

Home Care Webinar Questions & Answers

Questions #1:

My company is contracted through the local Area Agency on Aging (AAA). The AAA refers clients to my company for in home services, such as bathing, meal preparation etc. Do I need to get licensed also?

Answer #1:

Based upon the description of the services, your company appears to meet the definition of a home care agency "organization that supplies, arranges or schedules employees to provide home care services..." and yes, must apply for licensure as a home care agency.

Question #2:

Do owners who go into homes to check on clients and workers also require TB screening?

Answer #2:

Re: TB screening Yes, regulations require each direct care worker and other office staff or contractors with direct consumer contact must provide documentation prior to the consumer contact that the individual has been screened for and is free from active TB.

Question #3:

When a service order is e-mailed to the provider it does not report the amount due from the client. In order to provide this information to the consumer, the provider needs to be informed of the cost. Could it be required of the case worker to disclose this amount to the provider? When a service order is e-mailed it does show our cost per hour, but not the amount the client needs to pay. The provider does not bill the client for the amount due. The provider bills the county and they bill the client directly for their part. Does the Options program just do a straight 50/50 share cost or do they base it on income?

Answer #3:

The packet of information that must be provided to the consumer prior to providing service includes, but is not limited to, "a listing of the home care services that will be provided to the consumer" and "fees and total costs for those services on an hourly or weekly basis". The bottom-line is the consumer must be apprised of cost of service prior to commencement of service. A waiver consumer needs to be apprised of all costs absorbed by the waiver program. In the case of Options cost sharing, the consumer must be apprised of their share of the cost prior to receiving services

Question #4:

As noted in Title 28, Chapter 611.3, it states that this chapter doesn't apply to an organization or business entity that supports coordination services to consumers under Medicaid Waiver or other publicly funded programs. Since the provider is a subcontractor for these services through the Area Agency on Aging, are we still required to be licensed?

We are a sub contractor for non-medical services provided by direct care workers for persons over 60 with referrals received by the local AAA. My questions are as follows:

As a subcontractor, we do not initiate or terminate service without direct orders from the AAA, nor do we determine service or income eligibility guidelines. I am unsure of how to answer the following questions: Civil Rights survey questions- #7 and #8; Licensure Survey questions #10, #11 and #14b and 14f. We do not bill the consumer directly. Billing is done on a monthly basis for service hours provided to the consumer via forms from the AAA.

Answer #4:

Response addresses 2 inquiries from the same individual (see below).

Yes, per the statutory language, as an organization that supplies, arranges or schedules employees to provide home care services... in the consumer's place of residence" your agency meets the definition of a home care agency required to be licensed.

The purpose of the Civil Rights Survey is to provide evidence of agency's understanding and compliance with civil rights requirements. Guidance for Q7&8 follow:

Civil Rights Survey

Question# 7: Examples of Hearing or communicatively impaired individuals with access to a TDD can call Relay service to enable them to communicate with the agency staff; family members assistance, communication boards displaying enlarged print and a form of communication. Direct access to a TDD instrument is available through emergency rooms and admission departments in local hospitals.

Civil Rights Survey Question# 8: Employers should be following Title 1 of the American with Disabilities Act (ADA). ADA requirements for non-discrimination in employment became effective for employers with 25 or more employees on July 26, 1992, and all employers, including state and local government employers, with 15 or more employees after July 16, 1994. The ADA has the same impact on employment practices as Title VII of the Civil Rights Act of 1964, the Equal

Pay Act. The difference with the ADA is that it requires an employer to acknowledge the person's handicap. Employers must "reasonably accommodate" handicapped individuals by making adjustments to the actual job and physical work environment, if the applicant or employee, with or without accommodation, can perform the essential functions of the position that such individuals holds or desires, unless it places an "undue hardship" on the employer. Or if it is a threat to the person with the disability to their health or safety.

Guidance for off site survey questions 10, 11, 14(b), and 14(f) follow:

Off-site Survey Question #10: An example in meeting this requirement would be "a notice to consumers" document which spells out the responsibilities as the Home Care service provider and Service Recipient rights such as "be involved in the service planning, process and receive services with reasonable accommodation of the consumers needs and preferences and the consumer signs off with date received". Another example is "provisions of the consumer's right to be involved in the service planning process and to receive services with reasonable accommodation of individual, etc." is written in the home care agency's service agreement. The home care agency needs to describe how the consumer is involved in service planning, whether through the AAA or HCA and how revisions to the service plan/services are communicated e.g. to the HCA who forwards to AAA care manager? The bottom-line is describe the process that is in place that ensures the consumer was part of the service planning process

Off-site Survey Question# 11: Regardless of who initiates the orders for termination of services, the home care provider as the licensed entity must ensure this is spelled out to the consumer through the provision of an advanced written termination notice at least 10 calendar days prior to the termination of services per regulation.

