



DOMICILIARY CARE PROVIDER MANUAL



**COUNTY OF DELAWARE
SERVICES FOR THE AGING**
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Table of Contents.....	2-3
I. Introduction to Domiciliary Care.....	4
II. Domiciliary Care Mission.....	4
III. Common Domiciliary Care Definitions.....	5-7
Chapter 1-Provider Responsibilities.....	7-12
A. Provider Certification and Training	
B. Provider Medical Forms	
C. Meals and Nutrition	
D. Unusual Incidents	
E. Illness or Emergency Situations of Dom Care Provider	
F. Medical and Emotional Health of Dom Care Consumer	
Chapter 2- The Domiciliary Care Home.....	12-17
A. Initial Certification Requirements	
B. Length of Commitment	
C. Provisional Certification, Temporary Certifications or hold status	
D. Withdrawing from the Program	
E. Decertification of the Home and the Appeal Process	
F. Dual Licensing of the Dom Care Home	
G. Household Composition	
H. Fire and Dom Care Home Safety	
Chapter 3- Consumer Placement	17-24
A. Consumer referrals to Dom Care	
B. Consumer Placement	
C. Follow-up Visits and Om-going Care Management	
D. Care Planning	
E. Consumer Relocations	
F. Consumer Closures	
G. Other Consumer Supports	
Chapter 4- Finances.....	24-31

- A. Dom Care Payment
- B. Explanation of Dom Care Supplement
- C. Representative Payee
- D. Guardianship/ Power Of Attorney (POA)
- E. Banking-Bank Accounts
- F. Rent Rebate
- G. Record Keeping
- H. Consumer Burial or Cremation Arrangements and Life Insurance

Chapter 5-Abuse Reporting and Investigations..... 31-32

- A. Older Adult Protective Services
- B. Act 13 and Act 28

Chapter 6- Provider Resources..... 32-33

- A. Problem Resolution
- B. Provider Resource

Appendix One- Domiciliary Care Provider Role Description

Appendix Two- Questions for Providers to Ask During Pre-Placement Visits:

Appendix Three- Act 13 of 1997

Appendix Four- Act 28 of 1995

Appendix Five- Guidelines to be followed at the Time of Dom Care Consumer's Death





DOMICILIARY CARE PROVIDER MANUAL

Introduction

This is a Domiciliary Care Provider manual that has been developed for all Providers of COSA's (Delaware County Office of Services for the Aging) Domiciliary Care Program as a supplement specific to COSA, but in conjunction with the Pennsylvania Domiciliary Care Program Regulations. This manual will provide current and potential Dom Care Providers with information on handling daily and on-going situations in your DomCare Home. It will also give you some idea of the expectations laid out specifically for COSA's DomCare program as laid-out by the Domiciliary Care Coordinator, who oversees this program for COSA. Please note that in most cases all Domiciliary Care Programs are commonly known as 'DomCare', and will be used throughout this provider manual for COSA's Program.

This manual is to be read and referred to as often as needed for a guideline into being a DomCare Provider, what is expected of you as a Provider, and your complete involvement in this program. For any specific questions, always consult with the DomCare Coordinator at COSA.

DomCare Mission

COSA's DomCare program adheres and supports all regulations and guidelines as established by the State of Pennsylvania's Regulations created and managed by the Pennsylvania Department of Aging (PDA) and the Pennsylvania Office of Long Term Living (OLTL). The overall mission is to support and allow Consumers in being as independent and productive as they desire. The DomCare Program incorporates strength-based principles of care management in assisting Consumers to reach attainable goals and enjoy their independent talents and capabilities. DomCare Consumers are active participants with a dominant role in planning their own lives and determining their own direction. The DomCare Program makes every attempt to allow all Consumers to be individuals that are capable of contributing to the quality of their daily

lives; there are numerous reasons why DomCare Consumers cannot live independently, but allowing them to make their own decisions, being housed in their own private room and with the ability to come and go as they please, does assure a strong sense of independence to these Consumers.



Common Domiciliary Care Definitions

DomCare Program – the Domiciliary Care Program (DomCare) matches certified DomCare Providers with adults (18 & older) who have disabilities, cannot live independently on their own and are in need of caring, supportive homes. The program is monitored and regulated by the Pennsylvania Department of Aging & the Pennsylvania Office of Long Term Living, in conjunction with the AAA (Area Agency on Aging) throughout the State. The AAA for Delaware County, Pennsylvania is COSA (County Office of Services for the Aging), and COSA's DomCare Program is solely staffed and administered by the Domiciliary Care Coordinator.

DomCare Coordinator – COSA Staff responsible for on-going support for both Providers and Consumers. The DomCare Coordinator screens and interviews all potential DomCare Consumers and DomCare Providers. The DomCare Coordinator is responsible for certifying all DomCare Homes, and the DomCare Coordinator is responsible for matching up DomCare Consumers with the appropriate Certified DomCare Provider. Additionally, all DomCare Provider training, home inspections & quarterly/annual visits are conducted and monitored by the DomCare Coordinator; documentation on each and every DomCare Provider is required, as well.

DomCare Care Manager (also referred to as COSA Care Manager) – the COSA staff person responsible for the on-going support of all DomCare Consumers by advocating and assisting consumers as needed. For COSA, these Care Managers are assigned to Care Managers from Senior Community Services, and the assignments are done demographically. The Care Managers schedule In-Home visits, phone calls, assessments and reassessments/recertifications as dictated by the State Regulations.

DomCare Regulations – these are standards as set by the PDA & OLTL which must be adhered to by AAA, Providers & Consumers; regulations are enforced by the COSA DomCare Coordinator. All Providers are given their own copy of the current State Regulations during the certification process.

DomCare Home – this is the residence owned and lived in by the DomCare Provider who has been certified by COSA’s DomCare Coordinator to provide a safe, supportive home-like setting for DomCare Consumers. DomCare Homes can be Decertified, placed on Hold, or operate with Provisions as determined and justified by the DomCare Coordinator.

Dom Care Provider – the provider must be a Delaware County Resident, must own and reside in the home as mentioned previously, and open their home to adults aged 18 & older who cannot live independently. DomCare Coordinator certifies all DomCare Providers once all documentation and inspections/certificates have been reviewed and approved by the DomCare Coordinator.

DomCare Back Up Provider – As part of the certification process, each DomCare Provider must identify a Back-up Provider to be responsible for fulfilling the role of the DomCare Provider when the Provider is not available. This Back up Provider is approved by the DomCare Coordinator and the DomCare Review Council. The Back-up Provider primarily is available for Respite, Holidays or any emergencies of the DomCare Provider.

DomCare Consumer – the typical DomCare Consumer is an adult 18 years of age or older who cannot live independently for various reasons, and has been found clinically eligible for COSA’s DomCare Program. The Consumer has some difficulty in managing activities of every day life, and this would include Consumers who have physical or mental disabilities/diagnoses or who are frail due to age. The typical DomCare Consumer must be able to make their own safe decisions and provide their own personal care. The DomCare Coordinator has the final approval on all potential Consumers. However, any special needs, Nursing Facility Clinically Eligible Consumers applying to COSA’s DomCare Program require eligibility approval by COSA’s DomCare Review Council and approval at the State level as well.

DomCare Review Council – as stated under the role of the DomCare Coordinator, the final eligibility of a prospective DomCare Consumer or DomCare Provider is determined as part of the DomCare Coordinator’s accountability. However, COSA’s DomCare Program does have a Review Council that offers feedback and input in conjunction with

the DomCare Provider. In the case where there are special needs/circumstances with a Provider or Consumer applying to COSA's program, the Review Council has a big part in the eligibility decision process. The COSA DomCare Review Council is made up of staff from COSA's assessment unit, the DomCare Coordinator's direct Supervisor, the Associate Director of Long Term Care with Senior Community Services, and various staff from Delaware County Offices of Mental Retardation, the County Assistance Office, and a COSA supports specialist. For Consumer applicants that have been found to be NFCE (Nursing Facility Clinically Eligible), the final decision for admission into COSA's DomCare program is given at the State level.

