



MID-AMERICA REGIONAL COUNCIL

Aging and Adult Services

Program Requirements

**In-Home/Caregiver Supportive Services
(Including Homemaker, Personal Care,
and Family Caregiver In-Home Services)**

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SECTION 1: OPERATIONAL SERVICE DEFINITIONS

- 1.1 In-home services include Personal Care Supportive Services, Homemaker Supportive Services, and Caregiver Respite Direct Client Assistance Services.

Personal Care Supportive Services -- Basic non-medical personal care services provided to the client in the individual's residence to assist with the activities of daily living when this assistance does not require devices or procedures related to altered bodily functions.

Homemaker Supportive Services -- Activities directed toward home management and assistance with acts of daily living and instrumental activities of daily living (see list below) on a regular basis for a client who has numerous needs and requires this assistance in order to remain in the home. These general household activities are provided by a trained homemaker when the client is unable to manage the home and care for themselves or others in the home, or when the individual (other than the client) who is regularly responsible for these activities is temporarily unavailable.

Family Caregiver Respite Direct Client Assistance Services -- A group of coordinating services provided to caregivers to enhance their abilities to meet the needs of the person they are caring for. These services are Personal Care Services and Homemaker Services (defined above). The caregiver is identified as the client, since receiving the services provides them assistance and helps prevent caregiver fatigue:

- a. Direct client assistance - Homemaker/personal care services to assist the caregiver in home management and personal care of the older care recipient.
- b. Supervision - personal oversight of the client, reasonable effort to assure safety of the client and assist client to meet essential human needs.

SECTION 2: PROGRAM PERFORMANCE STANDARDS

- 2.1 Personal care services may include, at a minimum:
- 2.1(a) Assistance with dietary needs, including meal preparation and cleanup, as well as assistance with eating/feeding;
 - 2.1(b) Assistance with dressing and grooming, including dressing or undressing, combing hair, and nail care for clients without diabetes;
 - 2.1(c) Assisting with bathing and personal hygiene, including assistance with shampooing hair, oral hygiene, denture care, and shaving;
 - 2.1(d) Assistance with toileting and continence, including assistance in going to the restroom and changing bed linen;
 - 2.1(e) Changing bed linens for persons with medically related limitations that prohibit the completion of this task;

- 2.1(f) Assistance with mobility and transfer for those who can at least partially bear their own weight;
- 2.1(g) Assistance with medications, including assisting with the self-administration of medication and applying nonprescription topical ointments and lotions;
- 2.1(h) Medically related household tasks, including homemaker and chore services; and
- 2.1(i) Instructing the client in self-care as a component of the tasks described above. This will not be a task in and of itself.
- 2.1(j) Homemaker and chore services that the client is unable to perform due to medical conditions.
- 2.1(k) Provide the client with prompting or verbal instruction to complete tasks independently as they are able. Providing verbal instruction is not a task that should be listed on the care plan or billed for.

Additional personal care services may be provided only with advance written approval from MARC.

2.2 Homemaker services may include, at a minimum:

- 2.2(a) Planning and preparing meals, including special diet menus, and clean up after meals
- 2.2(b) Washing dishes, pots, pans, and utensils
- 2.2(c) Cleaning kitchen counters, cupboards, and appliances; including oven, surface burners, and inside refrigerator
- 2.2(d) Cleaning bathroom fixtures
- 2.2(e) Making beds and changing sheets
- 2.2(f) Sweeping, vacuuming, and scrubbing floors
- 2.2(g) Tidying and dusting the home
- 2.2(h) Laundering clothes and linens
- 2.2(i) Ironing and mending clothes
- 2.2(j) Washing inside windows and cleaning blinds that are within reach without climbing
- 2.2(k) Bagging trash inside the home and putting it out for pick-up
- 2.2(l) Shopping for essential items (e.g., groceries, cleaning supplies, etc.)

