

Home Care Services

Standards of Operation and Scope of Services

Based on standards set by the New York City Department for the Aging and the New York State Office for the Aging.

Effective January 1, 2023

Table of Contents

Introduction	1
Section 1. Eligibility and Target Population	1
Standard 1: Eligibility	1
Standard 2: Target Population	1
Section 2. Scope	2
Standard 3: Licensing	2
Standard 4: Homemaker Personal Care and/Housekeeping Tasks	2
Standard 5: Housekeeping Support Tasks	3
Standard 6: Service Provision	3
Standard 7: Care Planning	4
Standard 8: Client Hold and Termination	5
Standard 9: Program Response	5
Standard 10: Informing Clients	6
Standard 11: Service Delivery	6
Standard 12: Worker/Client Relationship	7
Section 3. Staff Appropriateness and Continuity	7
Standard 13: Staffing Levels	7
Standard 14: Staff Training	7
Standard 15: Employment Screening	8
Standard 16: Worker Health and Medical Screenings	9
Standard 17: New Worker Orientation	9
Standard 18: Ongoing Education and Training	10
Standard 19: Supervision	10
Standard 20: Staff Retention	11
Section 4. Procedures and Methods	11
Standard 21: Personnel Policies	11
Standard 22: Minimizing Health Risks	11
Standard 23: Staff Identification	12
Standard 24: Staff Scheduling	12
Standard 25: Communication with Staff	12
Standard 26: Client Complaint Procedure	12
Standard 27: Cost Sharing	14
Standard 28: Contributions	14
Standard 29: Safeguarding Cost Share and Contributions	15
Section 5. Documentation and Recordkeeping	15
Standard 30: Documentation	15
Standard 31: Recordkeeping	15
Section 6. Emergency Preparedness Planning and Procedures	16
Standard 32: Emergency Preparedness	16
Standard 33: Emergency Operations	17
Appendix A: Definitions	18

Introduction

The Department for the Aging (DFTA)-funded home care services is provided to clients who need assistance with activities of daily living and/or instrumental activities of daily living. Home care services include homemaker/personal care and housekeeping services. The main goal of DFTA-funded home care is to assist older adults in their efforts to age in place by providing services that support the functioning of older adults in their homes.

These standards are applicable to all DFTA-funded Home Care programs. Home Care programs must also adhere to all applicable requirements in the DFTA General Standards of Operation.

https://www1.nyc.gov/assets/dfta/downloads/pdf/community/General_Standards_08-09-2016_Final.pdf

Section 1. Eligibility and Target Population

Standard 1: Eligibility

The program serves individuals who meet the eligibility criteria for home care services.

Compliance 1.1. All individuals authorized for DFTA-funded home care must meet the following requirements:

- be 60 years of age or older; and
- have functional limitations, as shown by the need for the assistance of another person with at least (a) one Activity of Daily Living (ADL) such as bathing, personal hygiene, dressing, eating, toileting, mobility, and transferring, or (b) two Instrumental Activities of Daily Living (IADLs) such as housework/cleaning, shopping, laundry, use of transportation, prepare an cook meals, use telephone and self-administer of medications ; and
- have unmet needs for assistance with ADLs and/or IADLs; and
- be able to live safely in the home if support is provided; and
- be ineligible for housekeeping or home attendant or home health aide services under any other government program, including Medicaid or Medicare¹; and
- there are no other resources available to assist the client; and
- the DFTA-funded home care services do not duplicate other services being received.

Eligible clients are authorized by a Case Management Agency (CMA) for a specified number of weekly hours of home care. Clients who only need assistance with housekeeping receive a maximum of 8 hours of services a week and clients who need assistance with personal care and housekeeping services receive a maximum of 20 hours of services a week. CMAs can also authorize clients for additional day/hours of service periodically for special situations like when a client needs an escort to a doctor's office.

Compliance 1.2. Upon receipt of a referral for home care, the Home Care Agency (HCA) reviews the referral information and makes an in-home assessment to confirm client appropriateness for home care services and authorized hours of care.

Standard 2: Target Population

The program serves its target population.

¹ The case manager may authorize DFTA-funded home care for clients who will receive private pay or Medicare-funded home care as long as the home care services provided by Medicare or private pay do not overlap or duplicate the DFTA-funded services.