DomCare Supplement – The State of Pennsylvania will annually review the costs of operating a certified DomCare Home, and they will also review the current Cost of Living Expenses to assure that all DomCare Consumers have a set, monthly personal needs allowance. The DomCare provider receives the same monthly stipend regardless of the number of DomCare Consumers in their homes. The DomCare Consumer must be assured a total dollar amount every month to allow them to pay the stipend to the DomCare Provider and to assure them a monthly personal needs allowance. Rarely do a prospective applicant's total monthly earnings meet the \$1108.30 required to qualify for DomCare; the Commonwealth of Pennsylvania approves a supplemental grant through Social Security that affords the Consumer to reside comfortably in their DomCare Home, and the Consumer has enough money to pay the Provider monthly and still have spending money for them each and every month. ***Current total earnings = \$1108.30. \$936.00 stipend paid monthly to DomCare Provider and \$172.30 guaranteed monthly personal needs allowance to the DomCare Consumer. If a potential applicant exceeds the \$1108.30 monthly earnings, and with special approval, this applicant enters COSA's DomCare Program as a private pay consumer.*

Chapter 1 – Provider Responsibilities

A. Provider Certification and Training

During the initial certification process and to retain certification annually, all DomCare Providers must attend and complete quarterly training sessions conducted and hosted by COSA's DomCare Coordinator. In general, prospective Providers must attend a one-day orientation session to become newly certified; at the beginning of each calendar year, this session will include CPR (Cardio-Pulmonary Resuscitation) and First Aid Certification for all new Providers and any current providers requiring recertification of CPR and First Aid. The Commonwealth of Pennsylvania currently awards CPR Certification for a two year period of time, and for First Aid Certification, three year period of time. COSA offers this training to providers at no cost, but only at this annual session. *(Certification that is obtained independently is paid privately, and reimbursed by COSA if the applicant is approved into DomCare.)*

The DomCare Coordinator, in conjunction with the DomCare Review Council, develops a training calendar for each quarter of the current year, held at COSA

offices, and this training is a requirement of all Providers currently certified in COSA's DomCare Program. Providers are encouraged to review these trainings and register to attend in order to retain certification and the program compliance. The sessions are scheduled based on feedback and availability of current DomCare Providers; make-up sessions are held when needed. Additionally, the COSA DomCare Coordinator conducts a pre-application information session for any prospective provider interested in finding out about DomCare, the certification process, and if DomCare would be a commitment that they would like to make. This informal session is held monthly or as interest dictates. It is during this session that the DomCare Coordinator explains the entire certification process, including all required training, and goes over step-by-step the certification requirements for initial entry into COSA's DomCare Program. The specifics will be discussed individually in this chapter.

B. Provider Medical Forms

DomCare regulations also require providers to have a medical form completed by their primary care physician at least once every two years; new applicants are required to submit this medical form as part of the certification process, current providers provide this every other year to retain certification. This is to ensure that Providers are able to continue to provide care without compromising their own health and their ability to provide on-going in-home care. The same time frame and obligation is required for all Providers to undergo a TB test as well. In some situations a DomCare Provider may be required to present additional medical forms to the DomCare Coordinator in the event that they have been ill or hospitalized. In a situation where the Provider's physical or mental health is in question, the Provider must inform the DomCare Coordinator immediately. And if necessary, their specified Back-Up Provider will be accountable for any DomCare Consumers residing in this DomCare Home.

If a DomCare Provider is going to require the use of their designated Back -Up Provider, and regardless of the reason, the DomCare Coordinator must be informed ahead of time that the Back-Up Provider is in place, and the DomCare Consumer's Care Managers must be informed of the same. Back- up Providers must have a satisfactory medical form completed by their physician and two satisfactory personal references on file with COSA's DomCare Coordinator. The Back-Up Provider must be responsible, dependable, and able to perform provider services in the absence of the DomCare Provider. Back-Up Providers cannot work the same hours as the DomCare Provider and must be available and willing to step in if an emergency or unusual event occurs. In some cases and where approved by the DomCare Coordinator, current certified COSA DomCare Providers may act as a Back-Up Provider for other COSA DomCare Providers. Again, the DomCare Coordinator and DomCare Care Manager involved must be notified and aware of any occurrence of a Back- up Provider filling in for the responsible and certified Provider.

Any time that a Back-Up Provider is in place and performing the required DomCare services, they are NOT paid by the DomCare Consumer or by COSA; an agreement is made by the DomCare Provider and their Back-Ups on how, when and if they are paid, and this payment is made directly between the DomCare Provider and their Back-Up Provider.

C. Meals & Nutrition

DomCare Providers are expected to insure that their consumers receive three (3) nutritional balanced meals each day. If required, a physician may prescribe a special diet; a Consumer should not go on a restrictive diet without a physician's approval. However, when and if a Consumer is placed on a special diet, such as diabetes or high cholesterol, the Provider needs to adhere and assist their consumer in following the diet as needed.

Providers are required to insure that Consumers who work or attend a supervised day program either bring their own lunch or are given money to purchase a lunch where available. The lunch or lunch money would be provided as part of the DomCare Provider's monthly stipend, and is not to be subtracted from the DomCare Consumer's personal needs allowance.

Meals served in the home should be eaten family-style as often as possible and in the DomCare Home's designated dining area. The Consumer's DomCare Care Manager can advise the consumer regarding a special diet or instances when packed lunch/lunch money is required of the DomCare Provider.

D. Unusual Incidents

If anything out of the ordinary should happen in any DomCare Home that may affect the DomCare Consumer(s) or the Provider, the DomCare Coordinator must be notified immediately; depending on the circumstances, the DomCare Care Manager of those affected will be contacted as well. This would include Provider/Consumer illness, hospitalizations, injuries or any sudden change in a Consumer's behavior. The DomCare Coordinator will make the appropriate arrangements/changes when the incident effects the DomCare Provider, whereas the DomCare Care Manager will assist, advise or advocate for their DomCare Consumer's if the effect is on the Consumer. All known friends, relatives, Care Managers from other agencies or identified concerned parties must be notified immediately of such unusual incidents.

If the DomCare Provider or DomCare Consumer is facing a medical emergency, the most responsible person(s) residing in the home should call 911 immediately. If a DomCare Consumer is missing or has not returned home within a given allotted amount of time, the Police should be notified and a missing persons report filed. Any unusual incident may require temporary placement of a DomCare Consumer into another Certified DomCare Home, or the effected DomCare Home's identified Back- up Provider may need to step in for the

DomCare Provider. And, as with all incidents, the COSA DomCare Coordinator and the DomCare Care Manager must be notified of this incident as soon as possible.

E. Illness or Emergency Situation of DomCare Provider

As discussed briefly earlier, a DomCare Provider who becomes ill and is unable to fill their obligations as a provider must notify COSA's DomCare Coordinator immediately. If it is known that the illness is of short duration and will not have an impact on the DomCare Consumer(s), the DomCare Coordinator and the DomCare Care Manager will work together in determining what is best for the DomCare Home in question. Only if the DomCare Provider will be absent for 24 hours or longer will the Back-Up Provider be expected to step in and fulfill the requirements as specified in COSA's DomCare Program. For any extended illnesses or injuries of the DomCare Provider, the Back-Up Provider may need to fill in for an indefinite period of time. However, if the length of time will prevent the DomCare Provider from eventually resuming their responsibilities, the DomCare Consumer(s) may need to be relocated into another DomCare Home; this move may be temporary, but it could also require that the relocation become permanent. In a permanent relocation, regardless of the situation, the DomCare Coordinator, Care Manager, and DomCare Consumer must assure that change of address is provided to US Postal Service, Social Security Administration, the County Assistance Office, and any other organizations or concerned parties; where transportation is provided by an outside source such as Community Transit, they must be informed of the new residence in a timely fashion to assure continued Consumer transportation without any break in services.

***any move from one DomCare Home to another, when making ANY change of address, it must be explained that the new home is ALSO a Certified DomCare Home, especially the Local County Assistance Office & Social Security Office.*

F. Medical and Emotional Health of DomCare Consumers

All COSA DomCare Consumers are entitled to receive routine and specialized medical care. This will include an annual yearly physical (MA-51 updated annually for recertification of all Consumers, especially those receiving the supplemental grant), as well as dental, eye and other medical visits required by any specialized services/needs. Although COSA's DomCare Provider guidelines only require DomCare Consumers to be involved in medical concerns, prescribed medicines and doctors' appointments, there are often times when the DomCare Provider must accompany their Consumer(s) to these type appointments. Additionally, for any new medical diagnosis/medical need and any new medicines being prescribed to the DomCare Consumer, it is incumbent and often necessary for the DomCare Provider to be present for all of these doctor visits. The

Commonwealth of Pennsylvania and COSA's DomCare Program require that all prescribed medicines must be known by the DomCare Provider for all of their Consumers, and this knowledge includes identifying the prescribed medicine, why the medicine is being taken and the frequency in which it is taken, along with the DomCare Provider guaranteeing that their Consumer(s) takes all medicines, are reminded of taking these medicines where queuing is necessary, and to always monitor and be aware of any side effects from all prescribed medicines. COSA's DomCare Program requires that medicine compliance is logged on a "Medicines I Take" list which is maintained in a blue binder that is provided upon completion and certification into COSA's DomCare Program.

