist with scalp care *Trim toenails for clients without diabetes/peripheral vascular disease *Empty/record drainage of catheter bag *Shave clients with skin disorders *Administer enemas *Insert rectal tubes/flatus bags *Bowel/bladder retraining *Collect/test urine or fecal specimens 	<p>Recommended Training (cont)</p> <p>Self Care (2)</p> <ul style="list-style-type: none"> *Personal hygiene and health care practices *Personal safety techniques *Following treatment plans <p>Family Dynamics III (4)</p> <ul style="list-style-type: none"> *Understanding dysfunction in families *Impact of substance abuse *Reinforcing new skills/patterns in poorly functioning families <p>Personal Care Track (27)</p> <p>Personal Hygiene III (4)</p> <ul style="list-style-type: none"> *Bed bath *Shampoo in bed *Shave client with skin disorders *Trim toenails (no diabetes/peripheral vascular disease) *Perineal/catheter care <p>Treatment Techniques I (6)</p> <ul style="list-style-type: none"> *Assist with feeding clients with special conditions *Force and restrict fluids *Care of non-infected skin ulcers *Clean dressing changes (non-sterile) *Vaginal douches *Apply prescribed heat and cold *Assist clients in understanding medical orders/routines, encourage compliance 	
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	<p>Level III Tasks (cont)</p> <ul style="list-style-type: none"> *Perineal care *Apply condom catheters *Chair/stretchers transfer *Turn and position *Safety measures (side rails, mitts, restraints) <p>I-V Fluid</p> <ul style="list-style-type: none"> - Fluid monitoring flow-Part A - Side dressing change-Part B - Discontinuing peripheral intravenous infusions-Part C <ul style="list-style-type: none"> *Elimination procedures: ostomy care *Hypothermia blanket *Nasogastric and gastrostomy feeding procedures *Urinary catheterization, obtaining urinary specimen and irritation *Role of Nurse Aide II 	<p>Recommended Training (cont)</p> <ul style="list-style-type: none"> *Intake and output *Take respiration <p>Elimination/Treatment I (6)</p> <ul style="list-style-type: none"> *Empty/record drainage of catheter bag *Bowel/bladder retraining *Collect/test urine or fecal specimens *Insert rectal tubs/flatus bag *Apply condom catheters *Administer enemas *Use of bedpans and urinals <p>Other Training Techniques (3)</p> <ul style="list-style-type: none"> *Apply/remove EKG monitor leads *Post mortem care *Gastric suction (maintenance) *Turn/cough/deep breath *Restorative services <p>Body Mechanics I (5)</p> <ul style="list-style-type: none"> *Transfer techniques *Use of lifts *Assistive devices *Assist with prescribed physical/occupational therapy <p>Safety Measures (1)</p> <ul style="list-style-type: none"> *Side rails, mitts, restraints <p>Basic First Aid II (2)</p> <ul style="list-style-type: none"> *Cardiopulmonary resuscitation (CPR) 	
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<p>Client Characteristics</p> <p>Home Management</p> <p>1. Individual who has serious limitations in cognitive and/or psychosocial functioning, but has the potential for major or complete independence in IADL functioning and has little or no ADL impairment</p> <p>2 Individuals/children/families who are in crisis or who require a long term assistance with complex home management and family functioning skills</p>	<p>Level IV Tasks</p> <p>Home Management</p> <ul style="list-style-type: none"> *Provide supervision and role modeling of appropriate care and supervision when family is available but unable to perform caretaker duties due to physical or emotional illness (under close case supervision by social worker) *Implement strategies developed on social work plan including arranging transportation, housing and other auxiliary services (under close case supervision by social worker) *Demonstrate management of food resources and menu planning (under close supervision by social worker) *Provide case tracking and follow-up to social work staff by observing families in home environment *Assist professionals in establishing and maintaining various client groups *Provide tracking of household budgets with clients *Identify indicators of risks to families and appropriately report to social worker 	<p>Recommended Training</p> <p>14 Hours</p> <p>Cumulative: 108 Hours</p> <p>Family Dynamics IV (6)</p> <ul style="list-style-type: none"> *Characteristics and interventions for multi-problem families *Impact of loss/separation *Family violence *Confrontation skills *Principles of adult learning <p>Home Management Skills IV (3)</p> <ul style="list-style-type: none"> *Planning moves *Understanding eviction procedures *Elimination of household safety hazards relevant to client functioning <p>Protective Services (5)</p> <ul style="list-style-type: none"> *Legal base and liability *Factors of increased risk for abuse or neglect *Indicators of mental and emotional functioning 	<p>Supervision</p> <p>Who: These tasks must be supervised by an appropriate professional. For the Home Management Tasks this should be a social worker</p> <p>Frequency: A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment. Either the social worker or line supervisor will make a supervisory visit to the home of at least one client the aide is serving every 60 days</p> <p>The social worker should conduct weekly conferences with the aide to ensure service provision is running smoothly, to plan subsequent services, and to provide feedback to the aide.</p>
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IN-HOME AIDE SERVICE PLAN APPENDIX B

