FY 2016-2017

October 1, 2016

SCOPE OF SERVICE

PERSONAL CARE – OPTIONS CORE SERVICE

I. PURPOSE

A. To provide in-home community-based Personal Care services in assigned service area(s) for individuals eligible for Care Managed services. The Allegheny County Department of Human Services/Area Agency on Aging (DHS/AAA) will be the provider of last resort and provide services only when other methods of payment are unavailable or exhausted.

B. To provide services to qualified individuals in their own homes by trained, supervised workers when no family member or other responsible informal caregiver is available for or capable of providing such services, or to provide occasional relief to the person regularly providing such services. Services specifically exclude Home Health and medical care.

C. To provide services in such a way as to encourage Participants to maintain or improve their level of functioning and independence and to live with as much dignity as possible.

II. DEFINITIONS

A. Master Provider Enterprise Repository (MPER): a repository of key Provider demographic data for all contracted providers who provide services for DHS. DHS applications use MPER to validate contract, services, facilities and rate information to facilitate documentation of services rendered information by Providers. Contracted Providers are required to keep all agency information including but not limited to contacts, facilities and service offering information up to date.

B. Social Assistance Management System (SAMS): Software used to track all services provided to Participants with (ACDHS/AAA) funding.

Also, see Aging Program Directive (APD) referenced below.

III. AGING PROGRAM DIRECTIVE (APD)/FEDERAL/STATE REGULATORY REFERENCES

Organizations providing services outlined in this Scope of Service shall comply with all federal and state directives listed below:

A. Aging Policy and Procedures Manual
- Directive – Issuance of Aging Policy and Procedure Manual Chapter VIII: OPTIONS
- Chapter VIII. OPTIONS, and
- Appendix E, OPTIONS Program Service Standards.

B. Pennsylvania Code, Title 6, Chapter 15: Protective Services for Older Adults
http://www.pacode.com/secure/data/006/chapter15/chap15toc.html

C. Critical Incident Management Policy for Office of Long-Term Living Home and Community-Based Services Programs

D. Pennsylvania Code, Title 28, Subpart H, Chapter 611: Home Care Agencies and Home Care Registries General
http://www.aging.pa.gov/publications/policy-procedure-manual/Documents/Appendix%20C%20Home%20Care%20regulations.pdf

This Scope of Service is subject to change based on changes to the above directives.

IV. PERFORMANCE EVALUATION

A. Each contract year the ACDHS/AAA will inform clear expectations of acceptable performance standards to the service provider and hold the service provider accountable to them. These standards relate to compliance with applicable policies, regulatory guidelines, contract scopes, and Performance Based Contracting (PBC), where applicable, to support ongoing service quality and to best meet or exceed the participants' needs and to optimize service impact on its participants. The service provider is responsible for adhering to the timelines in reporting its compliance to the scopes and using findings to build on its strengths and develop strategies on opportunities, through a continuous quality improvement process.

Monitoring tools outlining acceptable evidence are used in evaluating compliance with regulatory requirements, service standards, documentation, and reporting requirements. The monitoring tool applicable to this Scope of Service is:

Allegheny County Department of Human Services

Area Agency on Aging

Personal Care / Home Support Services

Monitoring Tool

V. SERVICE STANDARDS, REPORTING AND DOCUMENTATION REQUIREMENTS

In addition to the requirements in the above referenced regulations, the following standards apply:

A. Provider will meet or exceed application and licensing requirements, and:

1. At the start of this contract Provider will have an administrative and/or supervisory office within a reasonable distance from the ACDHS/AAA office to allow for cost effective and efficient communications between the offices. This office should be able to resolve questions and problems.

2. Unit rates will be no higher than Provider's private pay fee schedule.

B. Participant Confidentiality

1. Security of Participant files will be maintained.

2. Every precaution will be pursued to maintain confidentiality of Participant information, particularly when sharing with other Providers

a. Only those portions of the care plan, which pertain to a specific service or Provider, will be communicated to the appropriate parties involved in providing service to the Participant.

b. Participant permission must be obtained in writing, in order to share this information.