DomCare Consumers enter the DomCare Program because they need some sort of support in order to live safely in their community. All DomCare Consumers bring different backgrounds and different needs with them, and it is the accountability of the DomCare Providers to work with their DomCare Consumer(s) to achieve any goals/strengths for their continuance in COSA's DomCare Program. With this said, some DomCare Consumers need assistance with emotional or mental health care. This may require additional commitment and involvement from the DomCare Providers with additional planning and additional involvement by the COSA DomCare Care Manager and Care Management that is provided and in place from other agencies that work solely with the mentally challenged/mentally retarded community. These identified DomCare Consumers are placed appropriately in the best DomCare Home for their needs, and they need to be involved in some on-going day program as well to be part of COSA's DomCare Program. It is extremely important that the DomCare Provider, the DomCare Coordinator and the DomCare Care Manager be part of any care plan for these consumers. If any of these parties notice or witness any emotional difficulties of their DomCare Consumer(s), this information must be shared with everyone involved, and all issues must be identified, addressed and supported as needed and for as long as these supports are required; in many cases, this type of support is on-going and continual as part of the DomCare Consumer's care plan(s) and as part of the DomCare Consumer's participation in COSA's DomCare Program. DomCare Providers must work with their Consumer's direct DomCare Care Manager when additional support is required that is of a mental health nature. In most cases, these DomCare consumers will additionally have skilled care management from a second agency, and both the DomCare Provider and DomCare Care Manager will work with these Care Managers to assure that all issues are addressed. The skilled care manager will provide additional information and supports that may be needed when working with these type situations.

If a DomCare Consumer needs a medical procedure of any nature (in-patient/out-patient) and the medical personnel ask the DomCare Provider to sign consent forms, the DomCare Provider should contact the DomCare Care Manager for this DomCare Consumer immediately. The DomCare Care Manager is required to have electronic data (*currently SAMS*) identifying the responsible party for the

DomCare Consumer; parent, family member, legal guardian, or any approved representative. However, DomCare Providers cannot sign medical consent forms for DomCare Consumers under any circumstances. If there has been no identified respondent for the DomCare Consumer, it is the medical professionals' responsibility to proceed under their specific guidelines, but these guidelines cannot include the DomCare Provider or require any decision making to fall on the responsibility of a DomCare Provider.

Chapter 2 – The DomCare Home

A. Initial Certification Requirements

DomCare Providers must meet guidelines determined by the Pennsylvania Department of Aging (PDA). These require that the applicant must be a Pennsylvania resident, at least 22 years of age, reside in Delaware County. Furthermore, the prospective provider must own and reside in the prospective home, and they cannot have a criminal history/criminal record.

The following is a check list of the items required and checked on for every applicant. Additionally, several home inspections are conducted by COSA's DomCare Coordinator to facilitate in preparing a prospective Provider to meet the DomCare Provider requirements (PDA requirements & COSA specific requirements):

- a) Two (2) personal references (excluding family members)
- b) Physician's reference, medical exam & TB test or chest x-ray completed within six (6) months of application date)
- c) Two (2) positive & current financial references; i.e., PECO, mortgage company, other utility provider)
- d) Copies of recent utility bills (current – no possibility of shut off)
- e) A copy of your homeowner's/renter's insurance policy
****RENTERS must provide Landlord written approval
- f) A copy of your deed or a current mortgage statement
- g) Real Estate tax receipt for current year
- h) Criminal History background check and clearance (this will be done by COSA's DomCare Coordinator)
- i) If your home has radiators, all radiators must be covered & safe
- j) There must be railings and handrails on all exterior and interior stairways
- k) Furniture bedroom (cannot be above 2nd floor) – minimum of 80 square feet (with exceptions, two (2) per room require minimum of 70 square feet per consumer)
- l) CPR & First Aid Certification (training and length of certification previously addressed)
- m) Proof of income (to assure that monthly household expenses are met)
- n) Menus, addressing special diets (COSA form will be provided)
- o) Scheduled fire drills, fire drill route(s), fire extinguishers on each level of home, smoke & radiation detectors and fire safety inspection conducted by local fire marshal.
- p) All providers must be available to attend four (4) training sessions each year (one will also include CPR and First Aid Training – this is the first training session of every calendar year)

B. Length of Commitment

DomCare Consumer placements can be long or short-term/transitional or permanent. An agreement is signed between the DomCare Provider, the DomCare Consumer and COSA's DomCare Coordinator; no lease or length of agreement is required. It is required that DomCare Providers will work with the Consumer for as long as the placement remains mutually beneficial to both the DomCare Provider and the DomCare Consumer. COSA's DomCare Providers and DomCare Consumers must give a thirty (30) day notice to COSA's DomCare Coordinator if either wants to change their participation in the program or change in the DomCare home in which they reside (Consumers). Exceptions would be anything of an emergency occurrence. Many DomCare Consumers reside in one (1) DomCare Home for at least one year or longer. All DomCare Providers must go through an annual certification process administered by COSA's DomCare Coordinator, and includes current copies of utility bills, mortgage payment and real estate tax, and submit to an annual fire inspection by their local fire marshal (basically, current proof of important documents required for an initial application & certification). All certified COSA DomCare Homes retain a BLUE binder supplied by COSA, which includes all of the initial and annual paperwork, 'Medicines That I Take' documented for each consumer, Fire Drill Log, Menus for those Consumers on Special Diets, Financial logs/proof of all monies paid to the DomCare Provider & including the Provider's management of the monthly personal needs allowance of current DomCare Consumer (s). All visits by COSA Staff, any other Care Managers for other agencies, and family/friends entering the DomCare Home for a visit with a particular Consumer. This binder is to be made available to COSA's DomCare Coordinator, updated and as current as possible, for each DomCare Home visit, regardless of being an announced or unannounced Home visit.

C. Provisional Certification, Temporary Certification or HOLD Status

Each certified DomCare home must be inspected at least twice a year. Generally, the DomCare Coordinator conducts these inspections and will schedule the visit with the Provider in advance. During this visit, the DomCare Coordinator will ensure that the home remains in compliance with DomCare standards and will review utility bills and insurance information, making sure that all is current. It is important that the Provider is prepared for this visit, since the DomCare Coordinator will want to spend time with the Provider discussing her/his caregiving concerns. Annual recertification visit will occur each year around the time that the Provider was initially approved as a DomCare Provider. During the annual monitoring visit, the DomCare Coordinator will determine whether or not the Provider will be certified for another year. However, any home inspection resulting in a poor visit could effect the Provider's certification, whether it is the bi-annual or the annual visit. The DomCare Home must always be in compliance with State Regulations and if anything is not in compliance, the DomCare Provider

could be placed with a Provisional Certification, Temporary Certification, or be placed on HOLD status in COSA's DomCare Program.

Provisional Certifications are generally issued when the Provider has not maintained the home according to DomCare regulations, or if the provider has not fulfilled her/his responsibilities. The DomCare Coordinator informs the Provider of their provisional status, and they are advised of the action that they need to take in order for the home and the provider to become fully certified. Provisional certifications are issued for up to ninety (90) days, depending on the nature of the issue; safety issues such as non-working smoke detectors, no working fire extinguishers, non-compliance of monitoring and giving reminders for meds are all issues that could place a Provider in a provisional mode, and these issues must be addressed immediately. There are other issues, such as not showing current utility bills or not having a current medical form as needed, could warrant a longer provisional period. However, these issues need to be addressed and taken care of immediately, and failure to do so within in the ninety (90) days could result in the Provider's home being **closed** to the DomCare Program.

Temporary Certifications are primarily used only when a Provider is in the initial certification process and there is a need for placement of a DomCare Consumer into their home. As with provisional certification, the Provider must comply with all State Regulations and provide all paperwork and inspections required for their first certification. Again, failure to do so would result in the DomCare Home not being certified/closed.

HOLD Status means that a DomCare Home is not available for Consumer placement, and is generally requested by the DomCare Provider. This status could be for a variety of reasons, but is generally due to a medical need of the Provider/Provider's family, a DomCare Provider may have participated in the program for a long period of time and needs a break, or the Provider may want to have some work done on their home. The DomCare Provider must provide a letter in writing to the DomCare Coordinator, and this letter must be submitted at least thirty (30) days in advance of when they want to be placed on HOLD. A Provider on HOLD status must contact the DomCare Coordinator in order for the home to be taken off HOLD. However, the DomCare Coordinator continues with all required home visits (bi-annual or annual) for this DomCare Home on HOLD, and when the Provider wants to resume participation in COSA's DomCare Program, a complete inspection will be performed by the DomCare Coordinator to approve and have the DomCare Provider fully certified, compliant, and available to take prospective Consumers.

D. **Withdrawing from the Program**

DomCare Providers have the right to withdraw from the program at any point in time. Providers who decide to withdraw from the program must discuss this decision with COSA's DomCare Coordinator. If there is a DomCare Consumer in the DomCare Home, a minimum of thirty (30) days written notice must be given to the Consumer and the DomCare Coordinator advising them of this decision immediately. If the Provider has a sudden unexpected emergency that causes the Provider to withdraw from the program, the DomCare Coordinator must be notified immediately in order to find alternative housing for any Consumers currently residing in the home. This often involves pre-placement visits similar to those given to a prospective DomCare Consumer. A DomCare Provider who is in good standing and in complete program compliance, who withdraws from the program can reapply to be a provider at any time.

E. Decertification of the Home and the Appeal Process

COSA's DomCare Providers are responsible for maintaining the home in compliance with all DomCare regulations; i.e., State Regulations and any COSA specific regulations. The DomCare Coordinator will work with any Provider to correct any environmental or safety issues in the home, plus the Provider will be given sufficient time to correct these issues.

