**Instructions for Completing FY21 In-Home Aide Monitoring Tool**

These instructions provide guidance on the scope of monitoring in FY21 for both annual funding under the Home and Community Care Block Grant (HCCBG) and also CARES Act funding. Other than formatting changes, the core requirements and questions in the in-home aide monitoring tool have not been modified for FY21 reviews. However, DAAS has provided flexibilities for monitoring during the COVID-19 pandemic, and these instructions explain how to apply those flexibilities to the monitoring of this program. AAA monitors may reduce HCCBG monitoring in order to focus on the monitoring of CARES Act services, as outlined below and in DAAS administrative letters.

The following files comprise the in-home aide services monitoring tool:

|  |  |
| --- | --- |
| FY21\_IHA\_HCCBG-CARES\_Program\_Admin\_03-24-21.docx | The Program Administration tool begins with these two pages of instructions (service-code specific).  It is recommended that monitors select an appropriate sample and then complete the Client Record Reviews prior to answering questions #4, #5, and #6 in this Program Administration tool. |
| FY21\_IHA\_HCCBG-CARES\_Client\_Review. xlsx | For every client name pulled as part of a random sample, the monitor will complete a client record review to assure client eligibility and other key requirements. |
| FY21\_IHA\_HCCBG-CARES\_ProgramAdmin\_AttachA-C.xlsx | This spreadsheet includes worksheet tabs for several requirements in this Program Administration tool:   * + Attachment A: In-Home Aide Competency   + Attachment B: In-Home Aide Supervisory Visits   + Attachment C: Unit Verification   + Attachment C: Unit Verification Only |

**For HCCBG monitoring:**

If the agency is funded for **HCCBG service codes 041, 042, 043, 044, 045, 046, 235, 236, 237, and/or 238**:

* For full programmatic monitoring of high-risk providers**,** complete pages 1-8 of this HCCBG-CARES Program Administration monitoring tool and Attachments A and B.
* Completion of the Client Record Review worksheet and Attachment C: Unit Verification worksheet is waived for all HCCBG in-home aide services in FY21 regardless of risk level. Only programmatic monitoring as outlined above is required for HCCBG high-risk providers.

**For CARES monitoring:**

|  |  |
| --- | --- |
| SERVICE CODE | SERVICE CODE NAME |
| 935 | CARES IHA Level I Home Management-COVID |
| 936 | CARES IHA Level II Personal Care-COVID |
| 937 | CARES IHA Level III Personal Care-COVID |
| 938 | CARES IHA Respite-COVID |
| 939 | CARES In Home Aide Non-unit Emerg Resp Administrative Costs-COVID |
| 941 | CARES In Home Aide Non-unit Emerg Resp Costs-COVID |

If the provider is funded for **CARES service codes 935, 936, 937, and/or 938**:

* For full programmatic monitoring of high-risk providers, complete pages 1-8 of the HCCBG-CARES Program Administration monitoring tool, the Client Record Review worksheet, and Attachments A, B, and C.
* For providers not deemed high risk, complete the Client Record Review worksheet and Attachment C Unit Verification worksheet.
* If using the electronic version, the compliance summary for the client records reviewed will be automatically tallied for the monitor. Remember to answer using only a lower-case “y” to make the formulas work. It will automatically convert the “y” to a “YES” if needed for computation of formulas.
* Client Samples – The additional flexibility in FY21 to split client samples may be applied to in-home aide monitoring by drawing a proportional sample between CARES codes 935, 936, 937, and/or 938, as appropriate.

If the provider is funded for **CARES service codes 939 and/or 941:**

* For the non-unit fiscal verification, complete page 9 (Fiscal Verification worksheet) of the HCCBG-CARES Program Administration monitoring tool for each code.

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES**

**MONITORING TOOL FOR IN-HOME AIDE SERVICES**

Service Provider:

Review Date:       State Fiscal Year:

Interviewer(s):

Person(s) Interviewed and Title:

**PROGRAM ADMINISTRATION**

**1. What level(s) of the service are offered by the service provider? Check all that apply in the drop-down menus below for computer users, or check the appropriate boxes below for manual users. Identify the funding source(s) for each level of IHA service. Check “Other” for CARES Act funding.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Home Mgmt. | Home Mgmt. Respite | Personal Care | Personal Care  Respite |
| Level/ARMS code |  |  |  |  |
| Funding |  |  |  |  |

