

# REQUEST FOR PROPOSAL

## In Home Aide Program



**Bid Proposals are due Wednesday May 20<sup>th</sup>, 2020 -- 2:00 p.m.**

Turned into the Davie County Manager's Office located at 123 South Main Street,  
Mocksville, NC 27028 to the attention of Brad Blackwelder

**Pre-Bid Questions need to be sent no later than:**

**Friday May 15<sup>TH</sup>, 2020 at 2:00p.m.**

Davie County reserves the right to request additional information or references to accept or reject any or all Bid Proposals, to waive technicalities, to accept Bid Proposals in whole or in part, and to award contract(s) which, in the opinion of the grantor, best serves the interest of the program.

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- A. North Carolina Division of Aging In-Home Aide Services – Policies and Procedures  
Effective Date – July 1, 1992
- B. County Contract for In-Home Aide Services
- C. In-Home Services Provider Profile

## **SECTION I: GENERAL REQUIREMENTS**

### **A. BID SUBMISSION INTRUCTIONS**

The sealed bid proposals labeled: *IN HOME-AIDE PROGRAM*, must be received by the Davie County Manager's Office located at 123 South Main Street, Mocksville, NC 27028 by 2:00pm, Wednesday May 20<sup>th</sup>, 2020 and to the attention of Brad Blackwelder, at which time bids will be opened. Depending upon the Governors Executive Orders or lifting of those orders in place as of April 10<sup>th</sup>, 2020 the bid opens will not be in a public meeting setting. If this is the case we will send out an addendum stating how the bid openings can be viewed. Any bid not received by 2:00pm on the day of bid opening, will be considered unresponsive and not opened.

Bidders should complete and submit Section III: Bid Proposal, with all required attachments.

Bid Proposals must be in the form specified in the Invitation for Bid Package and all required information must be included and signed by the chief executive officer of the bidding organization or a duly authorized agent. Envelopes containing the Bid Proposal must be sealed.

### **B. OVERVIEW OF REQUIREMENTS**

Contractor submitting proposal must agree and adhere to the: North Carolina Division of Aging In-Home Aide Services – Policies and Procedures Effective Date – July 1, 1992 (Shown as ATTACHMENT A). Contractor must also understand all be able to fulfill all requirements found in (ATTACHMENT B) draft County Contract for In-Home Aide Services, more particularly under the section, CONTRACT DOCUMENTS: Number 1 – 9 and #15. Please see the final page of (ATTACHMENT C) and meet all requirements and documentation found in all DAAS forms listed.

### **C. BID EVALUATION PROCESS**

Qualified bids for the Program will be reviewed and evaluated by the Aging and Adult Services Director and committee for this purpose. The contract will be awarded by the Davie County Board of Commissioners. Bid evaluations will be based on the submission responses to (ATTACHMENT C): In-Home Services Provider Profile.

### **D. BID PROPOSAL NEGOTIATIONS**

Davie County Board of Commissioners reserves the right to request additional information from the bidding agency or to negotiate specific terms contained within each Bid. Davie County Board of Commissioners reserves the right to accept or reject any or all bid proposals, in whole or in part, and to waive irregularities not affecting substantial rights of the bidding agency at any time during the bid proposal process or prior to contract execution.

### **E. BID PROPOSAL REJECTION AND RE-ADVERTISEMENT**

Davie County Board of Commissioners reserves the right to accept or reject any or all Bids. The Bid response time may be extended if Bids are rejected and additional advertisements for Bids must be made. Contracts will be awarded contingent upon the availability of federal and state funds.

**F. PUBLIC INFORMATION**

All Bids submitted to Davie County Board of Commissioners will become public information after the formal Bid Opening is concluded.

**G. NOTIFICATION OF AWARD**

Successful and unsuccessful bidders will be notified by Davie County Senior Services by May 31. A twelve (12) month contract (July 1, 2020 - June 30, 2021) will be signed by June 30, 2020. The Invitation for Bid for In-Home Aid and Bid Proposal submitted by the successful bidder will be attached to the contract and incorporated by reference as an integral part thereof.

**H. NATURE OF PROPOSED CONTRACT**

1. The Contractor submitting the approved bid will sign a two-party contract with Davie County.
2. The contract may be terminated by the Contractor, giving Davie County sixty (60) days prior written notice of intention to terminate as of the date specified, or by Davie County, giving the Contractor sixty (60) days prior written notice.
3. The Contractor shall act as an independent contractor, and not as an employee of Davie County in providing services within this contract. The contractor shall be liable, and agrees to be liable, and shall indemnify, defend and hold Davie County whole harmless for all claims, suits, judgments or damages arising from services/operations.
4. DAVIE COUNTY BOARD OF COMMISSIONERS RESERVE THE RIGHT TO MAKE THE FINAL DECISION IN THE AWARDING OF CONTRACTS WHICH BEST SERVE THE OLDER ADULTS OF DAVIE COUNTY.
5. Acceptance of any Bid Proposal is contingent upon receipt of sufficient funds from the North Carolina Division of Aging. Any reduction or withdrawal of funds from the Program shall be sufficient grounds for cancellation of any agreement.
6. A twelve (12) month contract (July 1<sup>st</sup>, 2020 – June 30<sup>th</sup>, 2021) will be awarded. An offer to renew twice (2) for an additional twelve (12) months periods, will be extended to the Contractor, based on the fact that the performance of services have been satisfactory during the previous contract period(s).

**SECTION II: IN HOME-AIDE PROGRAM OVERVIEW**

**A. SCOPE OF WORK**

Contractor will assist with fulfillment of program's mission to help individuals and their families with attaining and maintaining self-sufficiency, improving quality of life (in order to prevent deterioration of functional capacity), and prevent abuse, neglect, exploitation, and premature institutional care by

assisting clients with maintaining their safety and well-being in their own home.

Contractor agrees to provide *Agency* with certain services herein described. Contractor will staff a certified nursing assistant or personal care assistant and Registered Nurse(s) to provide health related services (minimum one hour/service) described below in the home of specified owner as a subcontractor of Davie County Health and Human Services Agency and in accordance with North Carolina guidelines. Please refer to (ATTACHMENT B) for the full scope of work to be provided herein.

**B. GENERAL DESCRIPTION OF SERVICES**

Please refer to (ATTACHMENT B), under Scope of Work (Items 1-9)

**SECTION III: BID PROPOSAL**

**A. COMPLETE AND RETURN**

Each bid submission must have completed in its entirety:

ATTACHMENT C: In-Home Services Provider Profile, along with all DAAS forms referenced in the final page of Attachment C. and submitted in accordance with SECTION I (A), BID SUBMISSION INSTRUCTIONS.

**END OF PROPOSAL**

# Attachment A

## IN-HOME AIDE SERVICES

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## **I. Statement of Philosophy and Purpose**

In-Home Aide Services are intended to assist individuals and their families with attaining and maintaining self-sufficiency, and improving quality of life. These services are aimed at preventing the deterioration of individuals' functional capacity, preventing abuse, neglect and/or exploitation and avoiding premature institutional care by assisting individuals in maintaining themselves in their own homes as long as possible. It is the intent of the In-Home Aide Services Program to assist, but not replace, family members in carrying out their responsibilities for those individuals needing care or support.

## **II. Legal Base**

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001;  
{Public Law 100-175, Section: 306 (a) (B); 321 (a) (5)}

G.S. 143B-181.1 (c)

DHR Directive Number 46  
Effective Date: May 1, 1989

G.S. 143B-181.1 (a) (11)

G.S. 143B-181.10

G.S. 143B-181.9A

G.S. 143B-181.9A mandated that the Department of Human Resources (DHR) Advisory Committee on Home and Community Care develop, to the extent possible, common service definitions, standards, eligibility criteria and reporting procedures for services targeted to older adults, which are administered by multiple DHR Divisions.

The in-home aide services previously known as Chore, Homemaker, Homemaker-Home Health Aide, Respite, and Personal Care Services have been incorporated into a single service entitled, "In-Home Aide Services." In-Home Aide Services establish a uniform service definition as well as uniform competency, supervision and quality assurance requirements for the delivery of In-Home Aide Services targeted to older adults and administered by the Department of Human Resources.

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**III. Definition of In-Home Aide Services**

A. *Primary Service*

In-Home Aide Services are those paraprofessional services which assist the individual and/or family with essential home management and/or personal care tasks and/or family to remain, and function effectively, at home as long as possible.

In-Home Aide Services incorporate a wide variety of types and levels of home management and personal care tasks that may be offered by the provider.