C. Participant Records

Provider will maintain standardized individual files for each Participant. The record keeping system must ensure uniformity and consistency in documentation of the service provision. All entries by workers and the supervisor will be signed with their full signatures, including first and last names, and dated.

The Participant's record must contain hard copies of the following information:

1. SAMS Registration Form.

2. SAMS service order with the current prescription.

3. The written worker assignment including worker's name and start date of service.

4. Documentation of each visit made to the Participant will include the worker's daily log of service. This should indicate the arrival and departure times, specific services provided and the signature for each date of service from the participant or a family member. The worker is prohibited from signing in lieu of Participant. Documentation from an automated time tracking system can replace time slips.

5. Worker's comments and observations concerning the Participant's condition and his/her response to service, including the reporting of changes and/or problems to the supervisor (office staff may document workers' comments but the documentation must be unedited). Changes and/or problems must be acknowledged by the supervisor.

6. Statements of follow-up action taken by the supervisor, including reporting Participant changes and/or problems to the Care Manager, when indicated.

D. Initiating Service

1. Referrals for Personal Care Services are initiated by OPTIONS Care Management after the participant has been assessed and deemed eligible for services. The participant chooses provider from Provider Choice List.

   Provider will communicate 100% by email within two (2) business days to the Care Manager whether they have a worker available.

   Provider will accept 80% of new Participants referrals in the first contract year.

Provider will accept 90% of new Participants referrals in the subsequent contract year.

Provider will attempt to service as many Participants off of the Hard to Serve list.

2. Service volume and delivery will be adjusted at the discretion of ACDHS/AAA.

3. Service delivery will be initiated within five (5) working days of receipt of the service order.

4. In exceptional circumstances, service delivery will be expedited upon the verbal request of only the ACDHS/AAA OPTIONS Care Management, In-Home & Miscellaneous Service Supervisor or designee. A follow-up email will be sent for confirmation.

E. Hours of Operation and Service Area

1. Services will be available seven (7) days per week, as prescribed by the Care Manager, based on the Participant's input and needs. Reimbursement will be at the contracted unit cost.

2. There are three (3) specific geographic service areas in Allegheny County. ACDHS/AAA expects that a provider will anticipate the factors that need to be addressed in order to meet the needs of each Participant. The Provider's allocation statement will indicate which area(s) the Provider will serve. See Addendum 1 for map.

F. Units of Service

1. Personal Care is normally ordered in a one (1) hour minimum block of time. One (1) unit Personal Care equals one (1) hour.

2. Recording Partial Service Delivery – A unit of service = 1 hour. Partial units of service delivery are to be recorded in quarter hour increments including .25, .50 and .75 units. Provider is able to bill a quarter hour when service is delivered for more than 7½ minutes.

Example: Prescription is for 2 units / hours, service is scheduled for 10 a.m. until noon.

Start Time	End Time	Units
10:00 a.m.	11:02 a.m.	1.00
10:00 a.m.	11:08 a.m.	1.25
10:00 a.m.	11:37 a.m.	1.50
10:00 a.m.	11:40 a.m.	1.75
10:00 a.m.	11:50 a.m.	1.75
10:00 a.m.	11:58 a.m.	2.00

G. Scheduling

1. To ensure responsive delivery of services, Provider and Care Manager have specific roles and must be in close communication. The Care Manager develops the care plan specifying the level of service, the total number of hours per day, the days and times, if appropriate, for service and the tasks to be performed. All changes (increases, decreases, holds, continuations and terminations) will be authorized by the Care Manager. Provider will notify Care Managers in writing when there is a pattern of deviation from the service as ordered.

   Provider will deliver on Service Orders (participant-driven not counted)

   - Target is 95% of Ordered Services; 90% is acceptable for this Fiscal Year only.