- 2.2(m) Performing essential errands (e.g., picking up medication, posting mail, etc.)
- 2.2(n) Reading and writing essential correspondence for clients with visual impairment, limited English proficiency, or who otherwise require assistance with this activity.
- 2.2(o) Instructing the client in ways to become self-sufficient in performing household tasks as part of an allowable service. Instruction will not be a service in and of itself.
- 2.2(p) Optional homemaker services are household tasks necessary to maintain a safe and habitable home environment provided intermittently as needed by a trained homemaker. These services will only be provided when the client or other household members are incapable of performing them and when no other relative, caregiver, or landlord is capable of or responsible for providing such tasks. Optional homemaker services include the following activities:
- Wash walls and woodwork
 - Clean closets, basements, and attics
 - Shampoo rugs
 - Air mattresses and bedding
 - Spray for insects within the home with over-the-counter supplies
 - Provide rodent control within the home (for example, setting traps and putting out over-the-counter supplies)
- 2.2(q) Homemaker/personal care providers shall not perform and are not entitled to reimbursements for the following prohibited activities:
- Performing therapeutic/health-related activities that should be performed by a registered nurse, licensed practical nurse, or home health aide under Medicare or Medicaid Home Health Programs
 - Providing transportation or escort services
 - Administering over-the-counter or prescribed medications
 - Performing household services not essential to the client's needs
 - Performing tasks for individuals other than the designated client
 - Providing friendly visiting

- 2.3 Caregiver Respite In-Home Services may include, at a minimum:
- 2.3(a) Supervision - personal oversight of the client, reasonable effort to assure safety of the client and assist client to meet essential human needs.
 - 2.3(b) Direct client assistance – to help meet needs usually provided by the regular caregiver, which would include Homemaker/personal care services to assist the caregiver in home management and personal care of the older individual care recipient.
- 2.4 All services except for essential shopping and errands shall take place in the client's home.
- 2.5 One unit of service equals 1 hour of direct, allowed service provided to the client in the client's home by a trained aide.

Units of service may be divided only by 15 minute increments, (quarters of an hour). Thus, 1 hour = 1 unit; 1 hour 15 minutes = 1.25 units, 1 hour 30 minutes = 1.50 units, etc. However, at least one full unit (60 minutes) must be provided each visit before quarter units can be counted for reimbursement.

Time spent on the following items must be excluded from calculation of service units:

- Travel time to and from the client's home
 - Break time in or out of client's home; including time for lunch
 - Training, supervision, or evaluation time spent by the supervisor or nurse consultant, as required by these standards
 - Administrative time, involving completion of reports and personnel matters, except employees' time spent completing work vouchers and obtaining client signatures and voluntary contributions
 - Leave time, including vacations, holidays, sick leave, and any other leave
- 2.6 MARC will authorize persons aged sixty (60) years and over, with at least moderate impairment. Moderately impaired is defined as an individual with:
- difficulties in performing at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing or supervision
 - cognitive or other mental impairments that require supervision or assistance to complete activities of daily living or instrumental activities of daily living in order to ensure their health and safety

Caregiver services: services will be prioritized based on the following criteria:

- Caregivers residing in rural areas.
- Caregivers with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- Caregivers with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).
- Older relative caregivers of children (not more than 18 years of age) with severe disabilities.
- Older relative caregivers of individuals with disabilities (ages 19-59) who have severe disabilities
- Caregivers with limited English proficiency.
- Caregivers of individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, regardless of the age of the individual with dementia.
- Caregivers of individuals at risk for institutional placement.