B. *Respite Care Component*

In-Home Aide Services may be used for the purpose of providing respite for a primary caregiver. For this purpose, In-Home Aide Services may be provided to an individual in his/her own home or in the home of his/her primary caregiver. Respite Care may consist of any level of home management or personal care tasks.

C. *Description of In-Home Aide Service Levels for Older Adults*

1. **Level I – Home Management**

In-Home Aide Services at this level are intended to provide support to individuals/families requiring assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying. Individuals to be served include those who are self-directing, medically stable, and have at least one (1) instrumental activity of daily living (IADL) impairment. Personal care tasks may not be performed at this level.

2. **Level II – Home Management/Personal Care**

In-Home Aide Services at this level are intended to provide support to individuals/families requiring assistance with basic activities of daily living and home management tasks. Both home management and assistance with personal care tasks can be provided to the client when his capacities are diminished or when the client is striving to maintain or improve his own functioning. Clients to be served include those who are medically stable and partially dependent in activities of daily living (ADL) functioning (1 or 2 ADL's) due to physical and/or mental impairment; or who have maintenance needs and/or rehabilitative potential. In addition to their personal care needs, clients/families may also require assistance with IADL activities to improve IADL functioning or to learn independent living skills; or they may have increased IADL needs (2-4) requiring additional support to maintain/achieve overall functioning.

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3. **Level III – Home Management**  
In-Home Aide Services at this level are intended to provide intensive education and support to clients/families in carrying out home management tasks and improving family functioning skills. Provisions of the service primarily focuses on individualized work with a client/family in teaching and demonstrating skills and tasks and reinforcing improved client/family accomplishments. It also involves direct care and support in crises situation. Clients/families to be served generally have moderate to severe limitations in cognitive and/or psycho-social functioning, but have potential for partial/total independence in IADL and/or home management functioning. Some clients may have severe IADL impairments (more than 4).
4. **Level III – Personal Care**  
In-Home Aide Services at this level are intended to provide substantial ADL support to clients who require assistance with health/personal care tasks. Provision of these tasks involves extensive “hands on” care and potential assistance with a wide range of health related conditions. Individuals to be served include those who are medically stable with significant ADL impairments (3 or more) resulting from a chronic condition; or who are medically instable due to recent illness, complications of a chronic condition, or a deteriorating condition with variable ADL and IADL needs.
5. **Level VI – Home Management**  
In-Home Aide Services at this level are intended to provide a wide range of educational and supportive services to clients/families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to client/family crisis situations identified by the case manager; it also focuses on appropriate learning sessions with small groups of individuals from different families who have similar needs. Clients to be served include those who have serious limitations in cognitive and/or psycho-social functioning, who live in disruptive family situations, but who have the potential for major or complete independence in IADL functioning and who have little or no ADL impairment.

D. *Target Population*

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

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E. *Definitions*

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

1. “Activities of Daily Living (ADL)” include eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation and communication (ability to express needs to others e.g. speech, written word, signing, gestures, communication devices).
2. “Available Person” is someone who lives with or near the client, who has the time and is willing to perform the needed service(s).
3. “Home Management” includes tasks that range from basic housekeeping, shopping, and essential transportation to intensive work with client/families on budgeting and family management. (See attached task listing included in Appendix A.)
4. “Instrumental Activities of Daily Living (IADL)” include meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.
5. “Medically Stable” means physical/mental adaptation to previously recognized health problems with effective maintenance by diet, medication and/or routine physical exercise.
6. “Medically Unstable” means a recent acute illness or complications of a chronic condition that are not physically/mentally controlled by diet, medication and/or routine physical exercise.
7. “Older Adult” means 60 years of age or older.
8. “Own Home” means that the service recipient is living in a residence he/she maintains for himself/herself or is maintained for him/her. “Own home” does not include any group care setting.
9. “Personal Care” includes tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation to medical monitoring and other health care related tasks. (See attached task listing included in Appendix A.)
10. “Primary Caregiver” is the person who voluntarily provides the most responsibility for another person.

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11. “Respite Care” is a component of IN-Home Aide Services which provides needed relief to primary caregivers of individuals who cannot be left alone because of mental or physical problems.
12. “Responsible Person” is someone who is dependable and capable of performing the needed service(s) for the client.

#### **IV. Client Eligibility for In-Home Aide Services for Older Adults**

Clients eligible for services must be 60 years of age or older, live at home, and have home management and/or personal care needs.

For In-Home Aide Respite Care activities, caregivers are limited to those:

1. Unpaid, primary caregivers who are less than 60 years of age and who are caring for individuals who:
  - a. Are 60 years of age or older; and
  - b. Require constant supervision; and
  - c. Cannot be left alone either because of memory impairment, physical immobility, or other problems that render them unsafe alone; or
2. Unpaid, primary caregivers 60 years of age or older who are caring for individuals who:
  - a. Are age 18 and over; and
  - b. Require constant supervision; and
  - c. Cannot be left alone either because of memory impairment, physical immobility, or other problems that render them unsafe.

##### **A. Eligibility Based on Need for the Service**

Individuals served must be in need of the service for *all* of the following reasons:

1. The individual is unable to carry out one (1) or more tasks essential to the activities of daily living (ADL’s) or instrumental activities of daily living (IADL’s).
2. The individual needs help with these tasks in order to remain in him/her own home.
3. A responsible person is not available to perform these tasks *or* the primary caregiver needs relief.

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B. *Priority for the receipt of In-Home Aide Services for Older Adults*

Individuals must be served in the following order of priority:

1. Older adults for whom the need for Adult Protective Services has been substantiated and the service is needed as part of the adult protective service plan.
2. Older adults who are at risk of abuse, neglect, and/or exploitation;
3. Older adults with extensive ADL or IADL impairments who are at risk of placement in substantive care;
4. Older adults with extensive (3 or more) ADL or IADL impairments;
5. Older adults with less extensive (102) ADL or IADL impairments.

**V. Service Provision**

In-Home Aide Services contain four levels of service. Each level represents increasing complexity of home management and personal care tasks. An aide performing at a given level of the service is expected to be competent at that level and all lower levels of the service. Level III offers two tracks for specialization. An agency may offer either one or both tracks. Since Level IV is an expansion of the Level III Home Management track, it is not necessary that a Level IV aid meet the requirements of the Level III Personal Care track. Task listings are illustrative, but are not intended to be all inclusive. (See Appendix A)

A. *Service Delivery*

In-Home Aide Services must be provided in accordance with the standards established for task levels, competency/training, supervision, and quality assurance requirements regardless of whether the aide performing the task(s) is a paid employee or a volunteer under the supervision of an established agency.

Each of the four task levels of the service includes “Client indicators.” The client indicators provide a general idea of what the client’s condition might be at each level. Client indicators are intended to *assist* local service providers with determining the appropriate level of care. The client indicators may also be of assistance if tasks are needed which are not included on the task chart.

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1. **Tasks**

- a. Home management tasks have been divided into four levels of complexity as shown in Appendix A.
- b. Personal care tasks have been divided into two levels of complexity and are available at levels II and III as shown in Appendix A.
- c. Personal care tasks listed under Level III must be supervised by a registered nurse. Aides performing one or more Level III personal care tasks must meet the North Carolina Board of Nursing requirements for the Nurse Aide I.
- d. Listed under Level III Personal Care track are three tasks which are not appropriate to provide without additional training and competency testing as required by the North Carolina Board of Nursing. These tasks include: administering gastrostomy tube feeding, performing in and out bladder catheterizations, and application of sterile dressings.
- e. Assisting with medications is limited to reminding the individual to take medications, handing and opening containers of medications to individuals, and handing pre-poured medications to the individual in accordance with the service plan.

Training aides to assist with medications must correspond to the level of care provided as included in the task levels.

2. **Screening/Intake**

Screening/intake is a preliminary process used to determine if the individual appears to belong in one of the targeted priority groups for IN-Home Aide Services. A screening/intake instrument must be completed for each individual requesting service. The screening/intake may be completed in person or by telephone. The screening/intake instrument should address the following categories:

- a. Individual identifying information;
- b. Ability to perform activities of daily living;
- c. Ability to perform instrumental activities of daily living;
- d. Individual's identification of health problems;
- e. Individual's living arrangement (e.g. along/with family);
- f. Individual's perception of well-being (e.g. happy, sad, forgetful, confused, etc.);
- g. Availability of caregiver support;
- h. Services currently being received.

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Service provider agencies may use the Division of Aging Service Outcome Screen (SOS Profile) or their own screening/intake instrument provided it addresses all of the above categories. The Division of Aging SOS Profile (DOA-403) is included as Appendix C. An instructional manual which corresponds to the SOS Profile is available from the Division of Aging upon written request.

