

CHAPTER 80
HOME CARE AIDE

[Prior to 8/3/94, "Homemaker-Home Health Aide Services"]

641—80.1(135) Program purpose. The purposes of home care aide service are to avoid inappropriate institutionalization of individuals and to preserve families through the provision of supportive services by trained and supervised paraprofessionals. The requirements and criteria for home care aide service in this chapter also apply to chore service except where separate requirements are specified.

641—80.2(135) Definitions. For the purpose of these rules, unless otherwise defined, the following definitions apply:

“Administration” means the activities required to operate and manage an organization. These activities include but are not limited to community and program planning, financial management, office management, personnel management, and quality assurance activities.

“Board of health” means a county, city or district board of health as defined in Iowa Code section 137.2.

“Case management” means assessment of the client’s need for service, development of the plan of care, written assignment of home care aide duties which includes the frequency of task performance and the frequency and length of visits, assignment of the home care aide to the case, supervision of the home care aide’s performance on the case, review of the home care aide’s progress notes, appropriate referrals, and appropriate reassessment activities.

“Chore program” means services provided to individuals or families who, due to incapacity or illness, are unable to perform certain home maintenance functions. The services include but are not limited to yard work such as mowing lawns, raking leaves, and shoveling walks; window and door maintenance such as hanging screens, windows and doors, replacing windowpanes, and washing windows, and doing minor repairs to walls, floors, stairs, railings and handles. It also includes heavy housecleaning which includes cleaning attics or basements to remove fire hazards, moving heavy furniture, extensive wall washing, floor care, painting, and trash removal.

“Client” means an individual or family receiving home care aide service which is supported wholly or in part by the state home care aide appropriation.

“Contractor” means a board of health or board of supervisors as agreed upon by the county board of supervisors and any local boards of health in the county.

“Core public health functions” means the functions of community health assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values and in accordance with state public health policy.

3. Assurance: ensuring by encouragement, regulation, or direct action that programs and interventions that maintain and improve health are carried out.

“Court-ordered services” means those child protective services which have been ordered by the juvenile court.

“Department” means the Iowa department of public health.

“Direct service time” means the time spent by the home care aide in carrying out assigned tasks in the client’s place of residence or specific client-related services outside the place of residence in accordance with the plan of care; or for child protective services, for time spent in court when the home care aide has been subpoenaed to testify and up to one-half hour for up to three times per admission when the client misses a scheduled home care aide appointment as long as department procedure is followed; and may include the time spent by the home care aide documenting service provided.

“Elderly” means persons 60 years of age and over.

“Essential public health services” means those activities carried out by public health entities that fulfill the core functions.

“Home care aide” means a trained and supervised paraprofessional who provides services which range from basic housekeeping to complex personal care in accordance with these rules.

“Home care aide program” means services intended to enhance the capacity of household members to attain or maintain the independence of the household members and provided by trained and supervised workers to individuals or families who, due to the absence, incapacity or limitations of the usual homemaker, are experiencing stress or crisis. The services include but are not limited to family preservation, personal care, providing information and assistance, household management, meal preparation, housekeeping, family management, child care, money management, consumer education, essential shopping, transportation and respite care.

“Home helper” means a person who assists self-directing clients with environmental services such as simple housekeeping and errands in order to preserve a safe, sanitary home. The home helper shall not provide any personal care, physical assistance, or meal preparation.

“Income” means all sources of revenue for the client, spouse and dependent members of the household.

“Low income” means a person whose income is not greater than the current federal Supplemental Security Income guidelines and whose resources are not greater than \$10,000.

“Nonprofit” means an entity that meets the requirements for tax-exempt status under the United States Internal Revenue Code.

“Protective services” means those home care aide services intended to stabilize a child’s or adult’s residential environment and relationships with relatives, caretakers and other persons and household members in order to alleviate a situation involving abuse or neglect or to otherwise protect the child or adult from a threat of abuse or neglect. It also includes services intended to prevent situations which could lead to abuse or neglect of a child or adult when a definite potential for abuse or neglect exists.