Caregiver Eligibility		
Caregiver	Care Recipient	Eligibility Criteria
18+	60+	
18+	Any age w/Alzheimer's Disease or related dementia	
60+ (including parents)	Adults w/disabilities age 18-59 (inclusive)	<ul style="list-style-type: none"> • Must be primary and informal caregiver • Includes parents, grandparents, other relatives • Must live in the same home

- 2.7 Provider will have the capability to employ and train the staff necessary to provide the required services and make staff available to serve in all sections of provider's service area(s).
- 2.8 Provider will have the capability to provide service outside of regular business hours, on weekends and on holidays, as authorized by MARC.
- 2.9 Clients will initially be assessed by MARC for service eligibility and priority as well as number of units authorized. The specific allocation of those authorized units will be co-determined by the provider and client. The following authorization schedule applies to all clients:

In-Home Service Authorization Schedule				
For any given household, the provider may provide Title IIIB or Title IIIE services, but not both	Title IIIB		Title IIIE	Maximum Monthly Authorization*
	Homemaker Services	Personal care Services	Family Caregiver In-Home Services	
Care recipients without an identified caregiver	✓	✓	--	12 units
-OR-				
Care recipient has identified caregiver	--	--	✓	12 units

- 2.10 Upon initial assessment, MARC will authorize clients for 12 months of service unless otherwise specified. Clients will be re-assessed annually. All authorizations remain valid unless MARC notifies the provider they have been terminated.
- 2.11 As a result of capacity issues, MARC may not be able to accept new clients for this service from time to time. The program coordinator will determine when this is the case.
- 2.12 Clients are initially assessed by MARC for service eligibility and priority as well as number of units authorized. The specific allocation of those authorized units will be co-developed by the provider and client. All else being equal, the client should have the authority to decide what service(s) will be most beneficial for their individual situation. MARC will conduct the initial on-site assessment visit as well as necessary reassessments for service eligibility and priority. MARC is the sole authorizing entity of service units.
- 2.13 Provider shall provide homemaker/personal care services only in accordance with an authorized service plan.
- 2.14 If the client has an ongoing need for service activities that may require more units than the allotted 12, the employee providing direct service or their supervisor should contact MARC for possible additional resources.
- 2.15 When capacity constraints ease for providers, and MARC is accepting new clients, then provider shall monitor caseloads and scheduling to ensure that the maximum deployment of staff takes place, and waiting time for clients is minimized. Providers shall develop and use waitlists based on the criteria below. The waitlist process will ensure that Older Americans Act (OAA) targeted populations are a priority and that people in emergencies where the health, safety, and welfare of the applicant is in jeopardy will be given priority.
- Waitlists will be established after all measures to increase service delivery have been reviewed and implemented where possible.
 - Waitlist procedures must be consistent for all eligible clients.

- Providers will develop a process to prioritize clients for services based on an established priority-screening tool approved by the State Unit on Aging (SUA).
- The screening tool should reflect and appropriately screen the clients based on the service being requested.
- Only those clients meeting the eligibility requirements for the service will be put on a waitlist.
- Clients should not be put on a waitlist if:
 - The clients approved for a service and the service will begin within two weeks;
 - Services being requested are outside the provider's service delivery area. These services shall be tracked under Services Unavailable;
 - If the client is currently receiving a level of service but would like or need a higher level of service; and,
 - The client needs a service on a specific date and it is not available on that date. These services shall be tracked under Services Unavailable.
- For services where clients are not placed on a waitlist, due to the reasons above, the provider will track the total number of individuals for whom services were unavailable by service type.
- If a client is on a waitlist for 6 months, the client needs to be contacted to determine if the service is still needed or desired. The client will either be removed from the waitlist or reprioritized on the waitlist.

Providers shall define and develop a process to ensure clients are removed from the waitlist on an equitable basis. The criteria for removal may include the following:

- The person is receiving services;
- The person no longer desires the service;
- The person no longer needs the particular service for which they have been waiting;
- The person or family is unable to be contacted, after a reasonable number of attempts (e.g. telephone number is disconnected and/or the alternate contact person does not know the whereabouts of the person);