Compliance 2.1. The program serves older adults who are:

- Minorities - Persons of Black, Hispanic, Asian, Native American (American Indian), Alaska Native, Native Hawaiian or Other Pacific Islander origins. Persons who identify as 2 or More Races or who identify as other than White may be included.
- Low-Income – Persons with incomes at or below 150% of the poverty level.
- Frail - Has one or more functional deficits in physical or mental functions.
- Vulnerable – Socially or linguistically isolated, or affected by other conditions including the following:
 - Limited English Proficiency (LEP);
 - Persons with disabilities;
 - At risk of institutionalization;
 - Lesbian, gay, bisexual, transgender (LGBT) older adults;
 - Low literacy;
 - Older adult caregivers of children with development disabilities, mental illness, or other disabilities requiring a caretaker (e.g. traumatic brain injury);
 - Homebound; and,
 - Alzheimer's or other Dementia.

Note: The CMA is responsible for meeting targeting criteria for clients, and for those eligible for home care and referred to the home care agency for service.

Section 2. Scope

Standard 3: Licensing

The program is appropriated licensed.

Compliance 3.1. The program has a current license from the New York State Department of Health (NYSDOH). The NYSDOH licenses home care agencies to assure care is provided within health and safety standards established by statute and rule.

Standard 4: Homemaker Personal Care and/Housekeeping Tasks

The program provides assistance with Homemaker Personal Care and/ Housekeeping tasks.

Compliance 4.1. The program provides some or total assistance with homemaker personal care and/or housekeeping tasks. DFTA considers some assistance to mean that some tasks or functions are performed and completed by the client with assistance from another individual. Total assistance means that all homemaking or personal care tasks or functions are performed and completed for the client.

- Bathing - sponge bath in the bed, tub or shower;
- Personal Hygiene - Grooming, including care of hair, shaving and ordinary care of nails, soaking, cleaning or filing nails, (Do not cut nails) cleaning teeth and mouth;
- Dressing - Assistance with putting on or taking off clothing including shoes;
- Mobility - Walking within and outside the home;
- Transferring - Transferring from bed to chair and/or to wheelchair;
- Toileting - including assisting client on and off bedpan, commode, or toilet;
- Preparation of Meals in accordance with modified diets, including low sugar, low fat, low salt and low residue;
- Eating - Feeding; cutting foods and feeding to a client directly;

- Self-administration of medication, including prompting client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container for the client, positioning the client for medication administration, disposing of used supplies and materials and storing the medication properly;
- Routine skin care;
- Changing simple dressings;
- Assisting clients with making phone calls.

Standard 5: Housekeeping Support Tasks

The program provides assistance with housekeeping support tasks.

Compliance 5.1. The program provides some or total assistance to clients with the following housekeeping support tasks:

- Making and changing bed;
- Dusting and vacuuming living areas used by client;
- Light cleaning of kitchen, bathroom and bedroom;
- Dishwashing;
- Listing needed supplies;
- Shopping;
- Running essential errands like dropping off and picking up prescriptions at the pharmacy;
- Doing laundry, including ironing and mending;
- Preparing meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diets, as prescribed;
- Escorting clients to medical appointment, social service appointments, etc.

Standard 6: Service Provision

The program provides authorized services to the client.

Compliance 6.1. The program provides the type, amount, frequency and duration of service authorized for the client by the referring case manager when the home care agency is in agreement that this is an appropriate and safe plan.

Compliance 6.2. Upon receipt of the home care referral, the program implements service within 5 business days. For clients who are authorized for homemaker/personal care services, a registered nurse or licensed practical nurse under the supervision of a registered nurse will conduct an initial in-home assessment using the DFTA-developed assessment tool. For clients who are authorized for housekeeping services, a field supervisor, with a minimum 5 years of home care experience, shall conduct an initial in-home assessment using a DFTA-developed assessment tool. If there is any concern that the program will not be able to meet the 5-business day requirement, the program will immediately alert the CMA and DFTA.

Compliance 6.3. In instances when services cannot begin or are not scheduled to begin within 5 business days of receiving a home care referral because the program is unable to assign an aide due to availability [and not due to client refusal or inability to accept services], as per Compliance 6.2, the home care program must clearly note the reasons why in the record and inform the referring case management agency within one business day of the decision.

Compliance 6.4. When the home care agency agrees that the CMA defined plan is appropriate and safe, the program provides each client with the service type (homemaker/personal care or housekeeping) and amount (number of hours) authorized by the referring case management agency.

Compliance 6.5. In instances where fewer hours of service are available than authorized, and if providing fewer hours is appropriate and safe, the program can begin serving clients for fewer hours than they were authorized until the full care plan can be implemented. The CMA will maintain these clients on a wait list for the remaining authorized hours. When there is disagreement with a case manager's care plan for a client, the home care agency discusses this with the CMA within 1 day of their in-home assessment so the most appropriate plan can be worked out within 2 days. DFTA should be contacted by the Home Care Agency the day after the 2 day time frame if the CMA and home care agency cannot agree on an appropriate care plan for the client.