3. **Assessment/Reassessment of Client**

The purpose of the initial assessment and regular reassessments is to determine each client's level of functioning and determine/confirm the need for In-Home Aide Services. The assessment/reassessments must be conducted by an appropriate professional(s) and are prerequisites to providing In-Home Aide Services. An initial assessment is not a prerequisite when the health or safety of a client is at risk. In these instances the initial assessment must be completed within five working days of the onset of services. The assessment/reassessment must be conducted in the individual's home and must address the mental, social, environmental, economic, and physical health status of the individual, as well as the ability to perform activities of daily living (ADL's). The assessment/reassessments must be signed and dated by the professional(s) responsible for assuring completion of the assessment.

- a. An initial assessment must be completed prior to the professional's development of an In-Home Aide Service Plan.
- b. A full reassessment must be completed at least every 12 month or as the client/family situation warrants. Consultation with a RN is required for Level II clients receiving personal care tasks if the client's personal care needs have increased due to changes in a medically related problem to determine the appropriate level of In-Home Aide Services needed. (Effective July 1, 1993)
- c. A review of the client/family situation must be completed by an appropriate professional at least quarterly. If a reassessment is conducted in that quarter, it meets the requirements for a quarterly review. The In-Home Aide Service plan should also be reviewed at least quarterly and revised based on the client's needs.

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When Level II of III Personal Care tasks are being provided to client, the appropriate professional shall visit the client in his residence at least quarterly to review the client's general condition, progress and response to services provided. Consultation with a RN is required for Level II clients receiving personal care if the client's personal care needs have increased due to changes in a medically related problem to determine the appropriate level of In-Home Aide Services needed. (Effective July 1, 1993)

If the same professional is assigned responsibility for supervision of the In-Home Aide and the Quarterly Review, these functions may be conducted during the same home visit. (Effective July 1, 1992 – See 10 NCAC 3L .1202, Home Care Agency Licensure.)

- d. If an individual needs Home Management tasks at Levels I, II, III or IV, the assessment/reassessment must be completed by a social worker or other appropriate professional (e.g. registered nurse, registered dietitian etc.). If a registered nurse or dietitian is conducting the assessment/reassessment and the individual's social needs appear more extensive that the assessor is able to adequately evaluate, then a social worker must be consulted for further input.
- e. If the individual needs Personal Care tasks at Level III, a registered nurse must complete the physical health status and ADL portions of the assessment. For Level II Personal Care tasks, if a social worker or registered dietitian is conducting the assessment/reassessment and the individual's personal care needs appear more extensive that the assessor is able to adequately evaluate, then an appropriate health professional must be consulted for further input.

4. **In-Home Aide Service Plan**

Each client must have a Service Plan for In-Home Aide Services which is based on the assessment/reassessments.

In-Home Aide Service Plans must include:

- a. Measurable client outcome goal(s);
- b. In-Home Aide Service level(s) to be provided;
- c. Specified tasks to be performed;
- d. Frequency of service provision;
- e. Anticipated duration of the service; conditions for continuing and/or discontinuing service;

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- f. Safety measures and activity restrictions that are specific to the client (for Level II or Level III Personal Care only – Effective July 1, 1992 – See 10 NCAC 3L .1202, Home Care Agency Licensure);
- g. Signature of client/designated person indicating agreement with the service plan;
- h. Signature of agency professional staff developing the service plan; and
- i. When clients receiving Level II services request assistance with one or more of the following tasks:
  - 1) Applying ace bandages, TED's, or binders
  - 2) Applying/removing prosthetic devices; and
  - 3) Assisting client with self-monitoring of temperature, pulse, blood pressure and weight;the In-Home Aide Service Plan must specify that the client has requested such assistance and that the client is responsible for directing these tasks and for making decisions regarding actions to be taken as a result of temperature, pulse, blood pressure, and weight readings. (Effective July 1, 1993)

For all levels, except Levels II and III Personal Care, each client's In-Home Aide Service Plan must be reviewed at least every 12 months or as the client's condition warrants as documented in the reviews or reassessments. For Level II and Level III Personal Care, the Service Plan must be reviewed at least every three months by the appropriate agency professional and revised as needs based on the client's needs. (Effective July 1, 1992 – See 10 NCAC 3L .1202, Home Care Agency Licensure.) All changes in tasks must be documented and dated on the In-Home Aide Service Plan by the responsible professional.

B. *Competency Requirements and Training Recommendations*

1. **Competency Requirements**

Aides who provide In-Home Aide Services must meet the competency requirements for the level of service they are regularly required to perform. (Exception: An aide performing any task in Level III Personal Care must meet the competency requirements for that level and be registered as a Nurse Aide I with the NC Division of Facility Services). Meeting competency requirements include a correct demonstration of the tasks to an appropriate professional.

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

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

Each local service provider is responsible for ensuring that competency testing is appropriately administered.

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

Demonstration of competence before an appropriate professional can take place in a variety of settings including, but not limited to, the classroom, laboratory, local agency or the home of the client/family.

2. **Training Recommendations**

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

Appendix A lists the recommended minimum hours of training needed for each level of offered through classroom instruction. Use of other methods may modify the number of hours needed. Each service provider agency is responsible for insuring that its aides have sufficient training to pass the appropriate competency test. A reference list of suggested curricula to meet training recommendations and competency requirements is listed in Appendix B.

3. **Time Frames for Completing Competency Requirements**  
(Effective: July 1, 1993)

- a. *Level I:* Competency requirements consist of demonstration of knowledge and skills indicated for Level I tasks listed in Appendix A. Competency requirements for Level I must be met within one year of employment as a Level I aide.
- b. *Level II:* Competency requirements consist of demonstration of knowledge and skills indicated for Level II tasks listed in Appendix A. Competency requirements for Level II must be met within one year of employment as a Level II aide.

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

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

**Personal Care Track:** Competency requirements consist of demonstration of knowledge and skills indicated for Level III Personal Care tasks (and for the NC Board of Nursing Nurse Aide I) and registration on the Nurse Aide Registry. Level III Personal Care Tasks are listed in Appendix A. Aides performing Level III Personal Care tasks must complete training and/or competency testing within four months of employment at this level.

- d. *Level IV:* Competency requirements consist of demonstration of knowledge and skills indicated for Level IV tasks listed in Appendix A. Competency requirements for Level IV must be met within one year of employment as a Level IV aide.

*Family Members:* In the event that a spouse, parent, child or sibling is paid to provide care, the agency may make a determination that the family member is capable of providing the care needed without requiring any formal training. The family member must demonstrate competence to perform the tasks needed by the client to an appropriate professional.

The NC Board of Nursing requires that any person (including a family member) who is paid to provide care and perform one (1) or more Nurse Aide I (Level III Personal Care) tasks must be registered on the Nurse Aide Registry.

C. *Supervision*

1. **Aide Supervision**

It is the responsibility of the agency providing In-Home Aide Services to assure that supervision is given to all aides.

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

- a. Determining which aide is most appropriate to serve a particular client;
- b. Assuring that the aide is competent to perform the necessary tasks;
- c. Assigning tasks and giving specific instructions to the aide;

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- d. Providing ongoing support and task supervision;
- e. Observing and evaluating the aide's performance; and
- f. Conducting or arranging for necessary training.

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

2. **Frequency of Required Aide Supervision**

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

- a. *Level I- Frequency:* A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A quarterly on-site supervisory visit to the home of at least one client served by each in-home aide is required.
- b. *Level II – Frequency:* A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. A quarterly on-site supervisory visit to the home of at least one client served by each in-home aide is required.

For aides providing Level II personal care tasks, a supervisory visit to each client's place of residence at least every three months, with or without the in-home aide's or other allied health personnel's presence and at least annually, while the in-home aide or other allied health personnel is providing care to each client is required. (Effective July 1, 1993)

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

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- c. *Level III – Home Management Track – Frequency:* Supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. An on-site supervisory visit to the home of at least one client the aide is serving is required at least every 60 days.

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

- d. *Level III – Personal Care Track – Frequency:* Supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. The appropriate health professional shall make 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. (See – 10 NCAC 3L .1110, Home Care Agency Licensure)

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

- e. *Level IV – Frequency:* A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. Either the social worker or line supervisor will make the visit to the home of at least one client the aide is serving at least every 60 days.

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

D. *Selection of Aides*

1. **Individuals who may serve as In-Home Aides**

- a. Non-relatives who are 18 years of age or older who are qualified to perform the tasks needed by the client.