2. At the start of the contract ACDHS/AAA will inform Provider of the dates on which premium rates will be paid for official national holidays. Reimbursement at the one hundred fifty percent (150%) rate will be paid only with prior Care Manager notification and approval for Personal Care services delivered on the following designated holidays:

   - Fourth of July
   - Labor Day
   - Thanksgiving Day
   - Christmas Day
   - New Year's Day
   - Memorial Day

Prior to each designated holiday, the Care Manager will enter a service order in SAMS to authorize holiday time for Participants for whom Personal Care services will be reimbursed at the premium rate.

Note: Services provided on a holiday without a service order in SAMS specifying holiday service will be reimbursed at the regular rate.

3. Payment will be denied if service is provided in a fashion not specified in the care plan or if a worker stays longer than the prescribed time without adequate justification and Care Management approval.

H. Back-Up Services

1. Provider will have sufficient numbers of designated alternate workers to deliver service in the absence of the regular worker. To the extent possible, workers should consistently provide services to the same Participants and report regularly at the times and days agreed upon.

   The Provider will offer 100% of the time, a replacement worker to the Participant and record this action in the Participant file.

2. If Provider chooses to staff a case with a more highly skilled employee, Provider may only bill at the prescription rate.

I. Missed Services/Undelivered Hours

1. Provider will notify the Participant at least one (1) hour prior to service delivery when a different worker is assigned.

   The Provider will record this action in the Participant's electronic file.

2. Provider will notify the Participant and the Care Manager in a timely manner if services cannot be provided on the day and/or at the time prescribed and arrange for an alternative time.

3. If Provider is unable to provide alternative services for the Participant within a safe and reasonable period, not to exceed five (5) working days, Provider will notify Care Manager and services will be arranged through another provider.

4. All notification to the Participant's Care Manager regarding undelivered hours will be documented. Missed service delivery must be reported to the Care Manager by entering an Activity in SAMS within five (5) working days from when missed service delivery occurred.

5. Provider accurately records missed services in SAMS 100% of the time.

6. If Participant does not allow entry to the home when the worker arrives, Provider may bill for one (1) hour of service. Provider must notify Care Manager of recurrent refusals.

J. Emergencies

Provider will have a written contingency plan outlining emergency operation procedures.

The ACDHS/AAA Emergency Plan can be found on the Allegheny Aging Portal:

https://allegheny.agingsupportportal.com/Login.aspx

Under Information Library > Department Manuals > All Users: Emergency Documents

The plan will include the following provisions:

1. ACDHS/AAA Care Coordination Division Chief or designee will be notified by 9:00 a.m. on those days when service will be cancelled or reduced.

2. If services cannot be delivered because of severe weather conditions, or other emergency, Provider will contact each Participant to:

   a. Assess the Participant's situation, safety, health and the availability of adequate heat and food;

   b. Reschedule service.

3. Provider will immediately notify the Care Manager of any Participant whose safety or health is jeopardized or who is without adequate heat or food.

K. Personnel

1. Policies

   Provider will:

   a. Notify ACDHS/AAA, in writing, of changes at the administrative level in advance, if known, or immediately upon such change.

   b. Maintain sound personnel policies structured to minimize personnel turnover, which would adversely affect the delivery of service. Turnover can be minimized by providing competitive wages commensurate with

the required job skills, as well as incentives in the form of bonuses and/or fringe benefits for workers who have given continuous and satisfactory performance.

c. Assure availability of a staff person to accept phone communication during normal business hours.

2. Staffing

Staff will include:

- Administrator - Overall office responsibility for ACDHS/AAA contract compliance.
- RN Supervisor - Trains, orients and is administratively responsible for the supervision of field personnel.
- Scheduler/Coordinator - Coordinates all workers' schedules to provide services as referred by ACDHS/AAA.