6.5.1. If the client refuses or is unable to accept the start services within 5 business days of the program receiving a home care referral, the program will inform the case management agency and request a "terminate" home care referral due to the client's situation, and re-submit a new home care referral when the situation improves at a later date, depending, as always, on availability of units. Examples may include a client going into a hospital or rehabilitation center, having family assisting, travelling or not being at home during the subsequent 5 business days. There cannot be a "hold" on services that have not yet started.

6.5.2. If the situation determines that a minor delay (5 additional business days) due to the needs of the client is reasonable, as determined in collaboration with both the program and the referring case management agency, the 5 business day requirement for the start of service can be extended another 5 business day. For example, the home care program receives a referral to start homemaker/personal care (HMPC) services on 4/5/2021, Monday. An aide must be assigned by 4/12/2021, 5 business days later. However, the client informs the home care agency that her daughter is with her and prefers to start on Wednesday, 4/14/2021. The home care agency consults with the case management agency and both parties agree that the client's situation is reasonable. The 5 business day deadline will then be extended to Monday, 4/19/2021.

Compliance 6.6. The program reports to DFTA on a weekly basis any client who has not been assigned an aide to start within 5 business days of receiving the referral to start home care. This report shall include the name of the client; date that the referral was received; reason why service has not yet started.

Compliance 6.7. The program makes all possible efforts to assign and match the client to an aide who can speak his/her language, including recruiting staff that speak multiple languages, working with subs, etc.

Standard 7: Care Planning

The program develops a Care Plan for each client.

Compliance 7.1. Program supervisors develop each client's care plan, including service schedule, in consultation with the client and the assigned home care worker.

Compliance 7.2. The care plan and schedule are designed during the first in-home visit by a supervisor who is a nurse for homemaker/personal care and nurse or field supervisor for housekeeping services.

Compliance 7.3. The care plan is developed in collaboration with the client and the assigned home care worker.

Compliance 7.4. The program encourages client input into worker activities, including the manner and the order in which tasks are to be performed.

Compliance 7.5. The care plan includes:

- The day(s) and time(s) when client should expect to receive services.
- The specific tasks with which the client will receive assistance.
- The name of the worker assigned to the client.
- Preferences of the client regarding how tasks should be performed should be considered to the fullest extent possible.

Compliance 7.6. The care plan is posted on the client's refrigerator or other highly visible area.

Compliance 7.7. The worker requests approval from her/his supervisor before agreeing to assist a client with a task that is not part of the care plan.

Compliance 7.8. The supervisor reviews and revises the care plan during the supervisory visit following each re-authorization of service by the case manager.

- Worker and client feedback are taken into consideration when finalizing the care plan.

Compliance 7.9. If the CMA authorizes a client for additional day/hours of service for a visit to a doctor, or other special circumstance, a supervisory home visit is not required.

Standard 8: Client Hold and Termination

The program places on hold or terminates services based on the CMA referral.

Compliance 8.1. Upon receipt of the home care referral to put services on hold, the program temporarily puts the services on hold until a resume notice is received from the case management agency. Services also may be put on hold for no more than 3 days, if requested by the client. If requested by the client, the home care agency must notify the case management agency about this status.

Compliance 8.2. Upon receipt of the home care referral to terminate services, the program ends the provision of services. Termination is the role of the case management agency and not something that the home care program can initiate.

Standard 9: Program Response

The program provides prompt and appropriate responses.

Compliance 9.1. The program responds promptly and appropriately to all situations requiring further action.

Compliance 9.2. The program responds to client, CMA, and DFTA within 24 hours when apprised of situations suggestive of instability in the client's condition or imminent threat to safety and wellbeing. (Situations requiring notification to the case manager, and coordination of follow-up, are indicated by an asterisk). Situations include but are not limited to:

- *Report of client abuse or neglect.
- *Any suspicion of abuse of the client by the worker must be investigated and appropriate action taken where substantiated. Any complaints about the worker by the client must be investigated and appropriate action taken where substantiated.
- Any complaints about the tasks included on the care plan.
- Complaints about the aide.
- Any change in the client's health including changes in physical and mental functioning as reported by the worker or observed by the supervisor.

- Hospitalizations or other suspensions of service.
- *Any observations affecting the client's safety – e.g. serious environmental hazards.

Compliance 9.3. Staff is trained to identify and report changes in client's needs, health and safety, caregiver support, physical environment, accidents etc.

Compliance 9.4. Staff receives written instruction on the procedure for reporting situations that should be reported to their supervisors.

Compliance 9.5. All reports and actions taken are documented:

- In the client's file.
- In an incident file.

Compliance 9.6. An incident report, including action taken, is sent to DFTA's Home Care Unit Director within 72 hours of the incident.