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- b. Relatives of the client (parent, spouse, child or sibling) who are 18 years of age or older and who give up employment or the opportunity for employment in order to perform the service and who are qualified to perform the tasks needed by the client.

Individuals who *cannot* be In-Home Aides are either under 18 years of age, not qualified to perform the tasks needed by the client, or relatives of the client (parent, spouse, child or sibling) who are unemployed or who do not have to give up employment in order to provide the service.

2. **Qualifications of Individuals Providing Supervision or Aides**

The requirements for the individual(s) supervising aides will vary with the level(s) of task(s) performed.

- a. *Levels I and II:* For these tasks supervision may be provided by appropriately trained paraprofessional personnel (e.g. Chore supervisor, experienced aide, licensed practical nurse) or other appropriate professional (e.g. nutritionist, etc.). If a paraprofessional is used, it is expected that the individual will be supervised by a professional.
- b. *Levels III:* It is expected that these tasks will be supervised by an appropriate professional. For the home management tasks this will usually be a social worker. For personal care tasks this will usually be a registered nurse and sometimes may be an occupational therapist or physical therapist, etc. A licensed practical nurse (LPN) may supervise aides *if* the LPN is supervised by a registered nurse.
- c. *Level IV:* It is expected that these tasks will be supervised by a social worker and be performed as a part of a social work plan.
- d. If an aide provides some Level I or II tasks and other Level III or IV tasks, supervision may be split/shared by a paraprofessional and professional staff.

**VI. Documentation**

A. *Client Records*

Records must be kept for each In-Home Aide Services client and must include:

- 1. Documentation of request/authorization for services (e.g. intake/screening form);
- 2. Source of referral for Level II or Level III Personal Care (Effective July 1, 1992 – See 10 NCAC 3L .1402, Home Care Agency Licensure);

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3. A copy of the completed initial assessment;
4. Copies of all completed reassessments;
5. Copies of the initial and any revised In-Home Aide Service Plans;
6. Documentation of significant client information (e.g. client appears disorientated, listless, etc.) For Level II or Level III Personal Care, the names of next of kin or legal guardian must be included. (Effective July 1, 1992 – See 10 NCAC 3L .1402, Home Care Agency Licensure);
7. Documentation of client eligibility;
8. Documentation of quarterly reviews;
9. Documentation notifying client of service reduction, denial or termination;
10. Documentation showing that, prior to the initiation of services, the home care agency discussed with and provided each client with a copy of his rights and responsibilities (Effective July 1, 1992 – See 10 NCAC 3L .1007, Home Care Agency Licensure and accreditation organization standards); and
11. Documentation of Client Registration Form (MIS) reassessments.

B. *In-Home Aide Records*

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

1. A record of all competencies of all competencies completed by the aide and the related level(s) of service the aide is able to perform;
2. Verification of the aide's current registration with the North Carolina Division of Facility Services as a Nurse Aide I if Level III Personal Care tasks are provided by the aide.

## VII. Quality Assurance Requirements

The purpose of the quality assurance requirement is to ensure that In-Home Aide Services are provided safely and in accordance with recognized standards of practice.

All agencies providing In-Home Aide Services must be either licensed by the Department of Human Resources as a home care agency, or accredited through one of the following accreditation organizations, or other entities recognized by the Department of Human Resources or the North Carolina Medical Care Commission:

- North Carolina Accreditation Commission for In-Home Aide Services
- National HomeCaring Council
- Joint Commission of Accreditation of HealthCare Organizations (Home Care accreditation)
- National League for Nursing

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Licensure by the Department of Human Resources is required by July 1, 1992 for agencies providing In-Home Aide Services at Level II – Home Management and Personal Care, Level III – Personal Care, or both. If the agency is accredited as described above, then the agency shall be given deemed status for licensure.

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

## **VIII. Reporting and Reimbursement**

### *A. Reporting and Reimbursement*

All providers, except local departments of social services, shall submit a Management Information System (MIS) Client Registration Form (DoA-101) for clients receiving In-Home Aide Services. The completed form (DoA-101) shall be forwarded to the Area Agency on Aging for entry into the MIS. If a department of social services is administering the program, clients shall be registered via the DSS-2515 form and the information entered into the Services Information System (SIS).

In order to maintain accurate client data, agencies must conduct an update of client registration information during regularly service assessments. Depending upon the type of agency providing the service, information will be updated on either form DoA-101 or DSS-2515 and entered into the appropriate information system. Only the signature of the agency staff person completing the update is required.

- B.** In-Home Aide Services shall be reimbursed in accordance with the number of units of service provided. A unit of service equals on hour. Units of service must be reported according to the highest level of care required and the predominant activity provided (e.g. Level III home management). The level of care is based upon the primary need of the client and according to the tasks performed by the worker for that visit.

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In-Home Aide Services will be reported according to level of care provided and the predominant activity. Nine service codes have been established to reflect the levels and specific activities listed below:

1. Level I – Predominant activities include: home management or respite
2. Level II – Predominant activities include: home management, personal care or respite
3. Level III – Predominant activities include: home management, personal care or respite
4. Level IV – Predominant activity includes: home management

Community service providers must establish a single unit cost for each level of service to be provided regardless of the predominant activity of the service, (e.g. home management, personal care, or respite).

In-Home Aide Services are subject to the Service Cost-Sharing Policies and Procedures as specified in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

Specific procedures for reporting client data and service reimbursement information are outlined in the Division of Aging Home and Community Care Block Grant Procedures Manual for Community Service Providers.

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**IX. Appendices**

North Carolina Division of Aging  
In-Home Aide Services – Policies and Procedures  
Effective Date – July 1, 1992

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## **In-Home Aide Service – Level I**

### ***Client Indicators***

#### **Home Management**

1. Client is self directing, medically stable, and has at least one IADL impairment.

### ***Tasks***

#### **Home Management**

- Pay bills as directed by client
- Provide transportation for medical appointments/shopping
- Clean/care for clothing: ironing, simple mending, laundering
- Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes
- Make un-occupied bed
- Recognize/report changes in health/environment
- Identify medications for client
- Provide companionship/emotional support
- Prepare simple meals
- Shop for food from verbal or written instruction
- Observe/report symptoms of abuse, neglect, illness, etc. to proper professionals

### ***Required Competencies***

### ***Recommended Training Hours***

#### **21 Hours**

#### **Communication Skills I (2)**

- Methods of communication
- Maintaining control
- Observing, documenting and reporting
- Confidentiality

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**Mental Health/Illness I (1)**

- Characteristics of good mental health
- Personality differences

**Understanding Basic Human Needs I (2)**

- Physical and psychological needs
- Needs hierarchy
- Client/patient Rights

**Family Dynamics I (2)**

- Cultural/ethnic lifestyles
- Role of families in meeting individual needs

**Medications I (1)**

- Retrieve and identify medications for client
- Do's and don'ts of medication

**Home Management Skills I (3)**

- Maintaining a clean and safe environment
- Basic housekeeping
- Shopping
- Clothing care and repair
- Paying bills

**Responding to Emergencies I (1)**

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

**Food and Nutrition I (2)**

- Role of nutrition in promoting good health
- Balanced meal preparation and food handling/storage

**Personal Hygiene (worker) I (1/2)**

- Expectations i.e. Cleanliness, odors, smoking, etc.

**Disabled Adults I (5)**

- Life long aging process
- Disabled persons as individuals
- Specific needs of older persons

**Safety Measures I (1)**

- Household safety tips
- Body mechanics for aides
- Transporting of client

**Inappropriate Tasks I (1/2)**

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

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## Home Aide Service – Level II

### *Client Indicators*

#### **Home Management**

1. Client has potential to improve IADL functioning or learn independent living skills.

OR

2. Client has increased IADL needs (2-4) requiring additional support to maintain functioning.

#### **Personal Care**

1. Client is medically stable and is partially dependent in ADL functioning (1 or 2 ADLS) due to physical and/or mental impairment. He/she has maintenance needs and/or rehabilitative potential.