**COMPUTER**

**USERS:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level | Home Mgmt. | Home Mgmt. Respite | Personal Care | Personal Care Respite | Funding | | |  |
|  |  |  |  |  | HCCBG | SSBG | State In-Home | Other |
| I |  |  |  |  |  |  |  |  |
| II |  |  |  |  |  |  |  |  |
| III |  |  |  |  |  |  |  |  |
| IV |  |  |  |  |  |  |  |  |

**MANUAL**

**USERS:**

(HCCGB Manual Reference: Reporting Requirements and Reimbursement Procedures Sections 3-5)

(Services Information Systems Manual: Section III General Services)

(IHA P/P Manual Section III pg. 3-6)

(10NCAC 06A.0103)

Comments:

**2. Documentation of agency eligibility to provide IHA services --** The agency providing personal care service must be licensed by the Division of Health Service Regulation (DHSR), accredited by a nationally recognized accreditation organization**,** or certified by the Division of Aging and Adult Services as specified by standards or by state directives that have amended the standards.

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Care License** | **Date** | **Direct** | **Sub-**  **Contracting** |
| **Personal Care License Level II** |  |  |  |
| **Personal Care License Level III** |  |  |  |
| **HM Only Certification** |  |  |  |
| **Level I** |  |  |  |
| **Level II** |  |  |  |
| **Level III** |  |  |  |
| **Level IV** |  |  |  |
| (Home Care Licensure 10A NCAC 13J.0902 .1502); (AL 97-13 and AL 07-18);  (Home Care Licensure 10A NCAC 06A.0310) | | | |

**3. Policies and procedures for managing/administering the service** – An entity that provides an IHA program must have a written document specifying how staff are to administer and manage the IHA program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Policies for In-Home Aide Services** | HCCBG/ CARES | | | SSBG | | State In-Home | |
| 1. Does the DSS or provider agency or governing body have a written and approved policy and procedures to guide staff in managing and administering the service?   (Home Care Licensure 10A NCAC 13J .0001)  Comments: | Y  N  N/A | |  | Y  N  N/A |  | Y  N  N/A |  |
|  | Yes | No | | Yes | No | Yes | No |
| 1. Does the policy address the following?   i. Level(s) of service to be provided |  |  | |  |  |  |  |
| ii. Method(s) of service provision to be utilized |  |  | |  |  |  |  |
| iii. Provision of respite care if applicable |  |  | |  |  |  |  |
| iv. Use of waiting list or inquiry list |  |  | |  |  |  |  |
| (AL 09-19)(AL 13-17) | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Policies for In-Home Aide Services (continued)** | HCCBG/ CARES | | SSBG | | State In Home | |
|  | Yes | No | Yes | No |  |  |
| v. Maintenance of waiting list |  |  |  |  |  |  |
| vi. Client priority policy |  |  |  |  |  |  |
| vii. Appeals policy |  |  |  |  |  |  |
| (AL 09-19)(AL 13-17)  (10A NCAC 13J.1001) | | | | | | |

|  |
| --- |
| **\*\*\*\* DOCUMENT AIDE-SPECIFIC DATA FOR #4 AND #5**  **ON THE ATTACHED SPREADSHEETS \*\*\*\***  **(**Review Aides Records from the Service Sample Being Reviewed) |

**4. Competency Requirements for Aides – Record aide specific data on Attachment A, which allows up to 20 aides to be listed on one spreadsheet.**  All aides working with clients whose service is paid for with HCCBG funds must have demonstrated competence for the tasks they are assigned to perform***.*** The monitor reviews the aide’s personnel file to determine the competency level of the aide and the client file to determine if the aide’s level of skill aligns with the client’s level of need.

|  |
| --- |
| **Summary of Competency Requirements for Aides (See Attachment A)** |
| A. All aides have demonstrated competence for the specific tasks they have been individually assigned. Competence is documented.  Documentation:    Comments:    (IHA P/P V B.1)  (10A NCAC 13J.1110) |
| B. Aides performing at Level III - Personal Care tasks have passed the required state standardized test and are registered by the North Carolina Division of Health Services Regulation and are listed on the Nurse Aide I Registry.  Documentation:    Comments:    (10A NCAC 13J.1107(b)) |
| C. Is competency for specified levels of home management or personal care documented? (NC statute does not require standardized testing for aides functioning at levels below level III – Personal Care, but specific agency policy may require testing for personal care aides at lower levels of personal care. (All aides require competency verification for assigned tasks.)  Documentation:    Comments:    (IHA P/P V B.1) |
| D. Aides required to perform selected tasks at a higher level (other than Level III – Personal Care) have documented competence in the specific tasks, and the agency has documentation of prior approval for such task by the North Carolina Board of Nursing – Nurse Aide II task list.  Documentation:    Comments:    (IHA P/P V A 1-D)  (IHA P/P V B 1)  (10A NCAC 13J.1110) |