Compliance 9.7. The program regularly provides each client with the opportunity to express satisfaction/dissatisfaction with the service being provided.

Compliance 9.8. During each in-home supervisory visit, every 6 months, the supervisor provides the client or his/her authorized representative, with the opportunity to discuss, in private, the service being provided.

Standard 10: Informing Clients

The program keeps clients informed of relevant information.

Compliance 10.1. The program provides each client with information relevant to his/her care at the onset of service at initial visit.

Compliance 10.2. The program provides each client at onset of service at initial visit:

- Date and time of service start.
- Worker's name and any change in worker assigned to client.
- Any changes to agreed-upon care plan and schedule.
- Complaint procedure.
- Contact information related to service delivery, service schedule, filing complaints, etc.
- Billing and contribution collection procedure.

Compliance 10.3. The program responds to client enquiries (via telephone or e-mail) by the next working day.

Standard 11: Service Delivery

The program provides timely, reliable and consistent service.

Compliance 11.1. Service for the client begins within five business days after service referral by the case management agency.

Compliance 11.2. The program routinely monitors worker attendance in the home at the times/days scheduled.

Compliance 11.3. A spot or random check system is used to supplement routine monitoring of worker attendance in the home.

Compliance 11.4. Back-up System. The program has a back-up system in place to ensure that there is no disruption in the client's service:

- The program provides replacement or substitute workers to at-risk clients (as defined by CMA) whose workers are unable to provide care.
- The program gives clients who are not at-risk the option of rescheduling when their worker is unable to provide care at the scheduled time.

Standard 12: Worker/Client Relationship
The program fosters a positive worker/client relationship.

Compliance 12.1. To the fullest extent possible, the same worker provides service to the client throughout the authorization period, unless the client requests a change.

Compliance 12.2. To the extent possible, the program matches client needs with worker skills, interests, etc. in such areas as:

- Linguistic compatibility (workers speak and understand the primary language of the clients they are assigned to).
- Cultural compatibility (e.g. particularly when worker will prepare meals).
- Physical strength, stamina, required to assist client (e.g. lifting).

Compliance 12.3. The program recognizes and address the special needs and challenges of clients, including those from different socio-economic, racial and ethnic backgrounds, as well as recent immigrants, and lesbian, gay, bisexual, transsexual and transgender adults.

Section 3. Staff Appropriateness and Continuity

Standard 13: Staffing Levels
The program is adequately staffed.

Compliance 13.1. The program maintains a sufficient number of supervisory staff to ensure timely service delivery to clients, effective administration and field supervision of homecare workers.

Compliance 13.2. The program maintains a sufficient number of workers to provide its budgeted units.

Standard 14: Staff Training
Program staff meets required training qualifications.

Compliance 14.1. The program has documentation on file of each personal care worker's successful completion of the basic (classroom) component (40 hours) of a training program approved by the State Department of Health as well as their completion of training on Elder Abuse.

- Each worker's training was completed prior to the time of employment or within three months of being hired. Note: Evidence of having passed a certification test, and ability to perform key skills

around for example transferring client, performing personal care, from an approved program is acceptable.

- If the entire program had not been completed at the time of hire, the worker presented evidence of completion of the following components of the 40 hrs. basic training program and Elder Abuse training:
 - Working with elderly;
 - Body mechanics;
 - Personal care skills;
 - Safety and accident prevention;
 - Food nutrition and meal preparation;
 - Elder abuse
 - Falls Prevention training.

Compliance 14.2. Each supervisor of in-home service workers meets the following qualifications:

- An RN or a licensed Practical Nurse with 2 years of related experience.
- A nurse who is licensed and currently certified to practice as a nurse in New York State to oversee homemaker/personal care.
- A field supervisor with a minimum of five years of home care related experience to oversee housekeeping.

Compliance 14.3. Personal care tasks are performed only by staff that have completed required 40-hour training or are in the process to complete this within 3 months of the date of their hire.

Standard 15: Employment Screening **The program screens staff prior to employment.**

Compliance 15.1. The program adequately and appropriately screens home care workers and supervisors prior to employment.

Compliance 15.2. Screening. The program has a demonstrable and systematic process for screening all applicants (both home care workers and supervisors) for the following competencies and qualities.

- Ability to record messages and keep simple records in the language of the client.
- Ability to communicate in a language that DFTA clients speak.
- Ability to understand and carry out instructions.
- Emotional maturity and stability including a positive attitude towards older people with physical and/or mental impairments.
- Cultural competency.

Compliance 15.3. Written References. The program obtains and verifies two written work-related references, prior to employment.