### *Tasks*

#### **Home Management**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li>• Assist in following budget prepared by case manager</li><li>• Assist to find/use community resources</li><li>• Perform reading/writing tasks</li><li>• Demonstrate/model simple altering and mending techniques</li><li>• Demonstrate/model housekeeping</li></ul> | <ul style="list-style-type: none"><li>• Assist in organizing household routines</li><li>• Assist in making or purchasing clothing or other household items</li><li>• Plan menus using food guide</li><li>• Assist with developing a market order and shopping</li><li>• Demonstrate/model food handling, preparation and storage</li></ul> |
|--|--|

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### **Personal Care**

- Assist ambulatory client with mobility and toileting
- Provide care for normal, unbroken skin
- Assist with personal hygiene, (mouth care, hair and scalp grooming, fingernails and bathing; shower, tub, bed and basin) Cut/trim hair
- Shave client (electric/safety razor)
- Provide basic first aid
- \* Assist with applying ace bandages, TED's, and binders as stipulated in the In-Home Aide service plan, and under the direction of the client
- assist limited function and report self-administered medications
- \* Assist with applying/removing prosthetic devices for stable clients as stipulated in the In-Home Aide service plan, and under the direction of the client
- Assist with feeding clients with special conditions (no swallowing difficulties)
- Assist/encourage physical activity and/or prescribed exercise
- \* Assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the In-Home Aide service plan, and under the direction of the client

\* Demonstrated competency verified by R.N.

### ***Required Competencies***

### ***Recommended Training Hours***

**Level II: 38 Hours**

**Cumulative: 59 Hours**

#### **Communication Skills II (2)**

- Roles of the service delivery team
- Plan of care
- Report writing

#### **Family Dynamics II (2)**

- Family life cycle
- Issues at each stage of life
- Effects of disruption

#### **Mental Health/Illness II (2)**

- Effects of stress
- Defense mechanisms
- Dementia

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**Home Management Skills II (5)**

- Housekeeping techniques/routines
- Demonstrating/modeling homemaking tasks
- Working within a budget
- Clothing/household supply purchasing
- Knowledge/use of community resources

**Food and Nutrition II (3)**

- Planning menus from a food guide
- Developing a market order
- Principles of food preparation
- Following a prescribed diet

**Ill and Disabled Adults II (2)**

- Diseases of the elderly
- Coping with chronic illness

**Special Care Skills (6)**

- Assist in feeding clients with special conditions (excluding swallowing difficulties)
- Application of ace bandage, TED's, binders
- Assist/encourage physical activity and/or prescribed exercise
- Assist limited function client with dressing
- Making occupied bed
- Assist with application/removal of prosthetic devices
- Assist ambulatory client with mobility and toileting

**Personal Hygiene (Client) II (4)**

- Assist with bathing (bed, tub, shower, basin)
- Assist with mouth care
- Assist with hair and scalp grooming (cut/trim hair)
- Assist with fingernail care (clean and file)
- Shaving clients (electric/safety razor)
- Normal skin care

**Medications II (1)**

- Reminding/reinforcing self-administered medications
- Observe, report, record self-administered medications

**Abuse and Neglect I (2)**

- Recognizing/reporting criteria (age specific)

**Infection Control I (2)**

- Preventing the spread of disease
- Hand washing techniques

**Basic First Aid I (6)**

- Principles of Cardiopulmonary Resuscitation
- Taking temperature, pulse, height and weight
- Taking blood pressure

**Inappropriate Tasks II (1)**

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**In-Home Aide Service – Level III**

*Client Indicators*

**Home Management**

1. Client has moderate limitations in cognitive and/or psycho-social functioning, but has potential for partial/total IADL and/or home management functioning.

OR

2. Client has severe IADL impairment (more than 4)

**Personal Care**

1. Client is medically stable with significant ADL impairments (3 or more) resulting from a chronic condition.

OR

2. Client is medically stable with significant ADL impairments (3 or more), but has rehabilitative potential.

OR

3. Client is medically unstable, due to recent illness, complications of a chronic condition, or a deteriorating condition with variable IADL and ADL needs.

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### ***Tasks***

#### **Home Management**

- Demonstrate securing and caring for household furnishings
- Teach basic sewing/use of sewing machine
- Demonstrate how to plan for a move, locate housing, and organize moving activities
- Teach/reinforce housekeeping methods, home safety, energy conservation, and sanitation skills.
- Teach/reinforce personal hygiene and self-care, reinforce sound health care practices and personal safety techniques.
- Take/accompany to medical appointments; reinforce special diet routines; monitor treatment plans
- Teach/reinforce household budgeting and planning skills; teach proper use of credit
- Demonstrate/reinforce comparison shopping and good consumer practices with food, clothing and furnishings
- Teach/reinforce management of time and resources, including work simplification techniques
- Teach/reinforce appropriate food handling and cooking skills
- Monitor/reinforce family progress on protective service plan goals

(Tasks subject to nurse supervision requirements for the Nursing Practice Act.)

- Assist with feeding clients with special conditions
- Give bed bath
- Make occupied bed
- Assist with mobility, gait training using assistive devices
- Assist with range of motion exercises
- Assist limited function patient with dressing
- Take/record temperature, pulse, respirations, blood pressure, height and weight
- Observe, record and report self-administered medications
- Apply/remove prosthetic devices for stable client
- Apply ace bandages, TED's, binders
- Assist with scalp care
- Trim toenails for clients without diabetes/peripheral vascular disease
- Empty/record drainage of catheter bag
- Shave clients with skin disorders
- Administer enemas
- Insert rectal tubes/flatus bags
- Bowel/bladder retraining
- Collect/test urine or fecal specimens
- Perineal care
- Apply condom catheters
- Chair/stretchers transfers

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***Level II Tasks (cont.)***

- Turn and position
- Safety measures (side rails, mitts, restraints)
- Change non-sterile dressings
- Force and restrict fluids
- Apply prescribed heat/cold
- Care for non-infected decubitus ulcers
- Assist clients in understanding medical orders/routines, encourage compliance
- Assist with purchase/preparation of diet food specified by professional
- Vaginal douches after instruction assist with prescribed physical/occupational therapy
- Plan menus for special diets
- Monitor dietary treatment plan, provide feedback to professional

***Tasks with Special Training***

**(Requires Nurse Aide II registration with the NC Board of Nursing)**

- Administer gastrostomy tube feedings
- Perform in and out bladder catheterizations
- Change sterile dressings

***Required Competencies***

***Recommended Training Hours***

***CORE: 15 Hours***

**Personal Care: 27 Hours**

**Cumulative: 101 Hours**

***Core Curriculum (15)***

**Communication Skills III (3)**

- Promoting client independence
- Strategies for guiding, supporting, and encouraging
- Medical terminology
- Documentation

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**Mental Health/Illness III (2)**

- Substance abuse
- Mental retardation
- Types of mental disorders

**Principles of Adult Education I (2)**

- How adults Learn
- “Let’s Do” teaching

**Food and Nutrition III (4)**

- Comparison Shopping
- Principles of therapeutic (specialized) diets
- Purchasing/planning/preparing therapeutic (specialized) diets
- Observing dietary treatment plans

**Infection Control II (2)**

- Isolation techniques
- Universal precautions
- Application in the home

**Death and Dying (2)**

**Personal Care Track (27)**

**Personal Hygiene III (4)**

- Bed bath
- Shampoo in bed
- Shave client with skin disorders
- Trim toenails (no diabetes/perioheral vascular disease)
- Perineal/catheter care

**Treatment Techniques I (6)**

- Assist with feeding clients with special conditions
- Force and restrict fluids
- Care of non-infected skin ulcers
- Clean dressing changes (non-sterile)
- Vaginal douches
- Apply prescribed heat and cold
- Assist clients in understanding medical orders/routines, encourage compliance
- Intake and output
- Take respirations

**Elimination/Treatment I (6)**

- Empty/record drainage of catheter bag
- Bowel/bladder retraining
- Collect/test urine or fecal specimens
- Insert rectal tube/flatus bags
- Apply condom catheters
- Administer enemas
- Use of bedpans and urinals

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**Other Training Techniques (3)**

- Apply/remove EKG leads
- Post mortem care
- Gastric suction (maintenance)
- Turn/cough/deep breath
- Restorative services

**Body Mechanics I**

- Transfer techniques
- Use of lifts
- Assistive devices
- Assist with prescribed physical/occupational therapy

**Safety Measures (1)**

- Side rail, mitts, restraints

**Basic First Aid II (2)**

- Cardiopulmonary Resuscitation

**Home Management Track (20)**

**Home Management Skills III (5)**

- Teaching housekeeping skills
- Planning and organizing moving activities
- Energy conservation
- Basic mending/sewing and use of sewing machine
- Home safety skills

**Financial Management I (6)**

- Setting family goals
- Developing a family budget
- Making good budgeting/spending choices
- Use of credit
- Consumer protection practices

**Resource Management I (3)**

- Securing and caring for household furnishings
- Teaching management of time and resources
- Locating housing
- Work simplification techniques

**Self Care (2)**

- Personal hygiene and health care practices
- Personal safety techniques
- Following treatment plans

**Family dynamics III (4)**

- Understanding dysfunction in families
- Impact of substance abuse
- Reinforcing new skill/patterns in poorly functioning families

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***Supervision***

**Who**

These tasks *must* be supervised by an appropriate professional. For the Home Management Tasks this will usually be a social worker. For Personal Care Tasks this will usually be an RN and sometimes an OT, PT etc.