Off-site Survey Question# 14(b): It is the responsibility of the Home Care Agency/Home Care Registry to ensure the consumer is aware of fees and costs of the service to be provided on an hourly/weekly basis prior to the provision of service. If costs are covered by the waiver, then it is acceptable to say there is no cost to the consumer. In the case of cost sharing, the consumer must be informed of their fees and costs associated with services prior to commencement of services. Most applicants have this placed in their service agreement, which is signed before services are rendered.

Off-site Survey Question # 14(f): This will be available to agencies upon publication in the PA Bulletin, target date February 6, 2010. In the meantime, the agency should provide documentation and make reference to the consumer disclosure requirements. Some examples seen to date have been written "per requirement in the service agreement with agencies and/or registries."

Question #5:

We provide services to consumers in the Waiver and Options programs. In some cases there is a cost share but that arrangement is through the AAA and the consumer. Am I correct that we can inform the consumer in the initial packet of information from us that the cost is zero-- from us- even though there is a cost to them from the AAA? (The providers are not informed of cost share or amounts from the AAAs)

Answer #5:

Per regulations, the packet of information required to be provided to the consumer prior to provision of services includes "listing of home care services to be provided" and "fees and total costs for those services on an hourly or weekly basis" The bottom-line is the consumer must be apprised of his/her cost of services prior to provision of services. If the waiver program absorbs all cost, the consumer should be apprised of this and that there is no cost to the consumer. If Options programs and cost sharing apply, the consumer must be apprised of their cost for services prior to provision of services.

Question #6:

What number is to be added to the area on the Civil Rights Survey information under Provider No.?

How is information for Patient Census and Employment to be obtained? We do not ask those questions at employment, or on admission.

Answer #6:

Your provider number will be given to you at the time we issue the agency's license.

If your agency has not collected the information re: patient census and employment, we will accept the Civil Rights form without these numbers for initial licensure only. The agency however must determine how it will begin collecting this information as it is necessary documentation of the agency's reported adherence to civil right compliance. This information must be available for the Department's review upon renewal of the agency's annual license.

Question #7:

Regarding the licensing of each physical location, our agency currently uses three different offices for three different purposes. We use one-corporate office- for mailing purposes and financial record keeping only (receiving mail and checks); another as a payroll office (due to the fact that we have limited storage space at our other offices, payroll records are kept here) and a third as caregiver office where we conduct our interviews and keep employee files. Are we required to license the mailing office and payroll office since they are under the name of our agency, or is the only office that is required to be licensed an office that conducts the face to face interviews with the prospective direct care worker?

Answer #7:

According to the description, "organization that supplies, arranges or schedules employees to provide home care services..." Only one location appears to meet the statutory definition of a home care agency; therefore, only one license is required. Regardless of the location of documents, all required documents must be made available for Department review upon inspection.

Question #8:

I have a question regarding the home care agency/registry licensure survey. Question #3 of the survey asks for a background check of the direct owner(s). We are a corporation with head quarters in Kentucky and I am the branch manager that oversees day to day operations. Is it acceptable to submit my background check?

Answer #8:

Yes, the determination has been made that in the event of an out-of-state corporation, background checks of the state director(s) or manager(s) who oversee daily operations are acceptable.

Question #9:

1. We are already licensed in Pennsylvania as a Home Health Agency. Do we need to submit an application by February 10th, 2010?
2. Who needs to sign off the DSW on the competency? Does it have to be an RN, or can it be an LPN or Office Manager?
3. If you are contracted out with The Office of Aging, will our agency itself be visited, or does the person we contract out with visit?

Answer #9:

1. The agency has the option of operating under its license as a home health agency provided it also complies with the consumer protection and other requirements of the home care requirements or the option to operate the home care services as a separate entity under its own home care license.
2. The home care regulations do not designate who must sign off on competency. This is left to the determination of the authorized representative (defined on the application) or his/her designee.
3. Any entity licensed as a home care agency or home care registry will be surveyed by the Department of Health, Division of Home Health survey staff for compliance with home care regulations. The onsite survey will occur at the location of the licensed entity, not the contractor.