- Only after an attempt is made to verify all past employment experience, or if the worker has no employment history, two written personal references may be accepted.
- The program records the date when job reference verification was attempted and the date when job reference was verified and the name of the person who provided the reference.

Compliance 15.4. Written Application Form. The applicant completes a written application form that includes a question about whether the applicant was ever convicted on a felony/criminal charge.

Compliance 15.5. The program follows DOHMH protocol for criminal history record check (CHRC).

Standard 16: Worker Health and Medical Screenings

The program ensures workers complete required medical screenings.

Compliance 16.1. In compliance with DOHMH requirements, all employees who have direct in-person contact with clients receive an initial physical examination, including a tuberculosis skin test (PPD) and drug screen, and an annual examination thereafter.

Compliance 16.2. Physical Exam and Dated Statement from a Physician. The program arranges for each new worker to have a physical examination from a licensed physician or medical facility prior to the first client assignment. The examination provided to the new worker includes the following:

- Immunization to rubella and measles, consistent with good medical practice, except that women of childbearing age must have a screening test approved by the New York State Department of Health followed by immunization if appropriate;
- Any other tests required by the New York City Board of Health. The program follows DOHMH guidelines on TB screening.
- Tests for stimulants, depressants or other narcotics, including the following commonly abused substances: Amphetamines (including Methamphetamine), Methadone, Opiates (Codeine, Morphine, Heroin, Oxycodone, Hydrocodone), Barbiturates, Benzodiazepines, Amphetamine, Phencyclidine, Cannabinoids, Cocaine, Propoxyphene and Methaqualone. In addition, the referring agency should request that the physician routinely inquire about use of prescription drugs by the worker and note medications on his/her report.
 - The laboratory performing the testing must have a valid New York State permit in Forensic Toxicology.
- The physician signs and dates an Examination Form stating that the applicant is free from any health impairment that is of potential risk to client, family or other employees, or that may interfere with performance of homecare duties.

Compliance 16.3. An applicant who tests positive for drugs is not hired unless h/she is taking the drug under doctor's orders.

Compliance 16.4. Each home care worker has an annual examination by a physician.

Compliance 16.5. An employee who tests positive for drugs, and who does not have verified medical justification, is either terminated or suspended, in the judgment of the program. The program may order unannounced tests at any time in the future for employees who are reinstated.

Compliance 16.6. The program's written personnel policies inform employees that pre-employment and annual medical examinations, including drug screens, are required, that the results will be filed in the worker's personnel file, and that the agency may take actions against a worker without repeating a disputed drug screen.

Compliance 16.7. City and State mandates concerning COVID-19 are adhered to.

Standard 17: New Worker Orientation

The program provides orientation to new workers.

Compliance 17.1. The program provides a documented orientation to new workers.

Compliance 17.2. Orientation includes the following topics:

- The rights of clients.
- Maintenance of client confidentiality.
- The personnel policies and procedures of the provider agency.
- Tasks the worker may not perform. (Tasks that can be performed by workers are clearly defined in the program's policy and procedures.)
- The procedure for reporting observations or information about changes in client functioning or health or situations of imminent danger to supervisory personnel.
- The procedure for responding to program and/or client emergency situations.
- Overview of work with older adults including psychosocial strengths and issues that an older adult may encounter.

Standard 18: Ongoing Education and Training
The program provides ongoing education and training to staff.

Compliance 18.1. The program provides on-going education and training to maintain and improve staff competence.

Compliance 18.2. The program develops an in-service training plan to help workers develop techniques and skills not included in basic training, such as effective communication skills with older adults, de-escalating conflict, dementia/Alzheimer's Disease, review certain aspects of basic training as a remedial measure, and enhance knowledge in special areas.

- The homemaker/personal care worker and the housekeeper receive a minimum of three hours of in-service training every six months.
- Attendance is documented in each worker's file.

Compliance 18.3. The in-service training schedule includes training on universal precautions and blood borne disease prevention and protocols for immediate care and follow-up when exposed to blood and body fluids.

Standard 19: Supervision
The program adequately and appropriately supervises workers.

Compliance 19.1. The program provides adequate and appropriate supervision of workers, including in-home supervision with each client at least twice a year.

Compliance 19.2. Each in-home services worker has a designated supervisor.

Compliance 19.3. At service start, the designated supervisor accompanies the worker to the client's home the first time service is provided to the client.

- If this is not possible, the supervisor informs the client of the name of the worker and a supervisory visit is made to the worker and the client in the client's home within five working day of service start.

Compliance 19.4. During the initial supervisory visit, the supervisor:

- Introduces the worker and self to the client.
- Clarifies roles and responsibilities of worker, client and supervisor and provides verbal and written information to client regarding agency policies, etc.
- Reviews client's rights and agency's grievance procedure.