**Frequency**

A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. An on-site visit at least every 60 days is required.

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

Some funding sources may have additional supervision requirements.

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## **Home Aide Service – Level IV**

### ***Client Indicators***

#### **Home Management**

1. Client has serious limitations in cognitive and/or psychosocial functioning, but has the potential for major or complete independence in IADL functioning and has little or no ADL impairment.

### ***Tasks***

#### **Home Management**

- Provide supervision and role modeling of appropriate care and supervision when family is available but unable to perform caretaker duties due to physical or emotional illness (under close case supervision by social worker)
- Implement strategies developed on social work plan including arranging transportation, housing and other auxiliary services (under close case supervision by social worker)
- Demonstrate management of food resources and menu planning (under close case supervision by social worker)
- Provide case tracking and follow-up to social work staff by observing families in home environment
- Assist professionals in establishing and maintaining various client groups
- Provide tracking of household budgets with clients
- Identify indicators of risks to families and appropriately report to social worker

### ***Required Competencies***

#### ***Recommended Training Hours***

**Level IV: 14 Hours**

**Cumulative: 108**

#### **Family Dynamics IV (6)**

- Characteristics and interventions for multi-problem families
- Impact of loss/separation
- Family violence
- Confrontation skills
- Principles of adult learning

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**Home Management Skills IV (3)**

- Planning moves
- Understanding eviction procedures
- Elimination of household safety hazards relevant to client functioning

**Protective Services (5)**

- Legal base and liability
- Factors of increased risk for abuse or neglect
- Indicators of mental and emotional functioning

***Supervision***

**Who**

These tasks *must* be supervised by an appropriate professional. For the Home Management Tasks this will usually be a social worker.

**Frequency**

A supervisory home visit or telephone call to the aide within the first calendar week of an aide assignment is recommended. Either the social worker or line supervisor will make a home visit at least every 60 days for clients receiving home management in-home aide services.

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

Some funding sources may have additional supervision requirements.

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Appendix B

*Suggested Curricula for In-Home Aide Services*

1. **Level I and Level II:**  
Chore Services Course Outline (Competency Test(s) not developed)
2. **Level I and Level II; Level III Home Management:**  
Homemaker Home-Health Aide Model Curriculum (Competency Test(s) not Developed)
3. **Levels I, II, III and IV:**  
DHR Curricula and/or Competency Tests (both to be developed). The curricula will be designed to be taught in both concentrate or incremental modes, and will contain competency tests for each level and specialization. The section for Level III Personal Care will have the approval of the NC Board of Nursing.
4. **Level III Personal Care:**  
Nursing Assistant I Curriculum (110-120 hours) and/or competency test developed by the NC Community College system and approved by the NC Board of Nursing.
5. **Level III Personal Care:**  
Any curricula and/or competency tests approved by the NC Board of Nursing as long as they also include the following home management related material:
  - a. Home safety
  - b. Clothing care/repair
  - c. Food handling techniques
  - d. Housekeeping techniques/routines
  - e. Bill paying/budgeting

The Service and Service Outcome Screen

Date: \_\_\_\_\_

SOS PROFILE

Client' Name \_\_\_\_\_  
 Last First MI Agency Use

Problem

Summary

- Health  
  Cog/MH  
  IADL  
  ADL  
  Help  
  S.Support  
  Housing  
  Income  
  Agency  
  Refund  
  URGENT

1. Basic Information From: Self Other

a. Client Phone \_\_\_\_\_

b. Street Address \_\_\_\_\_

c. City/Township \_\_\_\_\_

d. County \_\_\_\_\_

e. Zip Code \_\_\_\_\_

f. Date of Birth \_\_\_\_\_

g. Mother's maiden name \_\_\_\_\_

h. S.S. number \_\_\_\_\_

i. Client Needs/Preferences for Services \_\_\_\_\_

j. Sex: Female Male

k. Racial/Ethnic Identity:  
 White Black Native American  
 Asian Hispanic Other \_\_\_\_\_

l. Mention of Unmet Skilled Need Y N  
 (e.g., help with oxygen/sterile dressing, electronic equip./I.V./monitoring  
 Comment \_\_\_\_\_

Appropriate for Agency  
 Perhaps appropriate for agency  
 Not appropriate for agency

2. Emergency Contact?  
 Contact \_\_\_\_\_  
 Phone: Days \_\_\_\_\_ Nights \_\_\_\_\_

Doctor \_\_\_\_\_  
 Phone \_\_\_\_\_

3. Complete ONLY IF CALLER IS OTHER THAN CLIENT

a. Caller's name \_\_\_\_\_

b. Caller's phone \_\_\_\_\_

c. Relation to client \_\_\_\_\_

d. Reason not to call client \_\_\_\_\_

e. Caller sees situation as URGENT:  
 Problem

4. Health Perceptions and Services

a. Diagnosed or Perceived Health Problems \_\_\_\_\_

b. Would you say in general your/his/her health is:  
 Excellent Very Good Good Fair Poor

c. How much bodily pain during past month?  
 None Very Mild Mild Moderate Severe

d. Hospital (past year) yes no

e. Doctor's care (past month) yes no

f. Nurse in home (Past month) yes no

g. Service agency involvment (Past yr.) yes no

h. If YES, agency (ies)? \_\_\_\_\_

Problem

5. Cognitive/Mental Health

Sense of Well-Being  
 How much time in the past month?

a. Nervous All Some None

b. Sad/nothing cheers All Some None

c. "In touch" If client answered Section I, were answers a. through h.:  
 Appropriate  
 Questionably Appropriate  
 Clearly Inappropriate

d. Insection 3, was reason not to call client given as confusion, Alzheimer's Disease, dementia or related disorders?  
 Yes No

Problem



# ATTACHMENT B

NORTH CAROLINA

CONTRACT

DAVIE COUNTY

This *Contract* is effective for services provided from July 1, XXXX - June 30. XXXX by and between **DAVIE COUNTY d/b/a Davie County Consolidated Health and Human Services Agency**, 210 Hospital Street, Mocksville, North Carolina, 27028, hereinafter referred to as "**Agency**" and XXXXXXXX .

## **BACKGROUND AND PURPOSE**

Whereas, Davie County Health and Human Services Agency provides three levels of In home Aide Services and maintains a waiting list for those services to consumers 60 and older; and

Whereas, Subcontractor has experience working with the Division of Health Service Regulation and is aware of policies that must be mandated to keep Davie County Health and Human Services Agency in compliance, and desires to work in agreement with the In Home Aide Services Program;

Therefore, Davie County Health and Human Services Agency desires to enter into an agreement with Subcontractor as an Independent Contractor for the accurate and timely completion of in-home aide tasks so the consumer may continue with their ongoing care, and additional consumers may be added to the program.

## **Contract Documents:**

The Service Agreement consists of the following documents, which are incorporated herein by reference and are available by going to the following websites: Policies, Procedures, and Service Standards:  
<http://www.ncdhhs.gov/aging/monitor/mpolicy.htm>:

## **1. Scope of Work**

Contractor will assist with fulfillment of program's mission to help individuals and their families with attaining and maintaining self-sufficiency, improving quality of life (in order to prevent deterioration of functional capacity), and prevent abuse, neglect, exploitation, and premature institutional care by assisting clients with maintaining their safety and wellbeing in their own home.

*Contractor* agrees to provide *Agency* with certain services herein described:

*Contractor* will staff a certified nursing assistant or personal care assistant and Registered Nurse(s) to provide health related services (minimum one hour/service) described below in the home of specified consumer as a subcontractor of Davie County Health and Human Services Agency and in

accordance with North Carolina guidelines.