The purpose of this Plan is to have a working understanding between the In-Home Aide Services recipient/family, the case manager and others about the specific tasks to be done and when the service will be provided. Changes in the Plan may be requested by any of the parties involved by contacting the case manager.

Recipient/Family	Case Manager	Aide Supervisor	In-Home Aide
Name:			
Phone #:			
Address:			

Tasks of Aid (Write in tasks from Table in Appendix A)	How Often Performed	Tasks of Aide (continued)	How Often Performed
1		4	
2		5	
3		6	

Level of service planned for the client/family (circle): HM I HM IPC II HM II only HM III PC III HM IV

Client /family outcome goal(s): _____

Conditions for continuing or discontinuing service: _____

Preferred time for client to receive service (circle): Morning; evening; other (specify): _____ Specific schedule (days of week, hours/day and time of day): _____

Safety measures or activity restrictions (for HM/PC II or PC III): _____

Beginning date for service: _____ Yearly review date: _____ Expected end date (if short term) _____

Rate of payment (only if Cash Payment): _____

CHANGES IN PLAN

SIGNATURES

1. Client/Responsible Person (recommended) _____
2. Case Manager (required) _____
3. Supervisor of Aide (optional) _____
4. Contractor Representative (optional) _____
5. In Home Aide (optional) _____

Date	Initials	Date	Initials	Date

Appendix C

Available Curricula and Competency Tests for In—Home Aide Services

1. Level I and Level II:

CHORE SERVICES COURSE OUTLINE, available from the Community College System or the In-Home Services Consultant in the Division of Social Services.

2. Level I and Level II; Level III Home Management:

HOMEMAKER HOME-HEALTH AIDE MODEL CURRICULUM

3. Level III Personal Care:

NURSING ASSISTANT I CURRICULUM (110-120 hours) and competency test developed by the NC Community College system and approved by the NC Division of Facility Services.

4. Level III Personal Care

Any curricula and competency tests approved by the NC Division of Facility Services, as long as they also include the following home management related material:

- a. Home safety
- b. Clothing care/repair
- c. Food handling techniques
- d. Housekeeping techniques/routines
- e. Bill paying/budgeting

5. Levels I, II, III and IV Competency Tests

DHR staff have developed competency tests for all four levels of the service for use by local agencies effective 9-1-93; these are available from the in-home services consultants in the Divisions of Aging and Social Services.

DHR staff will coordinate with the NC Community College system to identify and/or create curricula that address each level of the service.

Appendix D

FUNDING SOURCES FOR IN-HOME AIDE SERVICES AND PROGRAM/POLICY REFERENCES

1. Division of Social Services Funding Sources

As part of the total social service program, each county DSS may utilize funding from each of the following sources to provide In-Home Aide Services to appropriate clients.