- Develops the care plan, including scheduled days and times, with the client, and, where appropriate, other family members.
- Ensures that the worker and client understand what is expected.
- Provides contact information for the Home Care Agency.

Compliance 19.5. Ongoing Supervision.

- Each worker’s supervisor visits the worker in the home of each client assigned to the worker at least once every six months.
- The supervisor will do more frequent ongoing supervision if it is necessary to monitor care more closely. The supervisor will document the reasons for increased supervision.
- During the in-home visit the supervisor:
 - Evaluates the in-home service worker’s performance of the tasks in the care plan;
 - Provides information, instruction, consultation and demonstration to the worker as needed (On-the-Job Training).

Compliance 19.6. Administration Supervision. Program supervisors take appropriate steps to address and rapidly correct situations such as frequent lateness on the part of the worker; missed appointments without prior notification; poor work skills; poor attitude, client complaints, etc.

Standard 20: Staff Retention
The program promotes staff retention.

Compliance 20.1. Home care workers are provided with compensation that is comparative to industry standards and in compliance with living wage requirements.

Compliance 20.2. Workers’ satisfaction is evaluated through regular feedback and exit interviews.

- The evaluation addresses issues such as working conditions, relationship with clients, relationship with supervisor, etc.

Compliance 20.3. The agency has a written employee grievance procedure.

Section 4. Procedures and Methods

Standard 21: Personnel Policies.
The program has personnel policies.

Compliance 21.1. The program has written policies for personnel.

Compliance 21.2. Written personnel policies are given to each worker.

Standard 22: Minimizing Health Risks
The program has policies in place to minimize health risks to clients.

Compliance 22.1. The program has written procedures for minimizing blood-borne disease risk, COVID 19 and other highly contagious diseases, and for responding to exposed workers.

Compliance 22.2. The program has written procedures for dealing with the risk of worker exposure to blood-borne diseases and COVID 19 in the course of performing personal care duties.

- Procedures comply with the Department of Health requirements for certified home health agencies and address the management of exposed workers as well as general employee information and training.
- Workers are provided with personal protective equipment that is appropriate to the tasks being performed.

Standard 23: Staff Identification

The program requires staff to wear appropriate identification.

Compliance 23.1. Workers are issued appropriate identification badges and are required to wear them.

Standard 24: Staff Scheduling

The program develops schedules for staff.

Compliance 24.1. The program has scheduling procedures that are organized, efficient and realistic.

Compliance 24.2. Workers know their assignments ahead of time.

Compliance 24.3. Travel time and lunchtime are factored into assignments.

Compliance 24.4. Scheduling minimizes the travel time for each worker.

Compliance 24.5. Worker schedules are available and accessible to all concerned in the effective operation of the program.

Standard 25: Communication with Staff

The program has procedures for communicating with staff.

Compliance 25.1. The program has effective procedures and channels for staff communications.

Compliance 25.2. The channels and methods for communicating information among staff, including staff with different functions in the agency, are clear, encourage timely exchange, and contribute to operational efficiency.

Standard 26: Client Complaint Procedure

The program has a client complaint procedure.

Compliance 26.1. The program has a written client complaints procedure, which is clearly conveyed to clients and staff.

Compliance 26.2. The client complaints procedure includes timeframes for responding to, investigating, and resolving client complaints.

Compliance 26.3. The program can demonstrate that it provides information about the complaint process to clients at the time service begins.

- Clients are periodically reminded of complaint procedures.
- Clients receive assurances of confidentiality and non-discriminatory treatment.

Compliance 26.4. The program maintains a record of complaints received that categorizes complaints into the following three groups:

- Emergency complaints: e.g. physical abuse and/or sexual advances by the home care worker; non-performance or poor performance of a task which results in physical injury to client; theft in an amount which results in client not being able to purchase food or pay essential bills, such as telephone, rent and utilities.
- Serious complaints: e.g. theft of money; poor performance of worker which jeopardizes client safety.
- Less serious complaints: e.g. non-or-poor performance; lateness or absence of the worker which does not affect the safety of the client; attitude of the worker; request for change of worker due to dissatisfaction.

Compliance 26.5. The program responds to complaints timely and appropriately.

Compliance 26.6. Emergency complaints are responded to within 24 hours. Response includes:

- Immediate investigation.
- Replacement of the worker pending the outcome of the investigation.
- Notification to case manager.
- In consultation with case manager, arrangements for a medical examination of the client when complaint involves physical and/or sexual abuse or injury.
- Advising client to report incident to the police if possible criminal action is involved (or reporting the incident to the police on behalf of the client, with client's permission).
- Submission of incident report to DFTA.