**5. Aide Supervisory Contact Standards – Record aide specific data on** **Attachment B, which allows up to 20 aides to be listed on one spreadsheet.** For convenience the spreadsheet is set up to auto-populate from Attachment A. The monitor reviews the aide’s supervisory logs to determine the frequency and appropriateness of the supervision of the aide. **NOTE:** Agencies serving Level III Personal Care clients must comply with Home Care Licensure Rules (10A NCAC 13J.1110). Therefore, monitors should familiarize themselves with Licensure Rules available through the NC Division of Health Service Regulation at [www.dhhs.state.nc.us/dhsr/](http://www.dhhs.state.nc.us/dhsr/).

**In the documentation and comments for 5 A and B below and on Attachment B,** address the waiver of any in-person visits allowed by EO130 due to the COVID-19 pandemic and Major Disaster Declaration. Document the methods of virtual visit used, either audio (telephone) or video (computer or smartphone), noting that the reason is COVID-19.

|  |
| --- |
| **Summary of Aide Supervisory Contacts (See Attachment B)** |
| A. When aides are new since last monitoring visit to the service agency: (IHA P/P V C2) |
| i. The supervisor(s) has completed at least two home visits in the first month of the aide's employment to observe the work of each worker. (IHA P/P V C2) |
| ii. The supervisor(s) has conducted additional visits, as needed, to respond to the capabilities of the aides and the needs of the clients.  Documentation for 5 A i-ii:    Comments for 5 A i-ii: |
| B. When the aides and agency have an established working relationship: |
| i. For new assignments, a recommended supervisory home visit or telephone call to the aide is made within the first calendar week. (Best Practice) |
| ii. For aides serving Level I clients, a quarterly on-site visit is made to the home of at least one client the aide is serving. (10A NCAC 13J.1110) and (IHA P/P V 2A) |
| iii. For aides serving Level II clients, a quarterly on-site visit is made to the home of at least one client the aide is serving. (10A NCAC 13J.1110) and (IHA P/P V 2B) |
| iv. For aides serving Level III - Personal Care clients, aide supervisory visits are in compliance with 10A NCAC 13J .1110 (Home Care Agency Licensure Rule which states that "the appropriate supervisor as specified in paragraph (a) or (b) in this Rule shall supervise an in-home aide or other allied health personnel by making a supervisory visit to each client's place of residence at least every three months, with or without the in-home aide's presence, and at least annually, while the in-home aide is providing care to each client to assess the care and services being provided"). (IHA P/P VC 2d) |
| v. For aides serving Level III and Level IV- Home Management clients an on-site visit at least every 60 days to the home of at least one client the aide is serving is made. (10A NCAC 13J.1110) and (IHA P/P C2c) |
| vi. In each of the intervening months the supervisor has some type of contact with each of the aides **and** the client/designated person for aides providing Level II and Level III personal care. (IHA P/P C2d) (Best Practice) |
| vii. For Level IV clients the social worker conducts weekly conferences with the aide. (IHA P/P V2c) |
| Documentation for 5 B i-vii:    Comments for 5 B i-vii: |
| C. If services are offered on an "after hours" basis (e.g. evenings, overnight, on weekends), is supervision available to the aides during any time period they are assigned to work? (Home Care Licensure 10A NCAC 13J .1110).  Documentation:    Comments: |

6. **Agency Policy and Procedures for Training and Testing –** Provider agencies have written assurances that competency testing is appropriately administered, and aides have been properly trained.

|  |
| --- |
| 1. The provider agency has assured that competency testing is appropriately administered. (For example: conditions for demonstrating tasks before the appropriate professional, competency testing which reflects tasks and knowledge required of the aide, a competency check-off list, etc.)   Documentation:    Comments:    (IHA P/P pg 12)  (10A NCAC 6A.0304)  (10A NCAC 13J.1110) |
| 1. The provider agency has assured that aides have sufficient training to pass a competency test for the level of service the aides will provide. (For example: the aide's personnel file contains competencies completed, agency records contain training offered with names and dates of those who attended, etc.)   Documentation:    Comments:    (IHA P/P pg 12)  (10A NCAC 6A.0304)  (10A NCAC 13J.1110) |

7. **Provider Agency’s Responsibilities When Services Are Purchased** – If there is a subcontract with a provider agency, it specifies the subcontract time frame. The subcontractor must have the appropriate credentials or requirements. Formal subcontract monitoring must occur at least annually.