3. Recruitment

a. Provider will establish an effective, ongoing program of staff recruitment.

b. Workers should have good physical and mental health, good moral character and maturity of attitude toward work assignments. Every worker will have a high school diploma/G.E.D. or be able to read, write and follow simple instructions.

c. Provider will conduct a face-to-face interview with the worker.

d. Provider will obtain at least two satisfactory references for the worker affirming the ability of the worker to provide home care services. References may not be obtained from relatives of the worker.

e. Workers will receive a copy of job descriptions, personnel policies and the wage scale for workers at the time of their employment and when there is a revision or change in these policies.

f. This contract must ensure that personal care workers receive a minimum hourly wage of $10.00 per hour ($12.00 is recommended). Overtime work is compensated in accordance with current federal and state laws.

4. Criminal History Record Check

a. Provider will require applicants to submit to a Pennsylvania State Police background check using the PA Access to Criminal History at https://epatch.state.pa.us. Substitute clearances are not acceptable. The report must be dated within one (1) year prior to their employment start date.

b. Applicants applying for employment as a member of the office staff and owner/owners are also required to obtain a criminal history report.

c. If an applicant supplies their own Pennsylvania State Police background check, Provider must then access and print the report from https://epatch.state.pa.us, and place it into the personnel file. The report must be dated within one (1) year prior to their employment start date.

d. In addition, applicants who have not been PA residents for the past two (2) consecutive years, without interruption and immediately preceding the date of application for employment, must obtain a Federal Bureau of Investigation (FBI) background check processed by Cogent Systems. Applicants can register online at www.pa.cogentid.com

e. Applicants must select the PA Department of Aging icon. Results from the FBI will be sent to the PA Department of Aging and the Department will send an employment determination to the facility and the applicant.

f. Any report of criminal history must be reviewed and discussed with the applicant or staff person and additionally, the review must be acknowledged in writing by the agency's management. This acknowledgement must include a statement as to how the report relates to the suitability of the applicant or staff person for his specific work assignment and that the act is not sufficient to preclude the applicant or staff person from employment.

Note: Staff may not directly work with Participants until the appropriate criminal history clearance is received and documented in their personnel file.

5. Physical Examination, Health Screen and PPD Test

a. Any staff person, who visits Participants in their homes, must comply with federal, state and local health requirements related to physical examinations and communicable disease screenings.

b. If the results of a documented PPD test are positive at any time, it shall be followed by an examination by a physician and chest x-ray (if indicated) and any appropriate treatment prescribed. An infected staff person shall receive follow-up care as required by a physician and shall not begin or resume service to Participants until discharged by the physician as no longer contagious.

c. Any staff person, who visits Participants in their homes, must have a physical examination within one (1) year prior to employment by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The report must state that the staff person is capable of completing the work of an in-home services direct care worker/supervisor and is free from communicable disease.

d. After the initial physical, any staff person, who visits Participants in their homes, must have a health screen by an RN every other year thereafter indicating the same.

e. A Mantoux Intracutaneous PPD test (the tine test is not an acceptable alternative) will be administered to any staff person, who visits Participants in their homes within twelve (12) months prior to employment. The documentation of the test must include the date administered, the date read and the results.

f. The pre-employment PPD test must be a two-step tuberculin skin test, with a second test one (1) to three (3) weeks after the first test, if the new staff person has had:

   i. No previous PPD test

   ii. An interval of more than twelve (12) months since his/her previous negative PPD test or

   iii. A previous undocumented positive PPD test.

   Following initial testing, workers must update the required TB screen at least every 12 months including documentation that the individual is free from active M. tuberculosis. However, as an alternative to annual testing, per Center for Disease Control and Prevention (CDC) Guidelines,

agencies can complete a TB Risk Assessment Worksheet to determine the risk of TB for their employees in the community. Specific information can be found at

http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf

The TB Risk Assessment Worksheet can be found at

http://www.pahomecare.org/_files/live/TB_Risk_Assessment_Worksheet.pdf

Following completion of the TB Risk Assessment Worksheet, agencies must then determine their agency risk classification using the worksheet. The risk classifications are based on CDC guidelines and can be found at http://www.pahomecare.org/_files/live/TB_Risk_Classifications.pdf