- The person is no longer eligible for services (e.g. no longer a caregiver);
 - Death;
 - The provider, through established processes, decides that the service will no longer be offered; and,
 - When a client is removed from a waitlist, documentation is included as to the reason for removal.
- 2.16 Provider shall provide training to client's family and friends to assist with routine tasks, when available, interested and capable.
- 2.17 No personal care aide or homemaker may be a member of the immediate family of the client being served by that employee. Any exception to this must be obtained from MARC in writing.
- 2.18 A client shall be released from provider agency care only under the following circumstances:
- When the provider learns of circumstances that require the client's case to be closed (including but not limited to: death, entry into a nursing home, client no longer needs service, etc.).
 - When the client is non-compliant with the agreed upon plan of care (non-compliance requires persistent actions by the client or family which negate the services provided by the agency). After all alternatives have been explored and exhausted, the provider may close the case.
 - When the client or client's family threatens or abuses the personal care aide or homemaker or other agency staff to the point where staff welfare is in jeopardy and corrective actions have failed.
 - When a provider is unable to continue to meet the maintenance needs of a client.
- 2.19 A client's case shall not be closed by the provider agency as a result of expressing grievances or merely for the convenience of the provider agency.
- 2.20 Closing a client still in need of assistance shall occur only after appropriate conferences with MARC, the client, the client's family, and, as required, the client's physician.
- 2.21 In the event that a client's case needs to be closed, the provider shall give written notice of the discharge to the client as soon as possible prior to the date of the closing. If a client is still in need of services, efforts will be made to find an alternative service provider. Documentation of these referrals will be kept in the client's record.

- 2.22 Provider employees must report all instances of possible abuse, neglect, and/or exploitation of a client to the Missouri Department of Health and Senior Services [Adult Abuse and Neglect Hotline](#) or the Missouri Department of Social Services [Child Abuse & Neglect Hotline](#), as applicable, including all instances which may involve an employee of the provider agency.
- 2.23 In the event that an agency employee providing services to a MARC funded client is suspected of abuse, neglect, and/or exploitation and is reported to the [Adult Abuse and Neglect Hotline](#), MARC must also be notified at the time of the report to the Hotline, along with the results of the Department's investigation, and the agency's subsequent actions.
- 2.24 Providers will provide each client and/or primary caregiver with a packet detailing the policies and procedures for this program, including confidentiality, service priorities, grievance procedures, the right to be treated with respect and dignity, the right to have direction over the services provided to the degree possible within the plan of care authorized, and the opportunity to send voluntary contributions directly to MARC. No financial contributions may be handled by the provider's personnel.
- 2.25 The provider shall give a written statement of the clients' rights to each employee providing homemaker, personal care, and/or respite care services; the client; and the primary caregiver, when appropriate, at the time service is initiated, which includes at a minimum, the right to:
- Be treated with respect and dignity;
 - Have all personal and medical information kept confidential;
 - Have direction over the services provided, to the degree possible, within the plan of care authorized;
 - Know the provider's established grievance procedure and how to make a complaint about the service and receive cooperation to reach a resolution, without fear of retribution;
 - Receive services without regard to race, creed, color, age, sex, or national origin, and;
 - Receive a copy of the provider's code of ethics under which services are provided.
- 2.26 When it has capacity to accept new clients, the provider shall publicize its services to ensure that potential clients and other service providers are aware of their services and referral procedures. When it has available capacity, the provider will also make a special effort to ensure that MARC is aware of all services that might be relevant to clients who call their Aging and Adult Services line for information or referrals.

2.27 When it has capacity to accept new clients, the provider will consider in addition to self, family, and friends as referral sources, locating eligible clients through coordination and referral agreements with other MARC providers and hospital discharge planners.

2.28 The provider shall refer clients to other agencies for services identified as needed.

2.29 Neither the provider nor any agent or employee of the provider shall solicit, or cause to be solicited, any persons to become clients if they are currently receiving services from another provider. Violations of this provision will be considered a breach of the terms and conditions of the provider agreement and grounds for immediate cancellation.