If a Provider has difficulty in working with one of their DomCare Consumer's, the Provider must discuss this with COSA's DomCare Coordinator. The Coordinator will assist the Provider with education, training and total support. Persistent problems with the Provider, such as failure to attend required training, failure to complete the recertification process, unsafe homes, etc., may result in the Home and the Provider being decertified from COSA's DomCare Program. In certain circumstances, if any non-compliance is deemed as possible abuse, the abuse will be reported to local authorities.

In the event that a DomCare Provider is decertified from COSA's DomCare Program, she/he will be notified in writing and will be given the opportunity to appeal any such decision and to present her/his case before COSA's DomCare Review Board. This review team is an objective, impartial body which will hear the Provider's case and decide if the decertification is warranted or not. If the team upholds COSA's decision, the Provider may make another appeal to the Pennsylvania Offices of Long Term Living in Harrisburg.

DomCare Providers are expected to communicate honestly and openly with COSA's DomCare Coordinator so that any/all problems can be addressed before becoming a crisis.

F. Dual Licensing of the DomCare Home

DomCare Providers cannot participate in another care-giving program in their home without written permission from the other agency. The DomCare Provider must also demonstrate that the involvement in the other program will not affect the

health, safety and comfort of the consumer(s) residing in their home. COSA's DomCare Program will allow one, two or three DomCare Consumers per DomCare Home. Providers interested in more than three (3) consumers must obtain written permission from the Pennsylvania State Office of Long Term Living.

G. Household Composition

Dom Care Providers must report any/all changes in the makeup of their household to COSA's DomCare Coordinator. This includes all family members, as well as non-family members. Providers must not change a consumer's private bedroom. Providers must not change a consumer's bedroom without first discussing this with the DomCare Coordinator and the Provider must insure that the sleeping arrangement conforms to the program standards, and that all parties are in complete agreement with this change. The consumer's bedroom is solely for her/his own use. If the DomCare Provider is having major work or renovations in their home, the DomCare Coordinator should be notified as well, to ensure that the safety and comfort of all DomCare Consumers in the home are not affected.

H. Fire and DomCare Home Safety

Part of the initial certification process requires that all prospective DomCare Homes pass an inspection that is conducted by the local Fire Marshall. Additionally, this same inspection is required annually for all DomCare Providers to retain current certification.

DomCare Homes are required to have a working smoke detector on each floor of their home, and at least one (1) working carbon monoxide detector located at a common place in the home; batteries in these detectors must be in working order at all times. A tri-class fire extinguisher with a pressure gauge must be attached to the wall in the kitchen and in the second floor hallway. All homes must have an existing emergency exit plan, and fire drills must be conducted once in every three (3) months with all household residents present; documentation of all fire drills must be current as it is checked on all DomCare Coordinator's home visits. Hallways and all living quarters must always be kept clear of any clutter to ensure a safe exit in the event of a fire drill or an actual emergency.

DomCare Providers should allow a designated smoking area for consumers who smoke; this may be indoors or outdoors, depending on the preference of the DomCare Providers. In current society, however, smoking is rarely allowed in most DomCare Homes. This is discussed with the DomCare Coordinator during the initial certification process and becomes a part of that particular DomCare Home's house rules, and is specified in writing with any other 'house specific' rules.

In addition, space heaters or kerosene heaters may not be used in a DomCare Home. Railings on both the outside and inside stairways must be secure. COSA's DomCare Coordinator will point out other areas where the household's safety may

be at risk. At any point in time when a safety issue becomes apparent to the DomCare Coordinator, the issue must be resolved immediately in order to retain DomCare Certification.



Chapter 3 – Consumer placements

A. Consumer Referrals to DomCare

Prospective Consumers who may benefit from living in a DomCare Home are usually referred by another service based office, local hospital or local nursing facility. Because DomCare is the only In-House program at COSA that is not limited to seniors (60 yr. or older), many referrals for the under sixty (60) client base are comprised of mental health or mental retardation agencies, or physically handicapped agencies, also.

One of the agencies or organizations listed above generally begins the DomCare Consumer application process by faxing a referral to COSA, to the attention of the DomCare Coordinator (fax # 610.490-1500). There are occasions when people call the COSA main phone number and speak with someone in Information & Assistance, and then the phone call is transferred, again, to the attention of the DomCare Coordinator. With either scenario,

COSA's DomCare Coordinator contacts the referral source to explain the entire application process and to answer any questions regarding becoming a DomCare Consumer; most questions, however, are answered during the pre-placement interview conducted in person with the DomCare Coordinator, prospective Consumer and any other interested parties present.

REFERRALS FOR 60+

The first part of the application process begins after the referral is made. An assessor from COSA's assessment unit meets with the consumer and conducts a Level of Care Assessment (LOCA). During this assessment, the Assessor also explains to the Consumer that a medical evaluation (MA-51) will be required in order to continue with the application process and to determine overall eligibility into COSA's DomCare program. The Assessor, their immediate supervisor and an RN from the Assessment unit signs off on the prospective Consumer's eligibility, and then the LOCA is passed on to the DomCare Coordinator.

The DomCare Coordinator reviews the case, and if the Consumer does seem to be appropriate for COSA's program, an appointment is scheduled between the Consumer and the DomCare Coordinator to meet in person and to finish all paperwork required to apply to DomCare. During this meeting, the DomCare Coordinator may also begin to inquire about the demographics or a particular part of Delaware County where the prospective Consumer may want to reside. The DomCare Coordinator gets to know the Consumer and discover other strengths and likes that will also become important in selecting the appropriate DomCare Provider and DomCare Home for the applicant requesting DomCare. The DomCare Coordinator furthermore obtains all additional paperwork, including the medical evaluation, in order to proceed with the next step in the application process.

If it is determined that all paperwork is in order and that all involved agree upon the Consumer's eligibility, the application and eligibility paperwork is faxed to the County Assistance Office (CAO) in Chester. Within a short period of time, the CAO sends a 'pending approval' document to the prospective Consumer and also COSA's DomCare Coordinator. The 'pending approval' determination is given due to the fact that in most cases, the Consumer is required to apply for a DomCare Supplemental Grant investigated and approved by the local Social Security Office (this will be discussed further when the cost of DomCare is discussed). At no point in time is a Consumer guaranteed participation and placement in COSA's DomCare Program. ****for the under 60 population, the DomCare Coordinator initiates the application process, meets the prospective applicant and obtains a current MA-51 for the applicant. The DomCare Coordinator submits the application to ASU, and then an appointment is set for an assessment; the remainder of the process is identical for the 60+ process.*

B. Consumer Placement

The DomCare Coordinator spends much time and effort focusing on the best and most beneficial placement for the Consumer. The DomCare Coordinator often discusses with the Review Team potential placement for the prospective DomCare Consumer; typically, at least three (3) DomCare Homes are identified for the Consumer to visit. These visits are called Pre-Placement Visits; they are scheduled by the DomCare Coordinator, and are attended by the prospective Consumer, DomCare Provider(s), COSA's DomCare Coordinator, and any others involved in the care-giving of the Consumer.

It is very important that the Provider have a discussion with the consumer in order to learn as much as possible during the Pre-Placement Visit.

Additionally, it is important to remember that the Consumer is also using this time as an opportunity to evaluate the Provider, their DomCare Home, and how comfortable she/he would feel living in this home. COSA's DomCare Coordinator often assumes the role of mediator during this visit; it is imperative almost from the onset of the visit that the Provider and prospective Consumer feel comfortable with one another and develop an open line of communication. It should be pointed out that, prior to the Pre-Visit; the DomCare Coordinator has a conversation with both the Provider and the Consumer in order to provide them with suggested questions to ask during the Pre-Visit. Obviously, during the initial visit, the Consumer should be given a tour of the entire DomCare home and, when possible, meet any/all residents of the home.

During the Pre-Placement Visit, the Provider and the Consumer often agree to pursue placement and will schedule a potential date to move into the selected DomCare Home. However, the design of the DomCare Program does allow for a Trial Visit which gives the Consumer and the DomCare Provider the opportunity to schedule a one (1) or two (2) night visit to determine if they are, in fact, compatible. The prospective Consumer does not pay the Provider a fee for any scheduled Trial Visit, and the date of such visit is agreed upon; full knowledge of this date is shared with the DomCare Coordinator, as well.

DomCare Providers are encouraged to make the Trial Visit as 'typical' as possible so the Consumer can see the home and how it operates on a daily basis. If the Consumer and the Provider decide that they are a good 'match', a placement date can be arranged at this point in time; exceptions will be discussed when supplemental monies are discussed.

