BECOMING A FREE-STANDING PERSONAL CARE AGENCY

PROVIDER TRAINING

PRESENTED BY THE DIVISION OF QUALITY ASSURANCE

MODULE 3 Part 2: Regulatory Compliance Review
Policies & Procedure Verification

CLIENT SERVICES

- Accept a client only if there is reasonable expectation that the client's needs can be met by the provider.
- If the provider accepts the applicant as a client, the provider shall promptly provide services to the individual.
- If the provider does not accept the client, the provider shall inform the person of other personal care providers in the area or how to obtain a list of those providers.

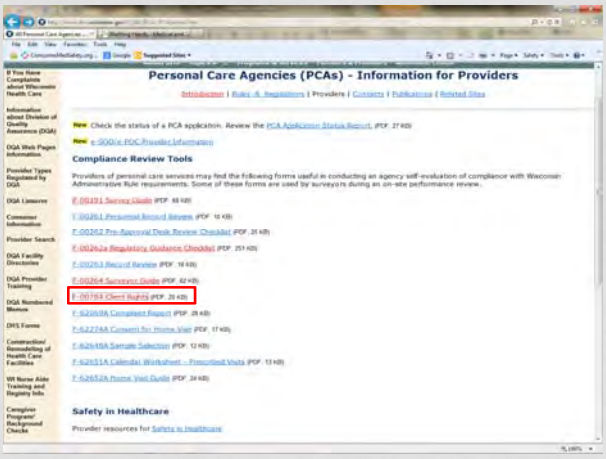
CLIENT SERVICES

The provider shall provide, in writing, prior to or at the time of accepting a client all of the following:

1. The provider's rules and client's responsibilities.
2. The procedures indicating the complaint or grievance process including how to make a complaint to the Department of Health Services.
3. A statement of the client's rights.
4. The extent to which payment may be expected from other sources, the charges for services that will not be covered, and charges the individual may have to pay.

CLIENTS RIGHTS

You may use DHS PCA Client Rights form F-00784 if you choose. The form you use must contain all of the information identified on F-00784.



SERVICE AGREEMENT

Before services are provided, the agency must inform the client, both in writing and orally, of the extent to which payment may be expected from other sources, the charges for services that will not be covered, and charges that they may have to pay.

This should be clearly identified in dollar amounts on the services agreement.

Note: For clients who are Medicaid recipients, personal care services are not subject to recipient cost sharing per s. 49.45(18)(b)11, Stats., and the provider is prohibited from charging the recipient for services in addition to or in lieu of obtaining Medicaid payment per s. 49.49(3m), Stats.

CLIENT RECORDS

Maintain all of the following:

1. The nursing assessment, physician prescription, plan of care, PCW's assignment and record of all assignments, and record of registered nurse supervisory visits.
2. The record of all visits by the PCW including observations and assigned activities completed and not completed.
3. Written acknowledgment of receipt by the client of the client's rights and responsibilities, provider rules and policies and the DHS statement on how to register a complaint.
4. A copy of the discharge summary.

CLIENT PREFERENCE FOR SERVICES

Give full consideration to a client's preferences for service arrangements and choice of PCW.

DISCHARGE OF A CLIENT

The personal care provider shall provide written notice to the client or the client's legal representative at least 10 working days in advance and notify the client's physician if the reason for the discharge is either:

1. The provider is unable to provide the services required by the client due to either a change in the client's condition that is not an emergency or the provider's documented inability to staff the case.
2. Non-payment of services.

DISCHARGE OF A CLIENT

The personal care provider shall provide written notice to the client or the client's legal representative at the time of the discharge if the reason for the discharge is the result of any of the following:

1. The safety of staff is compromised (per documentation.)
2. The physician ordered the discharge for emergency medical reasons.
3. The client no longer needs personal care service as determined by the physician.
4. The client is abusing or misusing the personal care benefit as determined by DHS or the county agency.

DISCHARGE OF A CLIENT

The personal care provider shall include all of the following in the written notice of discharge:

1. The reason the provider is discharging the client.
2. The assistance the personal care provider is able to provide in arranging for continuity of all necessary personal care services.
3. A notice of the client's right to file a complaint with DHS if the client believes the discharge violates their rights and the DHS toll-free complaint telephone number and address.