Solicitation means seeking out or initiating contact with another provider agency's client, in person or by mail, for the purpose of persuading them to choose another provider. Solicitation as used in this paragraph does not include media advertising directed toward the general public; nor does it include presentations to the general public, organizations or other interested groups regarding the services available.

2.30 Staff must possess the stated qualifications, skills and abilities pertinent to their position and activities. Only staff holding current license, certification, or registration may perform those tasks for which licensure, certification, or registration is required by any state or local agency, body, or board.

2.31 The provider shall successfully contact at least two positive references for each employee within thirty calendar days of the date of employment. References shall be former employers or other knowledgeable persons, excluding relatives of the employee. The documentation will be maintained in the employee's records and shall include the name of the employer and the individual giving the reference, the date, the response given when the reference was obtained and the signature of the person receiving the reference.

2.32 The provider shall ensure that all employees are registered with the [Family Care Safety Registry \(FCSR\)](#) and a background check is conducted before assignment to a client's home. This shall be done upon hire and at least every two years thereafter.

2.33 Employees are prohibited from entering the client's home if they are sick with an infectious disease, including colds, RSV, the flu, or Covid-19. As with all other cases of restricted or reduced capacity, the provider should notify MARC about the issue and their resolution.

2.34 Staff must carry identification and present to the client upon request. A permanent ID or badge including the provider's name and employee name and title shall be considered adequate identification. At the time of employment, an ID or badge shall be issued which will meet the identification requirement. The provider shall require the return of the ID or badge from each employee upon termination of the employee.

2.35 The provider shall provide staff written information on its human resources policies which shall include:

- job descriptions
- policy on fringe benefits, vacations, holiday and sick leave
- policy on outside employment
- grievance procedures
- hours of business
- compensation and travel allowance
- probation
- promotion
- procedures and timetable for employee performance evaluations
- policy on drug-free workplace

2.36 The provider must have and enforce a written code of ethics which is distributed to all employees and clients. Any violation of this code of ethics may be grounds for dismissal. The code of ethics shall forbid, at a minimum, the following:

- Use of client's car
- Consumption of client's food or drink (except water)
- Use of client's telephone for personal calls
- Discussion of own or other's personal problems or religious or political beliefs with client
- Acceptance of gifts or tips
- Bringing other people to client's home
- Consumption of alcoholic beverages or use of medicine or drugs for any purpose, other than medical, in the client's home or prior to service delivery
- Smoking in client's home
- Solicitation or acceptance of money or goods for personal gain from the client

- Breach of client's privacy and confidentiality of information and records
 - Purchase of any item from the client, even at fair market value
 - Assuming control of the financial and/or personal affairs of the client or of their estate including power of attorney, conservatorship, or guardianship
 - Residing with the client in either the client's or aide's residence
 - Taking anything from the client's home
 - Committing any act of abuse, neglect, or exploitation
- 2.37 The code of ethics shall allow the employee to use the bathroom facilities with the client's consent and eat a lunch, provided by the employee, in the client's home.
- 2.38 The provider shall have policies to promote the safety of its employees. The provider shall give its employees information about how to access public information sources to determine whether a client, family member, or other person living in the household may pose a danger to them. Public information sources include, but are not limited to the [Missouri State Highway Patrol Sex Offender Registry](#) and the [Missouri State Courts automated case management system \(Case.net\)](#).
- 2.39 The provider shall notify employees and implement safety procedures upon receipt of information from MARC or any other reliable source that a client, family member, or other person in the household poses a potential danger to the employee.
- 2.40 If the provider or employee has reason to believe that a client, family member, or other person living in the household poses a potential danger to the employee, the provider shall take all necessary steps to protect the employee, which may include: obtaining a signed agreement from the client or others not to engage in inappropriate activities; obtaining permission from MARC to send two employees to the client's home; and requiring a third party to be present while the employee is in the home. All actions taken to protect the employee should be documented.
- 2.41 The provider shall not harass, dismiss, or retaliate against an employee because the employee declines to provide services to a client based on the employee's reasonable belief that the client, family member, or other person in the household poses a danger to the employee.
- 2.42 A supervisor shall be designated by the provider as the program manager to supervise the day-to-day delivery of direct homemaker and personal care services. The designated program manager will successfully complete and maintain a Missouri Department of Health and Senior Services provider certification course within six (6) months of hire.