It is during the Placement Visit that the Consumer moves into the DomCare Home. The Consumer and DomCare Coordinator complete any necessary paperwork at this time, along with the DomCare Provider signing off on the Provider/Client Agreement during this visit. If the Consumer's COSA Care Manager has been selected by the Placement Visit, they are encouraged to be in attendance, as well. The COSA Care Manager and the DomCare Consumer take this time to establish an initial Care Plan, which in most cases, involves

only care management services. Approximately two weeks later, the Care Manager is required to make another visit after the Consumer has moved in. Additionally, any other Care Manager(s) involved in the safety and care of the DomCare Consumer should try and be available for the Placement Visit. COSA's DomCare Coordinator additionally uses this time to create, put in print, and have all parties approve any House Rules that will be specific to this DomCare Providers Home. The DomCare Provider, the DomCare Consumer and the DomCare Coordinator must all be in agreement when signing any documentation regarding their participation in COSA's DomCare Program; i.e., a consumer is not placed into a DomCare Home without their total approval, nor is a DomCare Provider required to accept a Consumer into their home that they do not feel is appropriate.

******In rare cases, the DomCare Provider may accept a Consumer on a thirty (30) day trial basis, but the reason(s) for the trial basis are made known to the Consumer and the DomCare Coordinator, as well. And, if after the thirty (30) days, it is deemed that the match was not appropriate, it is understood that the Consumer remain in the home until another DomCare Home is chosen as suitable or the Consumer has independently obtained safe, alternative housing in which to move.*

C. Follow Up Visits and On-going Care Management

One benefit of COSA's DomCare Program is care management that is provided to all Consumers approved into the Program. COSA's DomCare Program assigns care management chosen from the sub-contracted Care Managers at Senior Community Services (SCS). As with most SCS care managed programs, the care managers are selected based on their assigned demographics for Delaware County.

COSA Care Managers work closely with their Consumer and the DomCare Provider to make sure that the living arrangements remain beneficial and appropriate for all parties involved. It is extremely important that DomCare Providers discuss any questions or concerns regarding the DomCare Consumer in their home with COSA's Dom Care Coordinator. The role of the DomCare Manager, however, is to be informed of any questions or concerns regarding the DomCare Provider with whom they reside. All parties should address any major issues or potential problems collectively. COSA Care Managers are expected to make phone contact with their Consumers every month, visit their Consumer in person every ninety (90) days, reassess at the six (6) month period, and complete a Level of Care Assessment (LOCA) annually, along with obtaining an updated medical evaluation (MA-51) annually as part of the Consumer's recertification and approval to continue in COSA's DomCare Program. The COSA Care Manager's face-to-face visits may be made in the DomCare Home, however, if the DomCare Consumer attends a day program, the visit may be held at the location of such program. The DomCare Consumer is encouraged to use these non-home visits to discuss any issues

or problems they may be experiencing with their DomCare Provider, since they may not feel comfortable discussing in front of their Provider. If the visit is made at a day program, this opportunity allows the COSA Care Manager to meet and become familiar with others involved in their DomCare Consumer's management or therapies, where applicable.

******DomCare Providers should also be involved with other care management services or therapies that their DomCare Consumers receive.*

Established and required visits should be made in advance and with the DomCare Provider being included in this process, whether the Provider will be present for this visit or not. However, COSA's DomCare Coordinator or assigned DomCare Care Managers may make unannounced visits when there are concerns or allegations made that require a certain amount of investigation towards the DomCare Provider or the DomCare Consumer. Allegations of abuse, whether physical or financial, may require that COSA's Protective Services Staff become involved. Any allegations, however, must be brought to the attention of COSA's DomCare Review Team for appropriate action to be put into place.

D. Care Planning

One important part to any DomCare Program is that of Care Planning; this is an opportunity for the DomCare Provider, the DomCare Consumer and their Care Manager's to discuss Consumer goals. All care plans should include documentation regarding the consumer's physical health (mental health, where appropriate), their specific needs, but also the care plan should identify all of their strengths and also to identify specific ways in which the Consumer can improve their overall quality of life; copies of approved care plans should be given to DCP and any additional supports. The State requires that the Care Manager (COSA assigned CM), along with the DomCare Provider and the Consumer, complete an updated care plan every six (6) months; if there are hospitalizations, rehabilitations or changes in medical diagnoses, the care plans may be updated more frequently as needed. Any other specialized care manager(s) or interested party is encouraged to participate in the developing of all care plans, as well. The DomCare Provider and the DomCare Consumer must be in agreement with the goals and the objectives of the care plan before signing it. The care plan is maintained and updated in SAMS, with the approval from the COSA Care Manager's supervisor. The DomCare Coordinator should be informed when any new care plans are changed, developed or updated for all consumers residing in one of COSA's certified DomCare Homes.

E. Consumer Relocations

From time-to-time, concerns arise either from the Consumer or the Provider regarding the living arrangements in the DomCare Home; if the concern cannot be resolved the Provider and the Consumer, along with the Care Manager and DomCare Coordinator may agree that the Consumer should move from your home. It is required by State regulations that either party is expected to submit a 30 day notice to the other party, and a written 30 day notice to COSA's DomCare Coordinator. This gives the Consumer, Care Manager and Coordinator the time to find a home that will be more suited and comfortable for the Consumer, which is as long as the Consumer wants to continue participation in the DomCare Program. If a Consumer feels that they have rehabilitated or acclimated themselves to the point where they want to live independently and on their own, it is NOT the responsibility of the Coordinator, Care Manager or Provider to find safe/suitable housing for the Consumer (they may assist, but it's not a mandate). With either situation, however, if the Consumer cannot find safe/suitable housing within the 30 day time frame, they can continue to live in their current DomCare Home, as long as they prove to the Provider and Coordinator that they are actively seeking alternative housing.

There are infrequent times when a Consumer may need to move into another DomCare Home immediately. Due to Provider illness, an event where the safety of the Consumer is in question or the DomCare Staff has decided that an immediate move would be in the best interest of all concerned. Regardless of the situation, be it immediate or with a 30 day notice submitted, the Provider is responsible to be helpful and cooperative with the Consumer, Care Manager(s) and the DomCare Coordinator. The DomCare Coordinator will discuss and instruct Consumers and Providers alike with any repayment issues or other concerns. Any change of address notifications should be done by the Consumer, and if assistance is needed with this, their Care Manager(s) or other interested parties may assist. ***Reminder that Social Security and the local County Assistance Office need to be informed that the NEW home on the change of address is also another Certified DomCare Home.*

As with an initial placement, the same procedures normally occur when relocation is necessitated; i.e., a Pre-Placement visit is scheduled at a time convenient for the Provider and The DomCare Consumer, overnights are allowed/recommended when it is not clear if this particular home is comfortable and appropriate for the Consumer. Once a new DomCare Provider and their home have been selected, the procedure to complete the placement is very similar to an initial placement into a DomCare Home. In more urgent situations, the DomCare Coordinator or COSA Care Manager will simply discuss & describe the prospective Consumer to the DomCare Provider, and the Provider always has the choice to accept or turn down the Consumer seeking relocation. In the case of an urgent placement, it is understood that this placement need not be permanent depending on the Consumer's choice and circumstances. In the case of a temporary placement,

the DomCare Coordinator or COSA Care Manager follows the same procedures similar to an initial pre-placement visit. In any situation, a Consumer cannot be forced to relocate to a specific DomCare Home, nor can you, as the Provider, be required to take a Consumer that may not be comfortable in your home.

F. Consumer Closures

Although many DomCare Consumers choose to remain in DomCare for many years or an indefinite amount of time, there are situations where the Consumer decides to leave the DomCare Program. This could be to live independently and on their own, or in some situations, a higher level of care may be required for the Consumer's overall safety; Assisted Living Facilities or Nursing Home placements are often the deciding factor in Consumers leaving the DomCare Program. For whatever reason, when a Consumer leaves DomCare, these cases are closed to DomCare, which affects their current care plan, the loss of Care Management and the loss of receipt of the DomCare Supplemental Grant. In most situations, the COSA Care Manager is aware of the Consumer's intent to leave the DomCare Program. They are responsible to instruct not just the DomCare Consumer, but the Provider and DomCare Coordinator as well, with the plans regarding the move, the date and time of the move, and any services that will follow the Consumer after they leave the DomCare Program. The Provider must work with the Care Manager, too, in gathering all clothing and personal belongings of the Consumer's, as well as assisting and providing any financial information and support for the Consumer.

G. Other Consumer Supports

For those DomCare Consumers aged 60 yr. and older, there may occur certain situations where they are eligible for other support services through COSA. These services could range from Adult Day Services, monthly medical supplies and, where necessary, In-home supports to provide personal care. The DomCare Care Manager can discuss these options with the Consumer and with the DomCare Provider; in most cases, they would be the logical person to notice greater supports and needs for the Consumer, and they would first initiate a reassessment of the Consumer to substantiate any other support services that may need to be provided in the DomCare Home. If there is the need for additional support services, the Provider is not responsible to put these supports in place, nor is the Provider permitted to perform any activities for these new, necessary supports.