If the agency's risk is determined to be low, then in lieu of annual TB testing of workers, the agency only needs to conduct an annual health screen for TB infection on each worker. The screen must include questions related to symptoms of active M. tuberculosis and be completed by a physician or registered nurse. The TB Risk Assessment Worksheet and TB Risk Classification must be completed annually and kept on file in the agency's office along with documentation of annual TB screenings on each worker.

g. Any staff person, who visits Participants in their homes and has a previously documented positive PPD test, must be screened for signs or symptoms of the disease by a physician, or a nurse practitioner or physician's assistant under the direction of a physician. The health care professional must clear the staff person for employment and identify a follow-up plan. At a minimum, this staff person must have an annual TB screening and work clearance by a health care professional.

6. Communicable Diseases

a. When caring for Participants with communicable diseases, ACDHS/AAA expects Provider to follow procedures recommended in the (CDC) guidelines and Occupational Safety & Health Administration (OSHA) regulations. (The CDC toll free number is 1-800-232-4636.)

b. Providers are also expected to provide appropriate protective articles such as, but not limited to, aprons, gloves and masks and to have in-services on universal precautions.

c. Based on CDC guidelines, Provider will develop a written policy regarding communicable diseases.

d. Provider will notify the ACDHS/AAA Program Administrator upon determining or learning from another source that a Participant has a communicable disease.

7. Training and Competency

a. No Personal Care service may be rendered to a Participant by a worker prior to demonstration of his/her competency in performing the specific service assigned. The competency training and examination must meet the requirements of Pennsylvania Code, Title 28, Subpart H, Chapter 611.55 subsections (b) and (c). http://www.aging.pa.gov/publications/policy-procedure-manual/Documents/Appendix%20C%20Home%20Care%20regulations.pdf

b. For each broad area of training, an appropriate professional shall provide instruction. Skills training in personal care techniques must be completed by a Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nurse Assistant (CNA) or Home Health Aide (HHA).

c. Twenty (20) hours of basic training must be provided with the first three months of employment. The requirement for completion of the twenty (20) hours of training may be waived if a worker provides documentation of completion of related training that includes demonstrated competency in all skilled areas.

d. Additional four (4) hours of training annually after competency training.

e. Competency is demonstrated by worker passing a written competency exam and a skills demonstration that incorporates all skill areas included in the basic training. Both the written competency exam and the observation of the skills demonstration by the training instructor must be completed and documented even if training is waived.

f. The agency must review the worker's competency at least once per year after initial competency is established through direct observation, testing, training, Participant feedback or through a combination of methods. The annual competency review must be completed within 365 calendar days.

8. Supervision

a. OPTIONS Personal Care workers may be supervised by an RN, LPN, CNA or HHA. The Certified Nurse Assistant must have one (1) year experience as a CNA. The Home Health aide must have three (3) years of experience as a HHA.

b. Supervision must occur in a Participant's residence initially, with the supervisor accompanying each worker new to Provider on his/her first home visit.

c. Subsequent to the initial supervisory visit, the worker must be supervised in a participant's home at the time of the annual competency review. The annual supervisory review must be completed within 365 calendar days.

d. In addition, the RN, LPN, CNA or HHA supervisor is required to visit each new Nursing Facility Clinically Eligible (NFCE) Participant's home with the worker present within the first two (2) weeks of service to observe the worker providing care.

e. The RN supervisor will not provide nursing care or professional services to Participants under this contract.

9. Personnel Files

Provider will maintain standardized individual files for all Personal Care staff. The record keeping system must ensure uniformity and consistency in documentation. Information documented in the personnel file must be in sufficient detail to assure compliance with all personnel requirements. The file must contain:

a. Documentation of face-to-face interview and two references;

b. Documentation of completion of orientation;

c. Copy of current job description;

d. The original report of criminal history record information from the Pennsylvania State Police and, if necessary, the FBI criminal history record with a letter of determination from the Pennsylvania Department of Aging;

e. Documentation of physical examinations, health screens and PPD results and TB screening results;

f. Copies of applicable professional licenses;

g. The results of a written competency exam and documentation of skills observation;

h. Documentation of completion of twenty (20) hours of training or waiver of training;

i. Documentation of supervision consistent with the requirements set forth for OPTIONS Participants.