“Quality assurance” means a method of review using the following process to ensure that quality care is being delivered:

1. Comparison of practice against written criteria;
2. Identification of strengths, deficiencies, and opportunities for improvement; and
3. Introduction of changes in the system based on information identified.

“Resources” means assets owned by a person that the person is not legally restricted from using and that could be converted to cash to be used for support and maintenance.

“Service administration” means administrative supervision of the home care aide, which includes recruitment and hiring, scheduling, evaluation, discipline, and developing in-service training; completion of reports; and interagency and intra-agency coordination.

“Sliding fee scale” means a scale of client fee responsibility based on the person’s ability to pay all or a portion of the cost of service.

641—80.3(135) Home care aide program responsibility. Home care aide program staff are responsible for participating in activities to safeguard the health and wellness of the community. This responsibility is met through participation in the implementation of the core public health functions: assessment, policy development and assurance and the essential public health services.

641—80.4(135) Appropriation.

80.4(1) Formula. The appropriation to each county is determined by the following formula. Fifteen percent of the total allocation shall be divided so that an equal amount is available for use in each county in the state. The following percentages of the remaining amount shall be allocated to each county according to that county's proportion of state residents with the following demographic characteristics:

1. Sixty percent according to the number of elderly persons living in the county,
2. Twenty percent according to the number of persons below the poverty level living in the county, and
3. Twenty percent according to the number of substantiated cases of child abuse in the county during the three most recent years for which data is available.

The amount appropriated for court-ordered home care aide services is part of the 20 percent allocated based on the number of substantiated cases of child abuse. Funding for services ordered by juvenile court is allocated based on the substantiated child abuse portion of the formula, past utilization and the availability of funds. The department reserves the right to reallocate court-ordered funds at any time during the contract year.

A maximum of 15 percent of the county's allocation may be used to provide chore services when identified as part of the proposal.

80.4(2) Reallocation process. Annually, by February 15, the department will determine the amount of excess funds from contracts with counties. The department shall also review the first ten months' expenditures for each county in May of the fiscal year to determine if any counties possess contracted funds which they do not anticipate spending. If such funds are identified and the county agrees to release the funds, the released funds will be considered a new reallocation pool. Annually, by June 1, the department may reallocate funds from this new reallocation pool to those counties that have experienced a high utilization of protective service hours for children and dependent adults.

641—80.5(135) Utilization of appropriation. The contractor may choose to utilize the funds directly or through subcontracts with governmental or nonprofit agencies. When the services are not provided directly by the contractor, the assignment of responsibilities to each agency must be clearly documented in a contract. All such subcontracts must be approved in advance by the department. When the services are provided by more than one agency, the contractor shall evaluate the degree to which the combination of the services meets the identified public health needs of the community.

80.5(1) Priorities. Utilization of state funds shall be based on the identified needs and assets of the target populations. Emphasis shall be placed on the core public health functions and the essential public health services. Service priorities include child and adult protective services (preventative and court-ordered), and home care aide services, which reduce, delay or prevent institutionalization.

80.5(2) Alternate plan. A county may submit to the department a plan for an alternate utilization of the funding which provides for ensuring the delivery of existing services and the essential public health services based on an assessment of community needs and targeted populations to be served under the alternate plan. The department may establish demonstration projects which provide for an alternate allocation of funds based upon the proposed plan to provide essential public health services as determined by the community health assessment and targeted populations to be served. The request for an alternate plan and demonstration project shall be included in the grant application.

641—80.6(135) Client eligibility. Every Iowan shall be eligible for home care aide service when assessment identifies the need for such service and adequate contractor resources exist to provide the service. Each contractor shall have written criteria for accepting and discharging home care aide service clients. Criteria shall ensure the provision of this service to children or adults and their families whenever this service is ordered by the court and may involve such factors as geographic area, social, health and environmental needs, hours of service, crisis or emergency services, safety of the home environment and others.