With the current programs available, the Consumer may be eligible for services through COSA's OPTIONS or PDA Waiver Programs. They need to be financially/clinically eligible for these programs, and the reassessment requested by their Care Manager will determine the exact level of care and the

exact program that the Consumer can participate in. The per diem to live in a DomCare Home remains the same, but now through another outside agency/program, In-Home supports can be requested and put in place where needed. In the OPTIONS Program, there is often a Cost Share required of the

Consumer, but in the WAIVER Program, no cost share or fees are required by the Consumer; the DomCare Care Manager will explain all of the criteria and requisites for any program available to the Consumer. Basically, there is a combination of financial and medical needs, but again, this will be determined

by the reassessment and can be explained in depth to the Consumer and to the Provider.

Similar to the State's PDA Waiver program, an additional program may be available to a DomCare Consumer, and this is the LIFE Program (Live Independently for Elders). The criteria and requisites are almost identical to those of the WAIVER Program, but the LIFE Program can provide some In-Home supports that the PDA Waiver Program cannot provide; with the LIFE program, the Consumer can receive assistance with bathing, medical monitoring, social activities (Day Care) and other services that are specific needs to their care plans. As part of the Genesis Health Care Program, all LIFE Programs are restricted in the medical providers/professionals that a consumer uses, and in many cases, the Consumer may need to switch physicians and medical insurance plans to qualify for the LIFE Program. There may be other supports available to consumers on a case-by-case basis. The Consumer's Care Manager will help you and the consumer decide if any additional supports are needed. The Provider's involvement with Consumers receiving additional supports is voluntary; however, their support can often prevent Consumers from having to move into a more clinical setting (e.g. Assisted Living Facility or Nursing Home) but remain in their current DomCare Home. Providers and Consumers who choose to utilize additional supports are expected to cooperate with the Consumer's Care Plan(s) and goals.



Chapter 4 – Finances

A. DomCare Payment

If a DomCare Consumer lives in a DomCare Home, the Consumer pays the Provider the current DomCare Rate (per diem) from their total income. This payment is an all-inclusive monthly payment for room and board, and all other benefits that the Consumer receives from living in a DomCare Home. The monthly per diem is determined and set by the Pennsylvania Department on Aging (PDA), and if there is to be a change in the per diem, it is done prior to the upcoming calendar year. If the per diem amount due to the Provider is changed, the DomCare Supplement to the Consumer is changed in accordance with the per diem change. It is during the month of January that the Consumer, Provider and DomCare Coordinator sign off on a new DomCare Consumer/Provider agreement (it is also at this point in time, from here forward, that the recertification process for DomCare Providers is conducted). Reflected in the agreement is the monthly per diem, the date of the month that this is due to the Provider, and then signed off on by the above mentioned parties. Providers cannot charge a consumer more money than what is in the agreement, and additionally, Providers do NOT receive any payment for pre-placement trial overnight visits, as long as there are no more than three (3) of these visits prior to Placement.

If a Consumer is hospitalized for more than one week, the Provider can receive full payment for the first seven (7) days, but on the eighth day, the Provider is only entitled to HALF the daily rate up to one full month. After an entire month of hospitalization has occurred, the Provider is not entitled to any of the per diem. The pro-rated or reduced payment reimbursement is determined by the number of days in the month, divided into the current DomCare rate. The Dom Care Care Manager may help the Provider/Consumer determine the reimbursement/per diem total amount due.

Back-up Providers are not entitled to any payment from the Consumer or from COSA. If a Provider chooses, however, they may make arrangements independently to pay their Back-up person; this is between the Provider and the Back-up, and COSA & the Consumer have no involvement in this process.

If a consumer moves from your home before the end of the month, the consumer is entitled to a pro-rated reimbursement, unless they are moving

from one DomCare Home to another, then any reimbursement money would be given to the New Dom Care Provider.

B. Explanation of the Domiciliary Care Supplement

It is extremely rare for a Consumer to be accepted and to enter into COSA's DomCare Program as a 'private-pay' consumer; i.e., someone who's monthly income is greater than the current DomCare payment inclusive of per diem due Provider and the allowance set aside for the Consumer. Most Dom Care Consumers receive what is defined as the DomCare supplemental grant. Consumer who live in DomCare and who are eligible for SSI, receive the supplement as established and set aside by the Commonwealth of Pennsylvania. This money is paid to the Consumer to allow her/him enough income to pay the required per diem to the DomCare Provider but to also guarantee a monthly allowance for the DomCare Consumer.

When a prospective Consumer is applying to COSA's DomCare Program, the initial application process includes the primary application into DomCare, and a secondary application for the DomCare Supplement as needed. The application for the supplement is part of all the paperwork that is required to be sent to the County Assistance Office for approval into the DomCare Program. After the County Assistance Office has reviewed all of this paperwork, they send to the Consumer and the DomCare Coordinator a "PENDING" approval into DomCare; this is often referred to as a 162 form with the original determination being sent to the Consumer and a photocopy to the DomCare Coordinator. The key word for those requiring the DomCare Supplement is "PENDING", which means that County Assistance Office is approving the Consumer's application for DomCare, but they have to submit the application packet to Social Security to research the applicant's financial background; this determines whether or not the Consumer is eligible for the DomCare Supplement. If the Consumer makes less than the current required sum total dollar amount (\$1108.30 as of 1/1/2010), has no assets or savings over \$2000.00, then they are approved into COSA's DomCare Program. If the applicant makes greater than this/has misdeclared monthly total income, then they are denied the DomCare Supplement. In some cases the applicant may enter into a 'spend down' situation to eventually qualify for the DomCare Supplement, but if their monthly total income will remain higher than the monthly required amount, they may enter the DomCare Program, but as a 'private-pay' consumer; County Assistance has given pending approval into the DomCare program but must support Social Security's determination of the ineligibility for the DomCare Supplement. This

decision to enter the program as a 'private-pay' consumer is solely at the discretion of the applicant.

Due to the fact that a DomCare Applicant is in need of the DomCare Supplement (and dealing with the US Govt., as well), it may often be a lengthy process for final determination into COSA's DomCare Program. If a DomCare home has been selected and a DomCare Provider has agreed to the placement into their DomCare Home, the potential does exist for the Consumer to move into the DomCare Home prior to approval of the supplement. In this situation, however, the DomCare Provider, Consumer and DomCare Coordinator must all be in agreement with this, and COSA has a prepared form stating this agreement, and the agreement is signed off on by all three parties mentioned above; the document states the dollar amount that the Consumer will pay them until final approval for the supplement has been determined. Once the supplement is approved, the approval is for the effective date on the original signed form from County Assistance (162 form). The supplemental money is retroactive, as well, back to the approval date identified by CAO; if the Consumer has only been paying the DomCare Provider a percentage of the actual monthly DomCare fee, this money is due to be paid back to the DomCare Consumer, and will be reflected and part of the total prorated supplemental amount shown in the DomCare Consumer's first supplement check from Social Security. It should be pointed out early in the application process that the consumer will be receiving a second check from Social Security that reflects the approved amount of JUST the DomCare Supplement; their monthly check from Social Security is not affected at all and will be received as it has been in the past. The supplement is sent on another day of the month, and this date is established by Social Security. Furthermore, if a consumer already has direct deposit with their financial institution, the second check with the supplement will also appear as a direct deposit into the same account as the regular monthly check from Social Security. It is extremely rare that both checks are processed for the same day each month. This may require that the agreed upon date to pay the DomCare Provider each month may need to be changed to guarantee that the full amount is paid on the same day each month.

If the DomCare Consumer already receives the supplement and moves into a DomCare home, there is rarely a problem with the supplement. However, in the event of ANY problem with this supplement, it is highly recommended that the DomCare Provider accompany the Consumer to their local Social Security office and resolve this issue. The COSA

DomCare Care Manager can guide the Provider through this process.

****make sure that the address of the home in question is listed as an approved, certified DomCare Home with COSA.*

C. Representative Payee

In some situations, it may be required that the Consumer is in need of formal assistance with their finances, or this may be done voluntarily, as well. The DomCare Consumer may choose to ask Social Security to appoint a Representative Payee (Rep Payee) to manage their monthly finances. In many cases, the Rep Payee is the actual DomCare Provider, a relative or a designated friend. The Rep Payee has the ability to deposit and spend benefits on behalf of the DomCare Consumer.

Before the Provider may act as a Rep Payee, the DomCare Coordinator and all Care Managers must agree & sign off on this decision and it becomes noted and part of the Consumer's care plan(s). Additionally, the DomCare Provider must maintain and keep accurate and complete financial records of all transactions where they are acting as the Rep Payee for the Consumer; these records should be kept in a separate file/folder by the Rep Payee, and available for any DomCare Staff to review during any in-home visit.

When the DomCare Provider has been identified and approved as a Rep Payee for a consumer and situations change where the Consumer is initiating a move or the consumer has been deemed inappropriate to make financial decisions on their own behalf, the Rep Payee must notify Social Security immediately; this is important, as a new Rep Payee may need to be appointed. When someone ceases being the Rep Payee, any benefits being held for the Consumer must be returned to Social Security. These funds can then be redistributed by the new Rep Payee. There may be times when a Rep Payee is not the best selection for assisting the Consumer with their monthly finances.