DISCHARGE OF A CLIENT

No written notice is necessary if:

1. The client dies.
2. The client changes place of residence to a location in an area not served by the provider.
3. The client or the client's legal representative notifies the provider in writing to terminate services.

DISCHARGE SUMMARY

The personal care provider shall complete a written discharge summary within 30 calendar days following discharge of a client. The discharge summary shall include a description of the care provided and the reason for discharge. The discharge summary shall be kept in the client's medical record and upon request provided to the client or the attending physician.

CLIENT GRIEVANCES AND COMPLAINTS

Provide and document a grievance mechanism to resolve client's complaints about personal care services.

QUALIFICATIONS OF THE RN SUPERVISOR

- Current licensure in the State of Wisconsin [s. 441.06, Stats].
- Training and experience in the provision of personal care services or in a related field.
- At least one year of supervisory or administrative experience in personal care services or in a related field.

Note: 'Related fields' might include experience in Home Health, Hospice, or a Community-Based Residential Facility, or Personal Care Agency for example.

DUTIES OF THE RN SUPERVISOR

The RN Supervisor shall:

1. Evaluate the need for service and make referrals to other services as appropriate.
2. Secure written orders from the client's physician.
3. Develop a plan of care for the client giving full consideration to the client's preferences for service arrangements and choice of PCWs, interpret the plan to the PCW, and review the plan at least every 60 days and update as needed

DUTIES OF THE RN SUPERVISOR

4. Promptly notify a client's physician and legal representative, if any, of any significant changes observed or reported in the client's condition.
5. Develop appropriate time and service reporting mechanisms for PCW's and instruct workers on their use.
6. Give the PCW written instructions about the services to be performed and arrange for an appropriate person to demonstrate to the PCW how to perform the services.
7. Evaluate the competency of the PCW to perform the services.

DUTIES OF THE RN SUPERVISOR

Per Wis. Admin. Code § DHS 107.112(3)(c), Review of the POC, evaluation of the recipient's condition and supervisory review of the PCW shall be made by a registered nurse at least every 60 days. The review shall include a visit to the recipient's home, review of the PCW's daily written record and discussion with the physician of any necessary changes in the POC.

QUALIFICATIONS OF THE PERSONAL CARE WORKER

1. Be trained, as previously described during orientation, and in the provision of personal care services, and in each skill that the PCW is assigned.
2. Provide documentation of required training to the personal care provider for the provider's records if they received prior training outside of the agency.
3. Be a person who is not a legally responsible relative of the client under s. 49.90(1), Stats.

DUTIES OF THE PERSONAL CARE WORKER

1. Perform tasks assigned by the RN Supervisor.
2. Report in writing to the RN supervisor on each assignment.
3. Promptly report any significant changes observed or reported in the client's condition to the RN supervisor.
4. Confer as required with the RN supervisor regarding the client's progress.
5. Upon coming in contact with blood or other potentially infectious materials including those that are air-borne, non-intact skin, or mucus membranes in caring for clients, practice infection control measures as recommended by the U.S. Centers for Disease Control and Prevention.

FORMS

Your agency must develop and include the following forms for review with your application:

1. Employee Evaluation/Performance Assessment
2. Orientation Checklist
3. Job Descriptions for RN Supervisor and PCWs
4. Personal Care Worker Daily Assignment Sheet
5. Personal Care Worker Plan of Care
6. RN Supervisor 60 Day Supervisory Visit
7. Discharge Notice
8. Service Agreement
9. Rights and Responsibilities
10. Client Complaint Procedure
11. TB and Communicable Disease Screening

FORMS

The following forms must contain a place for the clients signature:

1. Client Complaint Procedures
2. Client Rights and Responsibilities
3. Service Agreement

Note: These forms must also be available in the client's primary language to facilitate understanding.

CONGRATULATIONS!

You have successfully completed Module 3 Part 2 of the Personal Care webinar Series.

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WISCONSIN DIVISION OF QUALITY ASSURANCE
BUREAU OF EDUCATION SERVICES AND TECHNOLOGY

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