

**FY 2024-25
SCOPE OF SERVICE**

**HOME HEALTH SERVICES
Home Health Aide, LPN, RN, Speech,
Occupational and Physical Therapies**

I. PURPOSE

- A. To provide in-home community-based home health care throughout Allegheny County for individuals with skilled nursing or rehabilitation needs who are eligible for Care Managed services. Allegheny County Department of Human Services / Area Agency on Aging (ACDHS/AAA) will be the provider of last resort and provide services only when other methods of payment are unavailable or exhausted and a physician's order is required. Home Health services include:
1. Home Health-Aide
 2. Home Health-LPN Care
 3. Home Health-RN Care
 4. Home Health-Speech Therapy
 5. Home Health-Occupational Therapy
 6. Home Health-Physical Therapy
- B. To provide services in such a way as to encourage consumers to maintain or improve their level of functioning and independence.

II. DEFINITIONS

- A. Aging & Disability: See WellSky Aging & Disability
- B. IMT: Integrated Monitoring Tool
- C. Integrated Monitoring Tool (IMT) Application: Supporting improved quality, efficiency and collaboration of DHS monitoring efforts, the Integrated Monitoring Tool (IMT) captures key details and summary results from every monitoring visit and shares them across DHS offices. The application is built around administration, policy and procedure, staffing and personnel, environment, service delivery and outcomes.

- D. Master Provider Enterprise Repository (MPER): A repository of key CONTRACTORS' demographic data for all CONTRACTORS who provide services for DHS. DHS applications use MPER to validate AGREEMENT, services, facilities, rate information and document program funded budgets and invoices to facilitate documentation of services rendered and claims information by CONTRACTORS. CONTRACTORS are required to keep all agency information including but not limited to contacts, facilities and service offering information up to date.
- E. WellSky Aging & Disability (formerly SAMS): The Pennsylvania Department of Aging's mandated information system used by ACDHS/AAA and CONTRACTORS to document and track specific services provided to consumers with ACDHS/AAA funding and demographics. The application is also known as Aging & Disability.

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 and any others that may be issued by the ACDHS/AAA:

- A. [Chapter IV: OPTIONS Program](#) Directive – Issuance of Aging Policy and Procedure Manual Chapter IV: OPTIONS
- B. Appendix A. 1, OPTIONS Program Service Standards. [Appendix A.1 OPTIONS Service Standards](#).
- C. Pennsylvania Code, Title 6, Chapter 15: Protective Services for Older Adults <http://www.pacode.com/secure/data/006/chapter15/chap15toc.html>
- D. Medicare Certified Home Health Services <https://www.medicare.gov/coverage/home-health-services>
- E. The regulatory requirements for a Medicare Certified Home Health Agency <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/HHAs.html>

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

IV. PERFORMANCE EVALUATION

Each contract year the ACDHS/AAA will outline clear standards of acceptable performance to which the CONTRACTOR will be held. These standards relate to compliance with applicable policies, regulatory guidelines, Scopes of Service, Contract Workstatements, and Performance Based Contracting (PBC), where applicable. Standards are set to support quality service that meets or exceeds the needs of the consumer, and to optimize the impact of the service provided.

The CONTRACTOR is responsible for adhering to the timelines in reporting its compliance to the Scopes of Service 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. A progressive performance intervention plan is used to determine ACDHS/AAA response to contract non-compliance. The monitoring tool applicable to this Scope of Service is:

Allegheny County Department of Human Services
Area Agency on Aging
Personal Care-Agency Model and Home Health Services
Monitoring Tool

DHS Monitoring utilizes the Integrated Monitoring Tool (IMT). As such, for all monitoring visits, all service providers are required to access and upload documentation via the online application. For each monitoring visit, the county will utilize IMT to share important monitoring documents. Service providers are required to complete the monitoring process through IMT.

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, provide current license and most recent licensing monitoring results upon request and:
 - 1. Provider must have current Medicare and Medicaid certification, be able to bill under regulations and accept payment from those programs for allowable services.

2. 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.
3. OPTIONS services rates will be no higher than Provider's private pay fee schedule.

B. Consumer Confidentiality

1. Security of consumer files will be maintained.
2. Every precaution will be pursued to maintain confidentiality of consumer information, particularly when sharing with other agencies.
 - 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 consumer.
 - b. Consumer permission must be obtained in writing, in order to share this information.