641—80.7(135) Contractor requirements. In order to receive these state funds, a contractor shall meet the following requirements:

1. Operate in conformity with federal, state, and local laws and regulations.
2. Employ an administrator to whom authority and responsibility for overall administration are delegated.
3. Ensure a personnel management system.
4. Maintain administrative and fiscal accountability through contractor records which include, at a minimum, policies, board minutes and reports, service statistics, and accounting records which indicate all accrued revenue, income and expenses. The contractor shall submit statistical reports identified by annual contract from the department.
5. Maintain client records appropriate to the level of service for each client or family who is provided home care aide or chore service. The contractor shall provide for appropriate safety and security of the records.
6. Provide authorized representatives of the department access to all administrative, fiscal, personnel, and client records. The client record is considered confidential and department representatives will respect that confidentiality.
7. Ensure program standards which include outcomes, objectives and priorities for all services.
8. Provide services based on identified assets and priority needs of the community.
9. Pay the employer's contribution of social security and provide workers' compensation coverage for persons providing direct home care aide service and meet any other applicable legal requirements of an employer-employee relationship.

641—80.8(135) Training and competency. The contractor shall ensure that each home helper/home care aide has completed adequate training and demonstrated competency for each task assigned. The required training shall fit one of the patterns set out in 80.8(1) to 80.8(3). Training shall be equivalent in content and depth to the most recent edition of "A Model Curriculum and Teaching Guide for the Instruction of the Homemaker-Home Health Aide," available from the Foundation for Hospice and Homecare, 513 C Street N.E., Washington, D.C. 20002.

80.8(1) Home helper. All of the following training units shall be completed before any home helper assignment is made:

Orientation to home care services	4.0 hours
Communication	2.0 hours
Understanding basic human needs	2.0 hours
Maintaining a clean, safe and healthy environment	2.0 hours
Infection control in the home	2.0 hours
Emergency procedures	1.0 hour
Total	<u>13.0 hours</u>

80.8(2) Home care aide. The home care aide training requirements may be met by:

- a. Completion of the 60-hour training according to the "Model Curriculum," or
- b. Completion of a certified nursing assistant course and 12 to 13 hours of training to include the following:

Role of the home care aide	4.0 hours
Organization policy and procedures	4.0 hours
Infection control	2.0 hours
Dependent adult abuse	2.0 hours
Child abuse if working with families with children	1.0 hour
Total	<u>13.0 hours</u>

or

- c. Completion of training as set forth in the national training standards for HCA I, II, or III as recommended by the National Association for Home Care.

80.8(3) Protective service home care aide. A home care aide, who provides only protective services to children and their families and who has not completed home care aide training, shall complete a specialized training program equivalent in content and depth to the following units before any protective assignment is made.

Protective Service Overview:	4.0 hours
Legal definitions	
Dependent adult/child abuse reporter training	
Types of services	
Team approach to protective services	
Developing Relations with the Family:	5.0 hours
Identify ways to meet family needs	
Communication skills/roadblocks	
Teaching others	
Family Dynamics:	12.0 hours
Dynamics conducive to abuse/neglect	
Basic human needs	
Mental health/mental illness	
Working with disabilities	
Developing Parenting Skills:	17.0 hours
Community Resources:	2.0 hours
Total	<u>40.0 hours</u>

80.8(4) Professional staff as providers of home care aide services. An individual who is in the process of receiving or has completed the training required for an LPN or RN, or who has received an associate's degree or greater in social work, sociology, home economics or other health or human service field may be assigned to provide home care aide service if the following conditions are met:

- a. Placement is appropriate to prior training.
- b. Orientation to home care is conducted, which includes adaptation of the individual's knowledge and skills from prior education to the home setting and to the role of the home care aide.

A person qualified to be a case manager/supervisor of home care aide services may provide services as appropriate without additional training providing that criteria in 80.9(2) are met.