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Agency’s responsibilities when services are purchased.** | Yes | No | NA |
| 1. The provider agency has executed a contract with a service agency that provides In-Home Aide Services for the relevant time period. List the contract initiation and expiration dates below.   Documentation:    Comments:    (HCCBG 45CFR Part 92.36) |  |  |  |
|  | Yes | No | NA |
| 1. The contractor is capable of providing the level(s) of In-Home Aide Services contracted for. (See reference above)   Documentation:    Comments: |  |  |  |
| 1. The contract addresses the following items: |  |  |  |
| i. Assessment of the client. |  |  |  |
| ii. Selection of qualified aides. |  |  |  |
| iii. Assignment of aides to clients. |  |  |  |
| iv. Provision of supervision that meets the standard for level(s) provided. |  |  |  |
| v. Assurance that aides meet the competency requirements for the level(s) of service provided. |  |  |  |
| vi. Fulfillment of employer financial obligations. |  |  |  |
| vii. Provision of backup service when usual aid is unavailable. |  |  |  |
| viii. Communication procedures between the client, the provider agency, and the community service agency. |  |  |  |
| ix. Negotiation and Communication of the In-Home Aide Services Plan. |  |  |  |
| x. Assure that the county procurement process is being used and complies to all state, federal, and local requirements. |  |  |  |
| **List the alternative visit methods used during COVID-19 for client assessment (7 C i) and provision of supervision (7 C iv) under Documentation. Document the reason for using alternative methods under Comments.**  Documentation for 7 C i-x:    Comments for 7 C i-x:    (HCCBG 45 CFR part 92.36)  (10A NCAC 13J.1111) | | | |
|  | Yes | No | NA |
| D. The Home and Community Care Block Grant Service Provider uses competitive proposals to comply with the Purchase of Service procedures as specified in 45 CFR. Part 92.36. For other funding sources, below are examples of purchase of service procedures that could be used:   * + - * competitive sealed bid       * competitive proposals       * noncompetitive proposals       * small purchase procedures |  |  |  |
| Documentation:    Comments:    (HCCBG 45 CFR Part 92.36) | | | |
|  | Yes | No | NA |
| E. Formal contract monitoring occurs at least annually. Problems with meeting contract requirements are dealt with on an on-going basis. (Home and Community Care Block Grant County Funding Plan Standard Assurances - NC DAAS-734)  For In-Home Aide Services, all contracts for subcontractors will include a request for documentation of the in-home aide supervision, competency, and training to be provided to the provider agency on an annual basis. This will apply to the continuation of contracts and/or historical documentation of contracts if terminated. (NC DAAS Administrative Letter 09-19, 13-17, and 13-15 regarding subcontract monitoring for In-Home Aide levels via the HCCBG subcontractor performance evaluation) |  |  |  |
| **Address the type and methods of supervisory visits/alternatives that are expected/ allowable under this contractual arrangement during COVID-19 in the Comment section.**  Documentation: Copy of subcontract  Comments:    (NC DAAS Administrative Letter 09-19, 13-17, 13-15) | | | |

**8. Organization of Record: (10A NCAC 06A .0309; IHA P/P Pg.16)**

The monitor may give positive feedback to an agency whose well-organized records allow staff and monitors to access needed information.

Comments:

**9. General Comments: (Best Practices)**

This section is for general comments, e.g., the monitor may want to encourage the agency to continue to do the good work that has been observed in the monitoring.

**Fiscal Verification- CARES Funds-Codes 939 and 941**

Agency:       Date:

Agency Staff Interviewed:

Signature of Reviewer(s):

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

The provider attests that use of CARES Act funding was for pandemic recovery and future emergency preparedness of this service. Yes  No

For expenses related to CARES codes **939 and** **941**, select a month of reimbursement in ARMS for each and the same month of expenses reported in the tracking spreadsheet. Make copies of this form as needed to complete the verification.

1. Reimbursement correlates with actual expenses

(e.g., payments documented in the provider’s

general ledger or receipts and other proof of

purchases, etc.) Yes  No  N/A

Documentation reviewed/Comments

2. Selected month’s reimbursement matches the

reporting of expenses in the tracking worksheet

for the same month. Yes  No  N/A

Documentation reviewed/Comments