Contractor will:

- A. Receive referrals from Davie County Health & Human Services agency, community, etc.
- B. Verify eligibility of referrals for program according to most recent version of the NC Division of Aging In Home Aide Services Policies and Procedures.
- C. Notify Davie County Health & Human Services agency of all eligible referrals.
- D. Admit referral upon verification of funding by Davie County Health & Human Services agency. Ensure the DAAS 101 and appropriate consumer contribution forms are completed on all admissions. Original copies of the DAAS 101 and consumer contribution forms should be provided as requested for audit purposes.
- E. Determine Level of Care to be provided: Level I – Home Management (due to funding restrictions no new clients will be accepted for Level I only); Level II – Home Management/Personal Care; or Level III – Personal Care.
- F. Provide all services to clients as outlined in the most recent version of the NC Division of Aging In Home Aide Services Policies and Procedures, including Screening/Intake, Initial Assessment, Reassessments, telephone follow up calls, and Creation of Service Plan, ensuring all timeframes and frequencies are met.
- G. Ensure that all aides meet competency requirements and training requirements according to the most recent version of the NC Division of Aging In Home Aide Services Policies and Procedures.
- H. Provide proper supervision of aides according to the most recent version of the NC Division of Aging In Home Aide Services Policies and Procedures.
- I. Provide copies of assessments, re-assessments, care plans, aide visit notes and quarterly client reviews/nurse supervisory visits. Assessments, re-assessments, nurse supervisory visits and care plans should be submitted as requested for audit purposes.
- J. Review and ensure staff follows the plan of care; documents IADL and ADL tasks performed; time entered and exited from the consumer's home; and observed changes in the consumer's condition/situation.
- K. Make provisions to guarantee all active cases are covered when the assigned aide/service provider is unavailable.
- L. Notify Davie County Health and Human Services Agency as soon as possible if there are any significant changes in consumer's condition or situation, or if services are placed on hold due to transition to skilled care or a healthcare facility;
- M. Report staffing variances or any other incidents/occurrences (falls, skin tears, wounds, etc.) and provide written copies of incident/occurrence (fall reports, skin tears, wounds, etc). Submit fall reports and incident/occurrence documentation on a bi-weekly basis
- N. Based on funding availability, agrees to serve the number of In Home Aide Service Consumers requested by Davie County Health and Human Services Agency each month
- O. Provide business License, License to Provide In Home Aide Services, Policy and Procedures in managing and administering services, and documented aide competency to Davie County Health and Human Services Agency. Provide copies of Business License and Policies and Procedures

with contract submission. Documentation of Aide competency shall be submitted annually - and upon hire for new staff.

- P. Provide Davie County Health and Human Services Agency with copies of 1) Aide Supervisory Visit records 2) annual record of Aide Competency Testing 3) Annual record of Aide Training, and 4) documentation that Aide is currently listed on the North Carolina Nurse Aide 1 Registry for all Aides serving Davie County Health and Human Services Agency In- Home Aide Services, as requested.
- Q. Participate in monitoring by agency and Piedmont Triad Regional Council Area Agency on Aging. **Agency** agrees to provide *Contractor/Subcontractor* with certain services herein described:

**Agency will:**

- A. Provide referrals to Contractor as appropriate.
- B. Verify existence of fund to accept new clients.
- C. Complete all billing/ARMS monitoring and verification
- D. Complete annual budget
- E. Maintain copies from Subcontractor of all aide visit notes for billing purposes.
- F. Complete all financial reports and audit requirements
- G. Attend PTRC meetings and prepare reports for meetings
- H. Maintain patient waiting list if applicable

**2. Records.**

The *Contractor* agrees to furnish to the *Agency* information and documentation of services provided under the terms of this *Contract* pursuant to the federal directive which reads as follows: "until the expiration of five years after the furnishing of such services pursuant to such *Contract* the *parties* shall make available, upon written request to the Secretary of the Department of Health and Human Services, or to the Comptroller General, or any of their duly authorized representatives, the *Contract*, and any books, documents, and records that are necessary to certify the nature and extent of the costs of services provided pursuant to this Contract."

To the extent required by federal law for reimbursement purposes, and only to that extent, appropriate representatives of the federal government may have access to the records of the *Contractor*. The *Contractor* shall obtain an Agreement with similar terms from any related subcontractor who may be engaged by the *Contractor* to perform services for *the Agency*, so that all such subcontractors are obligated to furnish to the *Agency* all of the information and documentation stated above. This is not intended to constitute a waiver of any privilege absolute or qualified, which either the *Agency* or *Contractor* may possess now or in the future.

**3. Confidentiality.**

The *Contractor* shall maintain complete confidentiality as to all information received concerning the personal, financial, or other affairs of *the Agency* or its clients/consumers. The *Contractor* shall not

reveal any information received to any other person(s) except in accordance with accepted medical practice and state and federal law governing the proper handling of records.

#### 4. Compliance with Law.

Both parties shall comply with all applicable federal, state and local laws, including discrimination. E-verify Contractor shall comply with the requirements of Article 2 of Chapter 64 of the General Statutes. Further, if Contractor utilizes a subcontractor, Contractor shall require the subcontractor to comply with the requirements of Article 2 of Chapter 64 of the General Statutes."

#### 5. Independent Contractor Status.

The Contractor is an independent Contractor within the meaning and definition of the case laws and/or statutory laws of the State of North Carolina. The Contractor is not an employee, subcontractor or agent of Agency. The Contractor shall not be entitled to NC Worker's Compensation, retirement, insurance, or other benefits afforded to employees to the Agency. As an independent Contractor of the Agency, the Contractor hereby waives any right to benefits under the North Carolina Workers Compensation Act which might arise out of and in the course of Contractor's work for the Agency. Further, the Contractor agrees to be responsible for an incurred costs for any benefit under the North Carolina Workers Compensation Act which might arise out of, and in the course of, work for the Agency. In addition, the Contractor agrees to cover the cost of vaccines required by the Agency. The Agency will charge the Contractor its cost for all required vaccines or the Contractor may receive vaccines by any provider of choice, but a record of Agency required vaccines must be provided to the Agency.

Unless otherwise agreed, all taxes are the responsibility of Contractor. Agency shall not be responsible for federal, state and local taxes derived from the Contractor's income or for the withholding and/or payment of any federal, state or local income or other payroll taxes, worker's compensation, disability benefits or other legal requirements applicable to the Contractor.

The Contractor shall perform services in accordance with currently approved methods and practice in the Contractor's professional capacity and in accordance with the standards of applicable professional organizations and licensing agencies.

#### 6. Licensing and Insurance Requirements.

The Contractor must be licensed by the Division of Health Service Regulation, accredited by a nationally recognized accreditation organization, or certified by the Division of Aging and Adult Services.

The Contractor and its employees shall be responsible for maintaining at all times a valid NC license; registrations/certifications required to render the contracted services in North Carolina and shall provide a copy of said license, registration/certification(s) to the Agency annually.

**The Contractor shall purchase and maintain professional liability insurance coverage from carriers acceptable to the Agency and authorized to do business in the State of North Carolina and shall provide the Agency with certificates of such insurance.** Bodily Injury and Property Damage Liability shall be maintained by the Contractor to protect the insured from claims of bodily injury or property damage which may arise from operations under this Contract. The limits of such insurance shall not be less than One Million Dollars (\$ 1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the aggregate. The Contractor shall notify the Agency immediately of any material adverse change in the professional liability coverage of the Contractor.

Any change in the Contractor's insurance will be reported to the Agency by the Contractor. Any lawsuits or potential lawsuits against the Contractor providing services to the Agency, relating to services provided under this Contract, will be reported to the Agency by the Contractor upon the Contractor reporting of same to its insurance carrier.

The Agency agrees to carry or maintain self insurance reserves for general and professional liability insurance in an amount that is usual and customary for agencies of comparable size and resources in North Carolina and upon request to furnish the Contractor with an annual officer's certificate stating the amount of insurance so carried, or reserved.

#### **7. Regulatory Compliance.**

The Contractor will conform to all applicable Agency policies in regards to personnel qualifications, and to all Agency personnel employee preventative health policies, including *Bloodbome Pathogens and Immunization requirements*

#### **8. Indemnification.**

Contractor shall indemnify and hold Agency harmless from any and all liabilities, lawsuits, demands, claims, obligations, damages, litigation costs and expenses (including reasonable attorneys- fees and expenses) of Agency imposed on, reasonably incurred by, or asserted against Agency on account of Contractor's, the Contractor's subcontractors providing services to the Agency, or actions or missions in the performance of this Contract.

Agency shall indemnify and hold Contractor harmless from any and all liabilities, lawsuits, demands, claims, obligations, damages, litigation costs and expenses (including reasonable attorneys - fees and expenses) of Contractor imposed on, reasonably incurred by, or asserted against Contractor on account of Agency's actions or omissions in the performance of this Contract.