80.8(5) In-service training. In-service training relevant to appropriate clients and assignments shall be provided. Hours of in-service shall be prorated for individuals who do not work a complete calendar year as described for each level.

- a. A home helper shall complete three hours of in-service training per calendar year, prorated as one hour of in-service for each four complete calendar months of employment.
- b. A home care aide, a protective service home care aide, or licensed professional working as a home care aide shall complete 12 hours of in-service training per calendar year, prorated as 1 hour of in-service for each complete calendar month of employment.

80.8(6) Chore provider training and supervision. The contractor shall ensure that each chore provider has adequate skill for each assignment. The contractor shall also provide sufficient supervision to ensure the tasks are completed correctly and efficiently.

641—80.9(135) Case management and service administration. Case management/supervision of service as defined in this chapter shall be provided in every case by a qualified case manager or a related professional person.

80.9(1) The contractor shall establish policies and procedures for case management and supervision of client service.

80.9(2) Education, experience and special qualifications for individuals performing case management and service administration are as follows:

- a. A case manager and service administrator shall possess a bachelor's degree in social work, sociology, home economics, education or other health or human service field or a license as a registered nurse or social worker.
- b. A licensed practical nurse may provide case management and service administration if all the conditions of nursing board 655—subrule 6.6(1), Iowa Administrative Code, are met.
- c. An individual who has provided home care aide case management or service administration prior to September 7, 1994, shall be considered qualified to continue in that position.
- d. Case management and service administration activities may be delegated to an individual who is trained as a home care aide and has an equivalent of two years' full-time experience as long as a qualified person retains responsibility for supervising this individual.
- e. The specific component in service administration of scheduling may be delegated to an individual not possessing these qualifications as long as the qualified person retains responsibility for supervising this individual.

641—80.10(135) Quality assurance program. Each contractor shall have a written plan for quality assurance for the program. Quality assurance shall include but is not limited to provider qualification and performance, program evaluation, and plan for quality improvement.

641—80.11(135) Court-ordered services.

80.11(1) Home care aide protective services ordered by a juvenile court shall be billed to the state home care aide grant whenever these services are not eligible for reimbursement by other funding sources and, to the extent that funding from the department is available, when there is appropriate documentation that services meet the following criteria:

a. Home care aide service is named in the court order, or the court orders services as determined by the department of human services case plan. The department of human services case plan shall identify home care aide service.

b. Services are limited to the following:

(1) Teaching parents about:

1. Child behavior management including methods of discipline.
2. Child development and nurturing.
3. Child nutrition, meal planning, shopping and meal preparation.
4. Skill development.
5. Maintenance of a clean and safe home environment including laundry.
6. Money management (excluding protective payee as the only service).
7. Basic physical care and hygiene of children.
8. Obtaining routine and emergency medical care.
9. Child safety and supervision.
10. Daily schedule/routines.

(2) Supervising visits with parent, guardian or prospective custodian for skilled observation, documentation, and reporting when accompanied by teaching, coaching, and intervening as needed.

(3) Transportation secondary to teaching parents or supervising visits. Transportation shall not be the only service provided.

c. A conference on each case is held at least once every six months between the case manager and the local department of human services or the juvenile court officer to consider the manner in which home care aide protective service is meeting the goals of the court order or case permanency plan and is coordinated with other involved service providers.

80.11(2) Mediation of disputes. If a local department of human services worker or district or juvenile court requests service for a child or adult protective service client, and the contractor assessment is that the service is not needed or less service is needed than was requested, the local entities shall attempt to resolve the difference. If that is not possible, the disagreement shall be reported by telephone to the Iowa department of public health, division of family and community health.

Division staff shall provide technical assistance to attempt to resolve the difference by working with the district or juvenile court and, if appropriate, the department of human services.

641—80.12(135) Billing services to state grant. These grant funds shall be billed at the lower of the cost or usual charge as approved in the grant contract. Clients whose services are not covered by third-party reimbursement shall be billed according to the local contractor's sliding fee scale. The state may be billed the portion not covered by the client's fee up to the approved contract rate. The specific process for expenditure and billing of state funds shall be described in the administrative contract.