D. Guardianship/Power of Attorney (POA)

First of all, a Guardian is a person who has been appointed by a court to make decisions for someone who has been determined unable to make safe and accurate decisions on their own behalf. These decisions may be limited to medical decisions, or may be broader to include decisions of a financial nature. Some DomCare Consumers may have a guardian, and this may be prior to DomCare placement or after placement, if the need becomes necessary for the DomCare Consumer. If a DomCare consumer has a guardian, it is very important to remember that the guardian must be involved in any medical or financial situation. The guardian must be the person who signs paperwork on the consumer's behalf and is the person who would give consent for any medical treatment or financial transaction. A DomCare Provider CANNOT be a guardian for a Dom Care Consumer regardless of the circumstances, and additionally the Provider CANNOT

sign any paperwork of a medical or financial nature on behalf of the Consumer.

Power of Attorney (POA) is when a Consumer authorizes someone else to manage their financial, medical or personal affairs. The DomCare Consumer can authorize someone to be their Power of Attorney, but the Consumer must not be incapacitated when they designate someone as their POA. If a DomCare Consumer has a POA, that person must be involved in any decision making, and additionally any documentation requiring an approved signature on behalf of the Consumer. The POA may be designated for financial oversight, or they may also have responsibility for making decisions for any medical and personal matters requiring decisions by a designate, responsible adult. . DomCare Providers CANNOT serve as POA for DomCare Consumers.

If a Consumer in a DomCare Home has either a guardian or a Power of Attorney, the DomCare Care Manager for the Consumer can give you this information. As the DomCare Provider, you will need to contact the Guardian or the POA in the event of a medical or financial emergency or any other unusual situation. Any questions re: guardianship or power of attorney should be presented to the DomCare Care Manager, or 'targeted' Care Manager when the Consumer participates and receives services from another organization/agency.

E. Banking – Bank Accounts

DomCare State regulations require that the DomCare Provider & the DomCare Consumer money must be kept in separate bank accounts. If a Provider serves as a Rep Payee for one of their Consumer's it is their responsibility to ensure that the bank account is properly titled as shown in the following example:

Provider's Name
Representative Payee for _____ (consumer's name)

Some banks may format this differently, but you must make sure that the account clearly states that you are the Rep Payee. Joint accounts are not permitted.

F. Rent Rebate

The Property Tax/Rent Rebate is an entitlement program supported by the Pennsylvania State Lottery. It benefits eligible people age 65 and over, widows and widowers age 50 and older, and people who have a disability at the age of 18 and older. There is an income requirement, and most DomCare Consumers are eligible for the Rent Rebate.

As a DomCare Provider, the Provider is expected to assist any consumer residing in their home with the completion and the submission of the Rent Rebate application each year. The Consumer's Care Manager may assist the DomCare Provider, as well, in obtaining and completing this application. All DomCare Consumers should apply for this benefit. The Rent Rebate is an entitlement only to the DomCare Consumer; no portion of the Rent Rebate is entitled to the DomCare Provider.

G. Record Keeping

DomCare Providers may assist consumers with money management, or as mentioned previously, serve as the Rep Payee for the DomCare Consumer. Providers who assist Consumers with money management must keep current and accurate budget sheets, as required by the PDA. Occasionally, the Social Security Agency will request information concerning the DomCare Consumer's finances, especially if the DomCare Provider is the Rep Payee. Budget forms are available from COSA's DomCare Coordinator and will help the Provider answer their questions; the Care Manager may assist the Provider with this form if necessary. If a Provider does assist their DomCare Consumer with money management, receipts must be kept for all items purchased (over \$10.00) from the Consumer's money. In addition, if the Provider and Consumer are considering making a large purchase, the Provider must discuss this with the Care Manager(s) prior to spending this money. DomCare Managers, and sometimes the DomCare Coordinator, will review budget sheets, receipts and the Provider's record keeping during in-home visits.

H. Consumer Burial or Cremation Arrangements and Life Insurance

Dom Care Consumers are encouraged to discuss and plan for any burial preference they may have in the event of their passing while living in a DomCare Home. Some Consumers will make these arrangements with friends or family, while some Consumers may choose to discuss this matter with their Care Manager(s). If a DomCare Provider assists the consumer in the planning of this event, the DomCare Manager must be informed, as well as the DomCare Coordinator. Consumers are encouraged to put aside some money in an irrevocable burial account, which will insure that the money can only be accessed as directed when the Consumer passes. A funeral director can also help a consumer prearrange the burial or the cremation.

******DomCare Providers Cannot be the beneficiary on a Consumer's life insurance policy***



Chapter 5 – Abuse Reporting & Investigation

A. Older Adult Protective Services

In accordance with Pennsylvania's Older Adult Protective Services Act of 1987, protective services are available to consumers aged 60 and older through COSA's Older Adult Protective Services Department. PS Staff is available 24 hours a day to respond to reports of abuse, neglect, exploitation or other dangerous situations involving older adults in Delaware County.

DomCare Consumers can be referred to COSA's PS Unit when someone suspects that the Consumer has been abused (physically and financially), mistreated, neglected or exploited. PS Staff has the right to enter a DomCare Home at any time to conduct an investigation of reported abuse. DomCare Providers must cooperate with any investigation conducted by COSA PS/COSA Staff.

B. Acts 13 & 28

DomCare Providers are required by law to report any suspected cases of consumer abuse under Pennsylvania Law (Act 13 of 1997). In Delaware County, and abuse of a DomCare consumer must be reported immediately to COSA at 610.490-1300. Within 48 hours, the DomCare Provider must follow up in writing an incident report and submit this report to COSA's DomCare Coordinator. If you suspect that the DomCare Consumer has been a victim of sexual abuse, or serious bodily injury caused by the actions of someone else,

it is your responsibility to immediately contact COSA; local Police Authorities should be contacted, as well.

Under Act 28 of 1995, DomCare Providers can be criminally prosecuted for knowingly using physical or chemical restraints on any DomCare Consumer, or for isolating a Consumer which results in bodily injury to the Consumer; bodily injury is defined as substantial pain or impairment of physical condition, or injury that causes risk of death or permanent/serious disfigurement of any body part.

Chapter 6 – Provider Resources

A. Problem Resolution

At any point in time if there is a problem with a consumer, or else anyone directly associated with their care, and these affects you as the DomCare Provider, you must notify the COSA Care Manager, especially if there appears to be no easy resolution. If the Consumer has more than one care manager, the COSA Care Manager should be notified initially, and also, COSA's DomCare Coordinator should be contacted as well. The Care Manager can assist you and their consumer in problem resolution. It is very important to keep the Consumer's Care Manager updated about any concerns that you might have, in order to have these issues immediately addressed by them; you cannot rely or expect the DomCare Consumer to be forthwith about any problems or concerns.

B. Provider Resource

The DomCare Program has a number of resources available to them, with the camaraderie and interaction with the other Certified DomCare Providers as one of the strongest resources (Attachment of current DCP's). Throughout the coming year, it is the intent of the DomCare Coordinator to publish a monthly newsletter that will be mailed to the homes of the Certified Providers; this mailer will include a calendar of events that include upcoming Provider Training, Seminars & Workshops in the area that may be beneficial to DCP's, COSA DomCare Program Staff Changes, new DCP's that were recently certified, and any additional pertinent information. This newsletter will be for all of US, so any and all input would be greatly appreciated and expected! One of the four quarterly training sessions is the annual certification or recertification of CPR and First Aid training; the event is held on two Saturdays in February, and this is the only time when COSA sponsors the event. There is an annual appreciation banquet that is held during the summer months, and like the above CPR/First Aid training, this acts as one of the four required training elements for the current year. All DCP's, DomCare Staff, and

DomCare Review Team are encouraged to attend as there is food and fun & an opportunity to relax and socialize with other people in the program.

The COSA DomCare Staff thanks all DomCare Providers for supporting consumers in the program. We hope this manual is a useful resource for you.



Appendix One

Domiciliary Care Provider Role Description

TITLE:

Domiciliary Care (Dom Care) Provider

RESPONSIBLE TO:

Consumers place in the home, COSA DomCare Coordinator and Pennsylvania Department of Aging

QUALIFICATIONS:

Providers must be at least twenty-one (21) years of age and MUST live in the DomCare Home with the consumer(s). Providers must have a steady income and the ability to meet the household expenses without depending upon a consumer's monthly stipend. Providers must demonstrate to COSA, through the application and interview process, that the Provider has not been convicted of any crime and has the experience and capacity to accept consumers with physical, mental or age-related difficulties. Providers must be willing and able to work with COSA and consumers and have the physical health and stamina to be a provider. Provider applicants must furnish COSA with personal, financial, and medical references, including results of a Tuberculosis test (or chest x-ray) administered within six (6) months of the application. And, before final certification as a DomCare Provider, the applicant must hold current certification for both CPR and First Aid.