C. Consumer Records

Provider will maintain standardized individual files for each consumer. 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 consumer's record must contain hard copies of the following information:

1. WellSky Aging & Disability Registration Form;
2. WellSky Aging & Disability service order with the current prescription;
3. The written assignment to the Home Health Aide initially and every sixty days, including start date of service;
4. The physician's order, secured by Provider's Registered Nurse (RN), Licensed Physical Therapist (LPT), Licensed Occupational Therapist (OT) or Speech Therapist prior to initiation of service and every sixty (60) days thereafter, whenever an RN, LPN, Therapist or Home Health Aide is prescribed. Physician's order must be signed by the physician and dated by the physician, RN, LPT, OT or Speech Therapist;

5. The plan of care established by the nurse and/or therapist initially and every sixty (60) days thereafter, including how supportive activities are to be rendered;
6. Documentation of each visit made to the consumer, including the worker's daily log of service which indicates arrival and departure times and specific services provided as well as the consumer or family member/caregiver's full signature for each date of service; worker is prohibited from signing in lieu of consumer; documentation from an automated time tracking system can replace time slips;
7. Worker's comments and observations concerning the consumer'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 in writing by the supervisor;
8. Statements of follow-up action taken by the supervisor, including reporting to the Care Manager;
9. A record of supervisory visits completed by the RN, LPT, OT or Speech Therapist for the Home Health Aide. The licensed professional is responsible for documentation of supervisory visits. Pertinent consumer information from supervisory visits must be shared with the Care Manager and the physician of record.

D. Initiating Service

1. Service volume and delivery will be adjusted at the discretion of ACDHS/AAA.
2. Service delivery will be initiated within five (5) working days of receipt of the service order.
3. In exceptional circumstances, service delivery will be expedited upon the verbal request of only the ACDHS/AAA OPTIONS Program 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 consumer's input and needs. Reimbursement will be at the contracted unit cost.

2. The geographic service area is Allegheny County, which has special needs in some areas with regard to safety, transportation and recruitment. ACDHS/AAA expects that Provider will anticipate the factors that need to be addressed in order to meet the needs of each consumer.

F. Units of Service

1. Home Health services are normally ordered in a one (1) hour minimum block of time and one half or one quarter hour increments, as stated on the care plan. One (1) unit Home Health Aide equals one (1) hour.
2. Nursing services will most frequently be ordered as an hourly service. In some cases, service may be requested in increments of fifteen (15) minutes to give injections, prepare several insulin syringes or other short nursing tasks. One (1) unit RN or LPN Care equals one (1) hour.
3. One (1) unit Physical, Occupational or Speech Therapy equals one (1) hour.
4. 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 7 1/2 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.

2. At the start of the contract ACDHS/AAA will inform Providers 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 Home Health Aide 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 WellSky Aging & Disability to authorize holiday service for consumers for whom Home Health Aide services will be reimbursed at the premium rate.

Note: Services provided on a holiday without a service order in WellSky Aging & Disability 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 a sufficient number 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 consumers and report regularly at the times and days agreed upon.
2. If Provider chooses to staff a case with a more highly skilled employee, they may only bill at the prescription rate.

I. Undelivered Hours

1. Provider will notify the consumer at least one (1) hour prior to service delivery when a different worker is assigned.
2. Provider will notify the consumer 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 consumer within a safe and reasonable period, not to exceed five (5) working days, Provider will notify the Care Manager and services will be arranged through another Provider.
4. If consumer does not allow entry to the home when the worker arrives, Provider may bill for one (1) hour of service. Provider must notify Care Managers of recurrent refusals.
5. All notification to the consumer's Care Manager regarding undelivered hours will be documented. Missed service delivery must be reported to the Care Manager by entering an Activity in WellSky Aging & Disability within five (5) working days of when missed service delivery occurred.

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 consumer to:
 - a. Assess the consumer'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 consumer 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 - Coordinates all workers' schedules to provide services as referred by ACDHS/AAA.

Workers who are qualified to provide more complex services can be used to perform simpler tasks, but those qualified to perform simpler tasks are not permitted to do the more complex or specialized activities.