2.43 The supervisor designated as the program manager shall meet the following requirements:

- Be at least twenty-one years of age
- Have one of the following qualifications:
 - Be a licensed social worker who is currently licensed in the state of Missouri
 - Hold at least a Bachelor of Science or Bachelor of Arts degree
 - Be a registered nurse who is currently licensed in the state of Missouri with at least one year of experience with direct care of older adults or people with disabilities.

If the designated supervisor is not a registered nurse, the agency shall have a registered nurse available to fulfill the specific functions described in these standards. The registered nurse must be currently licensed in the state of Missouri and have at least one year of verifiable experience with the direct care of older adults or people with disabilities.

- Have at least three years of experience with direct care of older adults or people with disabilities.

2.44 Employees providing personal care, homemaker, and/or respite caregiving services shall meet the following requirements:

- Be at least eighteen (18) years of age;
- Be able to read, write and follow directions
- Have at least six (6) months paid work experience as an agency homemaker, nurse aide, or household employee; or at least one (1) year's experience, paid or unpaid, in caring for children or for sick individuals or older adults. Successful completion of formal training in nursing arts or as a nurse aide or home health aide can substitute for the qualifying experience.

2.45 Supervisory responsibilities, as designated and appropriate to the provider's structure, shall include the following:

- Monitor the services provided by the homemaker/personal care employee and ensure that the services provided are listed on the care plan.
- Designate a trainer or trainers to perform appropriate initial training for employees providing personal care and homemaker services. The designated trainer(s) may be a supervisor or direct care provider who

has been employed by the provider for at least six months. Exceptions to the required six-month period of employment may be made on a case-by-case basis by MARC. A list of designated trainers and documentation of any exceptions waiving the required length of employment must be available for monitoring.

The supervisor may also assist in orientation and personal care training for homemaker and personal care employees.

- Evaluate each personal care aide's and homemaker's performance in writing annually. Aides employed following April 1 will not need to be evaluated until the following fiscal year. The evaluation shall be based in part on at least one on-site visit, announced or unannounced beforehand. The aide should be present during the visit. The written report of the evaluation shall document the visit, include the client's name, the date and time of the visit, the aide's name, and the supervisor's observations and notes from the visit.

In addition to information from the on-site visit, the written evaluation shall contain sufficient other data on the aide's performance to demonstrate what support and supervision has been provided to the aide and what support, supervision, or other intervention is planned as a result of the evaluation. The evaluation shall be signed and dated by the supervisor who prepared it and by the aide. If the required evaluation is not performed or documented, the aide's qualification to provide the services may be presumed inadequate and all payments made for services by that aide may be recouped.

- Make appropriate recommendations to MARC, including increase, reduction, or termination of services to the client based on review of reports, information from the on-site employee, or observation by the supervisor.

- 2.46 Staff training, including training process, content, scope, and duration must adhere to guidelines outlined in the [Missouri Department of Health and Senior Services regulations](#) and any updates that take effect during the contracted service period. MARC reserves the right to require specific training elements, if the need should arise.

SECTION 3: REPORTING REQUIREMENTS

All providers are responsible for complying with the following reporting requirements. If applicable, information should also be input into all appropriate electronic monitoring systems on a timely basis. Providers should work closely with their MARC Program Coordinator to ensure all reporting is being submitted as required.

Due by the 5th business day after the close of each month:

1. MARC In-Home Services Report
2. MARC Family Caregiver Services Report

3. Signed MARC In-Home Services Invoice
4. Signed MARC Family Caregiver Services Invoice