L. Coordination with Care Management Providers

1. Care Managers providing services under contract with ACDHS/AAA have primary responsibility for monitoring the plan of care for each Participant.

2. Changes in Participant functioning, health or situation will be reported to the Participant's Care Manager as soon as possible, but no later than the end of the working day on which the change has been noted. Following hospitalization, services will resume only after the Care Manager's re-authorization.

3. Issues with Service Deliveries or Orders should be brought to the attention of the care management agencies for resolution prior to contacting the ACDHS/AAA.

M. Exclusions

1. It is prohibited for workers to accept gifts, bequests, loans, gratuities and emoluments from Participants. This prohibition will appear in Provider's signed agreements with staff, work rules, handbooks, training, job descriptions, and personnel policies.

2. Collection of voluntary contributions is specifically prohibited under this contract.

3. Workers will not possess keys to a Participant's home.

4. Transporting Participants in any personal vehicle is prohibited.

5. Money management such as budgeting, paying bills and cashing checks is prohibited.

Violation of these rules is cause for dismissal by Provider. Failure of Provider to enforce this prohibition is cause for termination of the contract.

N. Meetings

1. ACDHS/AAA will arrange and coordinate meetings, including case conferences with Care Management providers, as needed for efficient delivery of services under this contract.

2. Attendance at these meetings by staff responsible for administration and implementation of this contract is mandatory.

3. Participate 100% in Case Conference requests.

O. Electronic Information Management Minimum Systems Requirements. The PDA mandates the use of SAMS as the CM Participant database for the CM Program. CM Providers must utilize the SAMS database. A stand-alone installation installs a single instance of SAMS on a machine, with MSDE/SQL data base components, and requires the following:

- Windows 7 or Windows 8
- PC Processor 2 Ghz or better
- 3 GB RAM (Minimum) 4GB RAM (Recommended)
- Internet Explorer 8 or higher
- E-mail capability
- Latest version of Microsoft Silverlight (required for SAMS.net)

System Updates. CM Providers must have the capability to respond to any changes in SAMS requirements indicated by the ACDHS/AAA or PDA during the term of the contract.

1. Provider will have the capacity/ability to retrieve and submit data, information, reports and other communication through electronic internet capabilities within a timeframe specified by ACDHS/AAA. Failure to receive or read ACDHS/AAA communications sent to Provider MPER e-mail address in a timely manner does

not absolve Provider from knowing, responding to or complying with the content of that communication.

2. Provider is responsible for accurately recording all Participant service and program data into the appropriate information management system (SAMS) by the seventh (7th) working day of the month for the prior month's transactions.

3. Provider is responsible for coordinating appropriate information management system training (SAMS) and the transfer of knowledge and information to existing and new staff.

4. Provider is responsible for regularly running and reviewing rosters and service order reports to ensure proper service delivery and timely/accurate billing.

VI. RESPONSIBILITIES/EXPECTATIONS OF THE PROGRAM OFFICE (ACDHS/AAA)

ACDHS/AAA will support Provider in meeting service standards and requirements by providing the following:

A. Timely communication and written correspondence regarding mandated applicable Pennsylvania Department of Aging and Allegheny County requirements, and any changes to these requirements that occur during the contract period;

B. Program monitoring and evaluation to assure compliance with Pennsylvania Department of Aging and Allegheny County requirements specified in the terms of this contract;

C. Timely communication and written correspondence regarding the outcome of program monitoring and evaluation activities;

D. Technical assistance as needed regarding program requirements;

E. Technical assistance, direction and cooperation to assist Provider in satisfactorily recording program and service data into the appropriate information management system (SAMS).