Compliance 26.7. Emergency complaints are resolved within 24 hours and the client notified of actions taken, or ongoing investigation must be documented.

Compliance 26.8. Serious complaints are responded to within 48 hours. Response includes:

- Immediate investigation.
- Replacement of worker if there is any indication that the complaint is valid.
- Advising the client to notify the police if a possible criminal action is involved (or reporting the incident to the police on behalf of the client, with client's permission).
- Notification to Case Management.
- Submission of incident report to DFTA.

Compliance 26.9. Less serious complaints are resolved within five working days (or documentation of ongoing attention) and the client notified of action taken within 15 working days.

Compliance 26.10. The worker against whom a complaint is brought is informed of the allegation and given the opportunity to present his or her case. A corrective action plan for the worker is prepared as appropriate.

Compliance 26.11. Complaints are documented in the client's file.

- If a major complaint about a worker is substantiated, the complaint is documented in the worker's permanent files, DFTA is notified, and the NYS Department of Health Home Care Registry is updated. Major complaints involve actions that endanger an older adult's health, pose a risk, or theft.

Standard 27: Cost Sharing

The program collects cost shares from clients.

Compliance 27.1. The Case Management Agency calculates a cost share for all clients authorized to receive DFTA-funded home care whose income (as calculated on the Financial Assessment Form) is above the current threshold provided annually by the NYS Office for the Aging. Clients must be told that paying the cost share is a requirement. The responsibility of collecting the cost share belongs to the home care program.

- If a client refuses to give financial information necessary to determine cost-share status, she/he must agree to pay the maximum cost-share in order to receive home care.
- If a client authorized to receive DFTA-funded home care disagrees with the designated fee, he/she must be informed in writing that she/he has the right to a hearing.

Compliance 27.2. A client-by-client report is kept on cost share received.

Compliance 27.3. An invoice is sent to cost-share clients at least monthly.

Compliance 27.4. The program notifies the case management agency within 35 days when a client with a "Payment plan" negotiated by the case manager fails to make payments as agreed. The case manager is sent a copy of the late payment notice that is sent to the client. The late payment notice must inform the client that payment for services is past due, that the client has thirty calendar days from the receipt of the late payment notice to pay the overdue amount, and, that services will be terminated if payment is not made. Case Management has procedures in place to follow up.

Compliance 27.5. A yearly schedule of accounts Billed, Paid and Receivable is submitted to DFTA.

- Each schedule is accurately filled out in that only amounts billed in the fiscal year appear on the Schedule.
- Each Schedule is cumulative from the beginning of the fiscal year.
- On each schedule for each client the amount collected year-to-date and the amount receivable year-to-date, add up to the amount billed year-to-date.
- On each schedule, for each client, the total of the amount in the "current receivable" columns and the amount in the "past due" columns equal the amount in the "amount receivable" column.

Compliance 27.6. If a client is required to cost share, no contribution shall be solicited from the client.

Standard 28: Contributions

The program collects contributions from clients.

Compliance 28.1. Clients who are not required to cost share, must be given the opportunity to contribute voluntarily and confidentially to the cost of providing home care services. Clients are clearly informed that contribution is purely voluntary.

Compliance 28.2. A request for contribution is sent to each contributing (non cost sharing) client at least monthly. The letter is a clear request for the recommended contribution rather than payment on a bill. The letter must include an explanation of the purpose and use of the contribution as well as the actual cost of the service.

Compliance 28.3. The suggested contribution rate should be the same for each client. The actual cost of the service must be considered in setting the suggested contribution level.

Compliance 28.4. A client-by-client report is kept on contributions received.

Compliance 28.5. The program uses all collected contributions to expand or enhance the program.

Standard 29: Safeguarding Cost Share and Contributions

Compliance 29.1. Program income received through the mail or dropped off at program's office is recorded in ledgers by the staff person receiving and opening the mail. Receipts are then be forwarded to appropriate staff for preparation for deposit.

Section 5. Documentation and Recordkeeping

Standard 30: Documentation
The program documents all work with clients.

Compliance 30.1. The program documents all activities related to the client in the client file the DFTA client tracking database system, including:

- In-home assessment information;
- CMA/HC referral;
- All care plans developed by the home care agency supervisor;
- Record of worker/s assigned and changes to worker;
- Record of supervisor's findings during in-home visits;
- Record of any complaints made by client;
- Record of contacts with case manager regarding client;
- Any incident report [24 hrs.];
- Narrative notes that include but are not limited to:
 - Observations
 - Problems
 - Plans of action
 - Records of telephone contacts
 - Records of in-home supervisory visits

Compliance 30.2. Client records are updated no later than five business days unless otherwise noted.

Standard 31: Recordkeeping
The program maintains personnel and other records.