- A. Social Services Block Grant (SSBG) title XX - are primarily federal funds which may be used to provide In-Home Aide Services as a supportive service to any person/family determined to be in need of the service.
- B. State In-Home Services Fund - are primarily state funds which may be used to provide In-Home Aide Services as a supportive service to any person/family determined to be in need of the service.
- C. Permanency Planning Funds and Special Permanency Planning Funds (IV-B) are primarily federal funds which may be used to provide In-Home Aide Services to children in foster care and children and their families whose situations make foster care imminent (prevention services cases or substitute care services cases).
- D. Adolescent Parenting Funds (IV-B) - are primarily federal funds administered to N.C. counties with Adolescent Parenting projects. The funds may be used to provide In-Home Aide Services to model, support and strengthen the parenting and homemaking role for adolescents with children.
- E. Independent Living Funds (IV-E) - are federal funds which may be used to provide In-Home Aide Services as a supportive service to adolescents aged 16 to 21 residing in foster care and to former foster youth, if they were once eligible for Independent Living Funds, up to age 21 to assist them in developing independent living skills. Reference Volume I, Chapter II: Child Welfare Funding Strategies, Section 1000, P. 10-13 for complete guidelines on eligibility and use of Independent Living Funds.
- F. AFDC-Emergency Assistance (IV-A/EA) - are federal funds which may be used to provide In-Home Aide Services to children and families in crisis situations. The family must be in an emergency situation, need the service, and be unable to pay for the service. Examples of emergencies include:
 - a crisis situation resulting from a catastrophic illness
 - substantial loss of food, shelter, clothing or household furnishings due to disaster
 - homelessness
 - loss of a relative who has been responsible for support and care.Services may be provided to any member of the family/household if the situation creates an emergency for a child (ren)
- G. Job Opportunities and Basic Skills Training (JOBS)/ AFDC Employment Programs - are primarily federal funds which may be used to provide In-Home Aide Services as a supportive service to avoid long-term welfare dependency by upgrading the adult's home management skills and by providing in-home care for children and older or disabled family/household members. Use of the funds must support the JOBS participant's Employability Plan.

2. Non-DSS Funding Sources

Some of the following funding sources may be accessed directly by the local DSS for the provision of in-Home Aide Services; others may be accessed as a service from other agencies for DSS clients.

A. Aging

For the Home and Community Care Block Grant contact the N.C. Division of Aging (919-733-3983) and/or the regional Area Agency on Aging (AAA) serving your county for information about access to the funding or service and for the policy governing provision of the service. The following funding sources were consolidated into the Block Grant effective 7-1-92:

1. Title III of the Older Americans Act.
2. S.B. 1559-Respite
3. State in-Home Services Fund (DOA and a portion of DSS funding)
4. Social Services Block Grant (DOA)
5. Title V of the Older Americans Act
6. State Adult Day Care Fund (a portion of DSS funding)

B. Medical Assistance

For sources 7-9 contact the N.C. Division of Medical Assistance (919-733-3945) for information about access to the funding or service and for the policy governing provision of service.

7. Personal Care Services - Medicaid
8. In-Home Aide Services for the CAP Programs - Medicaid
9. Home Health Aide Services - Medicaid and Medicare

C. Blind

For this source contact the N.C. Division of Services to the Blind (919-733-9744) for information about access to the service.

10. Social Services Block Grant (DSB)

D. Health

For this source contact the NC. Division of Adult Health Promotion in the Department of Environment, Health and Natural Resources (919-733-7801) or your local Health Department for information about access to the service.

11. Indigent Care Funds

E. County

For this source contact your County Manager about available funds and any county specific criteria on use of the funds for this service.

12. All County Funds

F. Private

For this source work with individual clients to determine what type and amount of services their insurance will cover, and what they can afford to pay from their own resources.