3. Recruitment

- a. Provider will establish an effective, ongoing program of staff recruitment. Efforts should be made to recruit Home Health workers with knowledge of and/or skills, which address the special needs of older, chronically ill individuals.
- 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. 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.
- d. This contract must ensure that Home Health Aides receive a minimum hourly wage above \$10.00 per hour. Overtime work is compensated in accordance with current federal and state laws.
- e. The employee's original license will be submitted to verify current licensure. A copy of the license will be kept in the employee's file.

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 [Pennsylvania Access To Criminal History - Home \(pa.gov\)](http://Pennsylvania Access To Criminal History - Home (pa.gov)). 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 [Pennsylvania Access To Criminal History - Home \(pa.gov\)](http://Pennsylvania Access To Criminal History - Home (pa.gov)), and place it into the personnel file. The report must be dated within one (1) year prior to their employment start date.
- d. All requests for FBI background checks must be made directly through Identogo at www.identogo.com/locations/pennsylvania. In addition, applicants who have not been PA residents for two (2) consecutive years, without interruption and immediately preceding the date of application for employment, must obtain original PA Department of Aging FBI background check from Identogo in addition to the PSP background check from epatch.

- e. Results from the FBI background check will be sent directly to the applicant with instructions to the applicant to show the results to the agency or facility at which they have applied for employment. The agency must retain a copy of the FBI background check in the applicant's file.
- f. If either the epatch or the FBI background check result in positive findings, then the agency or facility must consider the following factors in the hiring decision: (1) nature of the crime; (2) facts surrounding the conviction; (3) time elapsed since the conviction; (4) evidence of individual's rehabilitation; and (5) nature and requirements of the job. Documentation of consideration of these factors must be included in the employee's personnel file.
- g. The agency or facility will make the final employment determination on all applicants.

Note: Staff may not directly work with consumers until the appropriate criminal history clearance/clearances are received and documented in their personnel file.

5. Physical Examination, Health Screen and PPD Test

- a. Any staff person, who visits consumers in their homes, must comply with federal, state and local health requirements related to physical examinations and communicable disease screenings.
- b. Any staff person, who visits consumers 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.
- c. After the initial physical, any staff person, who visits consumers in their homes, must have a health screen by an RN every other year thereafter indicating the same.
- d. A Mantoux Intracutaneous PPD test will be administered to any staff person, who visits consumers 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.

- e. 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.

- f. Following initial testing, workers must update the required TB screen at least every 12 months (within 365 days) including documentation that the individual is free from active M. tuberculosis. However, as an alternative to annual testing, per Centers 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> and the TB Risk Assessment Worksheet can be found at [CDC TB Risk Assessment Worksheet](#)

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 [CDC TB Risk Classification](#) (go to Appendix C).

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 worker TB screening.

- g. 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 consumers until discharged by the physician as no longer contagious.

- h. Any staff person, who visits consumers 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 the health care professional.

6. Communicable Diseases

- a. When caring for consumers with communicable diseases, ACDHS/AAA expects Provider to follow procedures recommended in the Centers for Disease Control (CDC) guidelines and Occupational Safety and 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 consumer has a communicable disease.

7. Personnel Files

Provider will maintain standardized individual files for all Home Health Services personnel. 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. Copy of current job description;
- b. Documentation of completion of orientation;
- c. The original report of criminal history record information from the Pennsylvania State Police background check (epatch) and, if required, the FBI criminal history results;
- d. Documentation of consideration of any positive criminal history findings prior to employment;

- e. Documentation of physical examinations, health screens, PPD results and TB screening results;
- f. Copies of applicable professional licenses;
- g. Documentation of completion of training or waiver of training for Home Health Aides;
- h. Documentation that Home Health Aide training is in compliance with Medicare Certified Home Health Services:

http://www.pacode.com/secure/data/028/chapter601/028_0601.pdf

- i. Documentation of in-service training.

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 consumer.
- 2. Changes in consumer functioning, health or situation will be reported to the consumer'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.

M. Exclusions

- 1. It is prohibited for workers to accept gifts, bequests, loans, gratuities and emoluments from consumers. 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 consumer's home.
- 4. Transporting consumers 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 the 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.

O. Electronic Information Management

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 consumer service and program data into the appropriate information management system (WellSky Aging & Disability) 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 (WellSky Aging & Disability) and the transfer of knowledge and information to existing and new staff.

V. 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 (WellSky Aging & Disability).