80.12(1) *Cost analysis.* Each contractor shall complete, at least annually, a cost analysis using a cost methodology approved by the department. Reimbursement by the department to the contractor for the fiscal year shall be based on the state-approved rate and contractual conditions. Each contractor providing services with these funds shall maintain direct client service time at 70 percent or more of the home care aide's paid time and ensure that not more than 35 percent of the total cost of the service be for the combined costs for service administration and contractor administration.

80.12(2) *Sliding fee scale.* A full fee and a sliding fee scale based on contractor charge shall be established and used for those persons able to pay all or a part of the cost of service. Income and resources shall be considered in the application of the sliding fee scale. A client whose income is at or above 185 percent of the federal poverty level shall be charged a fee.

Additional circumstances beyond basic living (food, clothing and shelter) expenses may be taken into account according to contractor policy when determining the client fee. The placement on the sliding fee scale shall be determined before service begins and shall be reviewed at least annually. Payments received from clients based on the sliding fee scale shall be used to support home care aide/chore service.

80.12(3) *No fee service.* A low-income person as defined in these rules shall be provided the service at no fee. For each additional member of the household, the annual income shall be increased according to current social security income guidelines.

Service provided to children or adults to alleviate a situation where abuse or neglect is founded or under investigation shall be provided at no fee to the client/family.

80.12(4) *Funder of last resort.* The state shall not be billed for service eligible for third-party reimbursement, e.g., Medicare, Medicaid, or insurance, or for the contractor cost above the allowed reimbursement from the third-party payer. Services charged to and paid or credited by another third-party payer shall not be vouched to state funds.

641—80.13(135) *State responsibilities.* Technical assistance and consultation will be provided to the contractor by the regional community health consultants of the community services bureau of the Iowa department of public health. Additional technical assistance and consultation will be available from the chief of the community services bureau, other bureaus of the family and community health division and other divisions of the department.

641—80.14(135) *Right to appeal.*

80.14(1) *Local appeal.* All contractors shall have a written local procedure to hear appeals. Whenever a contractor denies, reduces or terminates services eligible to be funded by the state grant against the wishes of a participant, the contractor shall notify the participant of the action, of the reason for the action, and of the participant's right to appeal. Service need not be provided during the appeal process. The local procedure shall at a minimum include the method of notification of the right to appeal, the procedure for conducting the appeal, the time frame limits for each step, and the method of notification of the outcome of the local appeal and notification of the participant's right to appeal to the state. Notifications of the outcome of the local appeal shall include the facts used to reach a decision and the conclusions drawn from the facts to support the local contractor decision. The written appeals procedure and the record of appeals filed (including the record and disposition of each) shall be available for inspection by authorized Iowa department of public health representatives.

80.14(2) *Appeal to department.* If a participant is dissatisfied with the decision of the local appeal, the participant may appeal to the state. The appeal shall be made in writing by certified mail, return receipt requested, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075, within 15 days following the local contractor's appeal decision.

80.14(3) *Department review.* The department shall evaluate the appeal based upon the merits of the local appeal documentation. A decision affirming, reversing, or modifying the local appeal decision will be issued by the department within ten days of the receipt of the appeal. The decision shall be in writing and shall be sent by certified mail, return receipt requested, to the participant and the contractor.

80.14(4) Further appeal. The department's decision may be appealed by submitting an appeal, within ten days of the receipt of the department decision, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Upon receipt of an appeal that meets contested case status, the department shall forward the appeal within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The continued process for appeal shall be governed by 641—Chapter 173, Iowa Administrative Code.

These rules are intended to implement Iowa Code sections 10A.202(1)“g,” 10A.402(4), and 135.11(15) and 1998 Iowa Acts, Senate File 2280, section 5, subsection 4, paragraph “c.”

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