13. Private Pay/ Private Insurance/ VA Aid and Assistance

Appendix E

1. Quality Assurance Organizations

For accreditation/certification contact:

A. Accreditation Commission for Home Care, Inc.

1005 Dresser Court

Raleigh, N.C. 27609

Telephone: (919) 872-8609

Executive Director: Tom Cesar

Application packet is available.

B. National League for Nursing

Community Health Accreditation Program, Inc.

350 Hudson Street

New York, New York 10014

Telephone: 1-800-669-1656 or (212) 989-9393 Extension 242

C. Joint Commission on Accreditation of Health Care Organizations (JCAHCO)

Accreditation Program for Home Care

875 North Michigan Avenue

Suite 2200

Chicago, Illinois 60611-1846

Telephone: (312) 642-6061

Director: Barbara McCann

D. For information regarding NC Department of Human Resources Certification contact:

1. Division of Social Services, Adult Services Branch

325 N. Salisbury Street

Raleigh, North Carolina 27603-5905

Telephone: (919) 733-3818

Contact Person: Ann DeMaine

2. Division of Aging, Home and Community Based Services Section

693 Palmer Drive

Raleigh, North Carolina 27603-200 1

Telephone: (919) 733-3983

Contact Person: Jodi Hernandez

For State Licensure as a Home Care Agency contact:

North Carolina Department of Human Resources

Division of Facility Services, Licensure Section

701 Barbour Drive

Raleigh, North Carolina 27603

Telephone: (919) 715-0158

Contact Person: Louise Campbell

II Nurse Aide I Registration Organization

North Carolina Department of Human Resources

Division of Facility Services

Nurse Aide Certification Office

701 Barbour Drive

Raleigh, North Carolina 27603

Telephone: (919) 733-2786

Contact Person: Hazel Slocumb

To verify registration of a Nurse Aide I or obtain other information regarding nurse aide registration, call the automated voice response system at (919) 715-0562.

Appendix F

References for Client/Family Assessment and Service Plan Tools

a. Adult Services Record Keeping Tools (DSS 62 18, 6219, 6220, 6221, 6222, 6223, 6224, 6225). See Appendix F-I.

These tools are available from the NC. Division of Social Services, Adult Services Branch or may be copied for your use from Appendix F-I. The instructions are available in A GUIDE TO RECORD KEEPING FOR ADULT SERVICES SOCIAL WORKERS.

b. Long Term Screening Program-CAP/DA Assessment and Plan of Care (DMA-3011 and 3012)

These formats are available from the Division of Medical Assistance, Home Care Services Section. The instructions are included in the: MEDICAID COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) MANUAL.

This Assessment and Plan of Care is used for all clients covered by the CAP/DA Medicaid Waiver and may also be used for other clients with similar characteristics and needs.

c. JOBS Program Personal Information Form, Assessment Form and Employability Plan (DSS-6901-1, 6901 -II, and 6902)

These forms are available from the N.C. Division of Social Services, Employment Programs Section, in Appendix B of the JOBS Program Policy Manual. Instructions are included with the forms.

These forms are used with all JOBS participants but may be useful for other clients with similar characteristics and needs.

d. Family Risk Assessment Factor Worksheet (DSS-5149 and 5151)

This worksheet is used with Child Protective Services and Child Foster Care Services cases. It is available as Attachments 2 and 3 to Volume I, Chapter V of the Family Services Manual.

WEEKLY TIME SHEET

Dates: from _____ to _____ year _____ Name of In-House Aide _____

Client(s):	(1)	(2)	(3)	(4)	(5)	Amount of time spent in travel between clients, Training, office activities, etc.
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Monday Begin End	_____	_____	_____	_____	_____	
Total Time (Hrs/Mins)						

Signature of In-Home Aide _____

Signature(s) of client(s) verifying time spent with that person/family

1. _____ 2. _____ 3. _____