Compliance 31.1. Personnel and other records are properly maintained for six years from the end of the State fiscal year in which the client last received services.

Compliance 31.2. Worker Files: Each worker's file contains:

- Application for Employment/Record of references obtained;
- Documentation of Orientation;
- Documentation of appropriate training;
- Documentation of in-service training.
- Documentation of medical screenings and required vaccination record.

Compliance 31.3. Client Files: Client records include:

- Complaint File
- Incident File
- Income/Contributions Records
- Clients' Payment Records
- Copies of Schedule(s) of Accounts Billed, Paid and Receivable

Section 6. Emergency Preparedness Planning and Procedures

Standard 32: Emergency Preparedness

Compliance 32.1. The program engages in emergency preparedness planning and exercises and works with DFTA to ensure the provision of services and continuity of care as directed by the Department in an emergency and/or crisis.

- a. The program provides workers with personal protective equipment which is appropriate to the tasks being performed.
- b. The program has an on-call/after-hours hotline to receive emergency home care issues when the administrative office is not open.
- c. The program has a written emergency preparedness plan covering both citywide emergencies (e.g., a black out, hurricane, public health emergency) and program emergencies (e.g., facility emergency, staff shortage, or vehicle in need of repair). This plan is updated and shared with DFTA at least every two (2) years or upon request.

Compliance 32.2. The program provides orientation to all staff regarding their responsibilities in carrying out the emergency plan.

Compliance 32.3. The program has a Continuity of Operations Plan (COOP) as part of their written emergency preparedness plan detailing how it would continue to provide critical services to clients in the event of an emergency.

- a. The program has Emergency Response Protocols outlining contact lists for critical staff, communication protocols, an emergency transportation plan, and lists of critical assets, volunteers, vulnerable clients, and mandated emergency supplies. DFTA will provide a planning template to the program to ensure that all required elements are included. The protocol should also contain hazard-specific response procedures for the following incidents:
 - i. Coastal Storms/Flooding
 - ii. Blackouts
 - iii. Winter Weather
 - iv. Heat Waves
 - v. Communicable Disease Outbreaks/Pandemics
 - vi. Building Collapse
 - vii. Active Shooter
 - viii. Mass Transportation Disruption
 - ix. No-notice Events (unanticipated events, such as terror attacks or earthquakes, where warning systems are not available)

Compliance 32.4. The program has an emergency contact list and, at a minimum, updates it every three months.

Compliance 32.5. The program conducts an emergency exercise (e.g., a Table Top exercise) at least once annually.

Compliance 32.6. The program coordinates with DFTA's Office of Emergency Preparedness and Response (OEPR), which offers trainings, meetings, and public/private partnerships to help service providers be better prepared for emergencies.

Standard 33: Emergency Operations

Compliance 33.1. In the event of a communicable disease outbreak, the program makes modifications to service delivery methods to ensure continuity of vital services to older adults in consultation with the Department. The program would work with DFTA to identify the need for, and to obtain, adequate personal protective equipment (PPE) that is appropriate to the tasks being performed.

Compliance 33.2. The program provides requested information (including phone numbers, data, reports, etc.) to DFTA related to an ongoing emergency situation, preferably by the Close of Business but no later than 10:00 a.m. EST the following morning.

Appendix A: Definitions

Core Functions

Home Care's core functions are:

1. Identification of the client's needs and capabilities through a comprehensive in-home assessment;
2. Development of a comprehensive care plan in collaboration with clients and caregivers that is based on the needs identified in the assessment and that prescribes the interventions that will assist the older person to age in place;
3. Coordination of care plan with the CMA when the identified needs and/or service hours differs from what the CMA authorized. Coordination is also important when additional unmet needs are identified such a risk for falls or home safety concerns;
4. Timely implementation of the care plan; and
5. Periodic home visits to the client's home to ensure the plan is safe and to instruct the home care aide and/or monitor home care aide performance.

Cost Share

"Cost Share" means the amount the recipient of DFTA-funded home care may be required to pay towards the DFTA-funded home care service provided. The New York State Office for the Aging requires cost sharing, and annually determines the cost share rate for DFTA-funded home care services based on client income.

Contribution

"Contribution" means the amount the recipient of DFTA-funded home care may opt to contribute towards the DFTA-funded home care service provided. The New York State Office for the Aging requires that contributions be annually determined for DFTA-funded home care services based on client income. Contributions are voluntary and calculated at 5% of the Cost Share rate.

Unit of Service

"Unit of Service" means each hour of homemaking/ personal care or housekeeping service that is provided to a client. The service most often occurs in the home but may also include escorts to appointments or the grocery store as long as the service is related to the care plan.