#### **9. Payment / Financial Commitment.**

Services actually provided shall be reported to the Agency which shall confirm the reported services prior to payment. The Contractor shall bill by proper invoice Davie County Senior Services, 278 Meroney Street, Mocksville, NC, 27028, or by encrypted email to [kshuskey@daviecountync.gov](mailto:kshuskey@daviecountync.gov), at

the 5th of each calendar month for the services rendered during the preceding month which the *Agency* shall pay within thirty (30) days from receipt. The *Agency* considers a proper invoice to include a list of dates of service, patient served, and time spent at visit, as well as a cover sheet with Contractor name, address, total amount of invoice and Contractor tax id number. Any invoices submitted by the Contractor after the 5th of each calendar month for the preceding month will have a \$50 late processing fee deducted from the invoice. The *Contractor* shall not bill or accept payments from any third-party for the services covered by this *Contract*. The *Agency* agrees to pay the *Contractor* an inclusive rate of **XXXX** per unit (one hour) of aide services/visit. The *Contractor* will not be reimbursed for missed visits or skilled nursing assessment/reassessment visits.

The financial commitment through June 30, 2021 shall not exceed \$ **XXXX** taking into consideration the needs of the Davie County Health and Human Services Agency and the availability of funds.

**10. Term.**

The term of this *Contract* shall be from **July 1, 2020** through **June 30, 2021**.

**11. Termination.**

This *Contract* may be terminated, in whole or in any part:

1. Upon sixty (60) days prior written notice by the *Agency* or Contractor to the other party by certified mail or personal delivery, or
2. The *Agency* may terminate this *Contract* if federal, state, or local funds allocated to the *Agency* are revoked or terminated in a manner beyond the control of the *Agency* for any part of the *Contract* period. In this situation, any and all of the obligations of the *Agency* and the *Contractor* under this *Contract* shall immediately cease provided, however, that *Agency* shall pay *Contractor* for all services already rendered pursuant to this contract. If federal, state or local funds allocated to the *Agency* are reduced in a manner beyond the control of the *Agency*, the *Agency* may immediately reduce the payments to the *Contractor* provided that, in such event, either party may in its sole discretion, immediately terminate this *Contract*, or
3. By the *Agency* in the event the *Contractor* fails to meet standards established and/or utilized by the *Agency* to assure quality of service. Termination shall be effective upon the date the *Contractor* is no longer approved as meeting such standards or upon notice by the *Agency*. In the event this *Contract* is terminated prior to its expiration date, payment for services shall continue to the date of termination or as specified in the notice of termination.

**12. Assignment.**

This *Contract* may not be assigned by either party except with the written consent of the other party.

**13. Agreement in Entirety.**

This *Contract* expresses the entire agreement between the *Agency* and the *Contractor* regarding this

matter and can only be modified with another written *Contract* signed by both the *Agency* and the *Contractor* and shall be binding upon the *Agency* and the *Contractor* and their respective successors in interest.

**14. Governance.**

This contract shall be governed by the law of the state of North Carolina, and the venue for any disputes to be litigated hereunder shall be the courts of Davie County, North Carolina.

**15. Compliance.**

The *Agency*, to assure the accomplishment of its mission and purpose, adopted its Corporate Compliance Plan in April 1999 to detect and deter fraud and abuse, eliminate waste and error, promote compliance with applicable laws and regulations, enhance patient care, establish procedures for dealing with allegations of wrongdoing and mistakes, and establish methods for fixing problems which are discovered. The *Contractor* agrees to support and comply with the *Agency's* Corporate Compliance Plan, reporting reasonably suspected fraud, abuse, waste and error.

The *Agency*, will comply with the Health Insurance Portability & Accountability Act (HIPAA) of 1996. HIPAA establishes national standards for ensuring the security and privacy of identifiable patient information. The *Contractor* will comply with **HIPAA** Regulations as implemented by the *Agency* (*Reference Attachment A - HIPAA Business Associate Agreement*).

**16. Non-exclusivity.**

It is expressly acknowledged and agreed to by both parties hereto that this Contract is non-exclusive and nothing herein shall be construed to prevent *Agency* from simultaneously contracting with another person or entity.

**17. Subcontracting.**

The *Agency* reserves the right to deny or decline services by any non-approved staff or subcontracted staff that might jeopardize the reputation or integrity of the *Agency*. Any approved subcontractor will enter into a written agreement with the *Contractor* providing that the subcontractor will comply with the terms and conditions of this agreement as it relates to records and record retention, confidentiality, licensing requirements, maintenance of insurance and the other requirements of this agreement as it relates to the obligations and duties of the *Contractor*

SIGNATURES APPEAR ON NEXT PAGE

# ATTACHMENT C

## **In-Home Services Provider Profile**

- 1. Name, address and telephone number for organizations:**

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- 2. Please describe any significant changes in ownership within previous 2 years:**

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- 3. Provider contact person, title, address and telephone number for this bid proposal.**

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- 4. Fiscal contact person, title, address and telephone number (if different from location above):**

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5. Contact person, title, address and telephone # (if different from above.) for day to day agency liaison regarding client questions, updates, etc.

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6. Financial Responsibility:

a) Indicate name, address and phone number of the bank(s) handling Provider accounts

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b) Does the Provider currently carry workers' compensation coverage?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

c) Provider must list major creditors and firms providing a line of credit.

Creditor:

Phone Number:

_____	_____
_____	_____
_____	_____

7. The Provider shall submit a copy of the last two years audit of fiscal operations.

8. The Provider must submit a copy of their current license from the North Carolina Department of Health and Human Services Division of Health Service Regulation.

9. Provider must indicate the quantity of training that will be provided to service delivery staff upon notice of contractual award. This training must ensure that services will be provided in accordance with the N.C. Division of Aging and Adult Services Service Standards. Please submit a complete staff training chart.

10. Is the Provider a minority, female and/or handicapped controlled business?  
\_\_\_\_\_Yes \_\_\_\_\_No

**Minority business/agency is defined as an entity controlled by Black, Hispanic, American Indian or Asian/Pacific Islander interest. In private-for-profit businesses this means at least 51% if the stock is controlled by minority, female and/or handicapped persons. In partnerships this means at least 50% is owned by minority, female and/or handicapped persons. In private-non-profits this means at least 51% of the board of the governing body is minority, female and/or handicapped persons.**

11. What is process to guarantee aide coverage in times of sickness or unavailability of regular aide/inclement weather, etc?

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12. What is procedure for notifying clients of provider and aide changes?

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13. Attach an organizational chart.

**Include name and title of the person filling each position. If service/services are part of a larger organization, please show the total provider and how this service component fits into the larger organization. Please asterisk (\*) staff to be hired.**

14. The Provider has existed for \_\_\_\_\_ year(s). It has provided the following services for how many years (state number of years by each applicable service):

\_\_\_\_\_ In-Home Services (Chore, Homemaker/Home-Health Aide, Respite, Home Repair, etc.)

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ The Provider has never provided human service programs.

15. Please list all contractual experience during the past three (3) years in providing services listed above by indication the name/address of contracting party, contact person and phone number, for each listed service. (Attach separate page).

16. In the table below, indicate the name(s) and title(s) of the person(s) who have primary and secondary (where applicable) responsibility for the administrative functions indicated.

Functions	Name/Title & Phone Number
1. Select staff and implement personnel policies and practices.	
2. Prepare and monitor an annual Budget.	
3. Provide the governing body or advisory board with information necessary for them to understand and evaluate the program.	
4. Establish communication and coordination with community resources identified in conjunction with the Davie County Health and Human Services.	

5. **Assure adequate program supervision and service delivery.**
  6. **Submit timely and accurate fiscal and program reports.**
  7. **Evaluate and refine the service to more effectively meet its goal.**
  8. **Develop policies on client service.**
  9. **Provide ongoing supervision and performance evaluation for all employees.**
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17. **The Provider certifies that no Board Member or employee benefits in any way or has any “conflict of interest” arising from the award of this grant.**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

18. **The following internal monitoring and evaluation activities are considered to be necessary to assure efficient and effective operations. Please indicate when and the name and titles of persons who will perform these activities.**

Activities	Frequency	Name/Title
1. <b>Evaluate effectiveness of the organizational structure.</b>		
2. <b>Conduct regular staff evaluations.</b>		
3. <b>Sample cases to evaluate the appropriateness of the service.</b>		

4. Review a sample of client records for completeness and accuracy.
  5. Review working agreements with community resources for effectiveness.
  6. Review program policies and procedures for effectiveness.
  7. Conduct staff meetings.
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19. Inclusive rate per unit (one hour) of aide services/visit. \$ \_\_\_\_\_

**END OF DOCUMENT**