LENGTH OF COMMITMENT:

DomCare placements can be long or short-term; it is expected that the Provider will work with the consumer for as long as the placement remains mutually beneficial to both the consumer and the provider. Providers must give thirty (30) days notice to COSA's DomCare Coordinator before withdrawing from the program, and must give thirty (30) days notice for non-emergency relocations of consumers. These notices should be in writing and copied to all involved with the consumers' care. Being certified as a Provider does not guarantee that a consumer/provider match will be made.

AREAS OF RESPONSIBILITY:

Providers are required to accept consumers into their homes and provide the care and the support needed by the consumer. In addition, Providers are responsible for:

- a) Working with COSA Staff towards accessing services for the consumer and helping the consumer to maximize her/his potential.
- b) Establish a cooperative, working relationship with COSA DomCare Staff; i.e. scheduling and monitoring in-home visits, reporting concerns, comply with all state regulations, etc.
- c) Notifying the DomCare Coordinator and DomCare Care Manager should any problem or unusual incident arise.
- d) Keeping records of DomCare payments received, and also assisting the consumer money management, if necessary (this will vary from DomCare home to DomCare home).
- e) Insuring that the consumer receives any necessary or routine medical care and that any medications or other treatments are received as prescribed.

- f) Assisting consumers with activities of daily living (ADL's) if necessary; ADL's are primarily personal care and hygiene.
- g) Ensuring that the consumers receive three (3) nutritious meals a day, including packing/paying for a lunch, if necessary; i.e., if consumers are employed or attend a daily, supervised program.
- h) Providing all laundry services.
- i) Ensuring that a responsible adult, who has been approved by COSA to perform as a Back-Up Provider, is available to provide care to the consumer in the event of the Provider's absence. The Back-Up person must be at least twenty-one (21) years of age.
- j) Maintaining the home according to DomCare regulations, or any HOUSE RULES established with the approval of COSA's DomCare Coordinator and any consumer(s) residing in the Home.
- k) Retain and make available to any DomCare Staff the necessary paperwork required; e.g.: Consumer/Provider agreements, Agency/Provider agreements, current Certification for COSA's DomCare Program, fire inspections, list of all medicines for each/every consumer residing in the home, fire drill tracking, financial management for consumer(s), HOUSE RULES specific to your DomCare Home, etc. ***maintained in binder provided by COSA.
- l) Attending provider training as required, as well as maintaining CPR and First Aid certification at all times; COSA sponsors CPR & First Aid training in February each year, and has three additional required trainings (one of which is an annual appreciation dinner).
- m) Having a medical examination every two (2) years.

NOTE: The above list is not all-inclusive and may be modified/changed as needed.

COSA's DomCare Coordinator will describe in full detail the role of the Provider and the Back-Up person during home visits, which take place during the certification process (but not necessarily limited to one (1) visit).



Appendix Two

QUESTIONS FOR PROVIDERS TO ASK DURING PRE-PLACEMENT VISITS:

Do you have any children/family? Do you have any contact with them?
Do you have a significant other/spouse?
Do you like to celebrate holidays? Do you have any specific holiday traditions?
Do you attend religious services? Where? How long have you been a member there?
Do you like to watch TV? Do you like to read? Do you like to listen to music?
Do you like pets? Did you have pets of your own? What kind?
What kind of food do you like to eat? What foods don't you like? Are you on a special/restricted diet due to a medical condition?
What time do you like to get up in the morning? What time do you like to go to bed?
Do you have a daily routine? What is it? How do you spend your free time?
Do you need any help/assistance taking care of your finances? Is someone helping you? (good time to ask about Rep-Payees, Guardians, Power-of-Attorney, etc.)
Do you need assistance with getting washed/dressed in the morning? How much assistance do you need? Why do you need this assistance?
How often do you see your doctor(s)? Do you see any Specialists? Why? Do you like your doctor(s)? What kinds of medications are currently prescribed for you? Can you take them on your own? Do you need any help or reminders to take them? Do you know why you take these medications?
Do you like to go out to: work/senior center/structured & supervised day program? If yes, where is it located? How do you get there? Do you enjoy it? Do you like the other people attending the Center? Who are your friends?
Are you aware of any Social Workers assigned to assist in your overall care? What is their name? Where are they from? Why is this Social Worker assigned to you? Do you have a good/open relationship with this Social Worker?
What type of things upset you? How do you react to things that upset you?

Appendix Three

ACT 13 OF 1997

Purpose: Requires an employee or an administrator of a facility who has reasonable cause to believe that a recipient is a victim of abuse to immediately report the abuse; the effective date was December 10, 1997.

Abuse: The occurrence of one or more of the following acts: 1) The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish. 2) The willful deprivation by a caretaker of goods or services which are necessary to maintain physical or mental health. 3) Sexual harassment and/or 4) Sexual abuse which is intentionally, knowingly or recklessly causing or attempting to cause rape, involuntary deviate sexual intercourse, sexual assault, statutory assault, aggravated indecent assault, indecent assault or incest.

Facility: The type of facilities impacted by the act are: long-term care nursing facility, personal care home, domiciliary care home, home health agency, and an adult daily living center (Adult Day Care).

Recipient: An individual who receives care, services or treatment in or from a facility.

Serious Bodily Injury: An injury which creates a substantial risk of death or which causes serious permanent disfigurement or protracted-loss or impairment of the function of a body member or organ.

Serious Physical Injury: An injury that causes a person severe pain or significantly impairs a person's physical functioning, either permanently or temporarily.

Process: When an employee or administrator has reasonable cause to believe that a recipient is a victim of abuse, they shall immediately make an oral report to the local AAA (Area Agency on Aging/COSA). Within 48 hours of making the oral report, the employee or administrator shall make a written report to the AAA.

If the employee or administrator believes the abuse involves sexual abuse, serious physical injury, serious bodily injury or suspicious death, they are also required to make an immediate oral report to law enforcement and to PDA (Pennsylvania Department of Aging). In addition to the oral and written report to the AAA. Within 48 hours of making the oral report, the employee or administrator shall follow-up with a written report to law enforcement officials.

Within 48 hours of receiving a report of abuse, involving sexual abuse, serious physical injury, serious bodily injury, suspicious death, the local AAA shall forward a written report to PDA.

When the local AAA receives a report concerning suspicious death, the AAA will make an oral report to the coroner and follow-up with a written report within 24 hours.

Failure to comply with Act 13 can result in administrative and criminal penalties. The licensing agency for the facility will have jurisdiction to determine any administrative violation and may issue a civil penalty up to \$2,500. Additional criminal fines and penalties of up to one year imprisonment are included for criminal violation of the Act.





Appendix Four

Act 28 of 1995

The Act is effective for conduct committed after September 6, 1995.

Who is protected by the Act? Individuals, 18 years of age and above, who due to physical or cognitive disability or impairment, require assistance to meet their needs for: food, shelter, clothing, personal care, or health care; and, who reside in either a nursing home, personal care home, domiciliary care home, community residential facility; or who receive home health services in their residence; or who receive services from another who has an obligation to care for the person for monetary consideration in either the care dependent person's home or in one of the previously described facilities; or who receives services from an adult daily living center.

Who is subject to prosecution under the Act? Caretakers are subject to prosecution under the Act. A caretaker is any person who: Owns, operates, manages or is employed in a nursing home, personal care home, domiciliary care home, community residential facility, adult daily living center, home health agency or home health service provider whether licensed or unlicensed who has responsibility to care for a care-dependent person. A Caretaker is also any person who has an obligation to care for a care-dependent person in any described facility or the care-dependent's home and who receives monetary consideration for the care.

A Caretaker can be a natural person, a corporation, a partnership, an unincorporated association or any other business entity. (This does not include governmental entities, boards, or commissions).

What triggers prosecution? a) Intentionally, knowingly, or recklessly causing bodily injury or serious bodily injury to a care-dependent person by failure to provide treatment, care, goods, or services necessary to preserve the health, safety or welfare of a care-dependent person for who he is responsible to provide care. b) A Caretaker may also be prosecuted if he intentionally or knowingly uses a physical restraint or a chemical restraint or medication on a care-dependent person, or isolates that person, contrary to law or regulation with resulting bodily or serious bodily injury.

What must be observed in order to implement the provisions of the Act? The care-dependent person must have suffered either bodily injury or serious bodily injury. Bodily injury is defined by the Crimes Code at &2301 as, "Impairment of physical condition or substantial pain." Serious bodily injury is defined by the Crimes Code at &2301 as, "Bodily injury which creates a substantial risk of death or which causes serious, permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ."

Who must report? Personnel of PDA (or AAA's), DoH or DPW when they have reasonable cause to believe that a care-dependent person residing in a facility has suffered bodily injury or been unlawfully restrained in violation of the Act, shall report immediately to the local law enforcement agency or to the Office of the Attorney General. The Departments must make these reports when they become aware of care-dependent person's mistreatment in conducting regulatory or investigative responsibilities. (This would include licensure visits and inspections based on complaints.)



Appendix Five

GUIDELINES TO BE FOLLOWED AT THE TIME OF DomCare CONSUMER'S DEATH

- 1) When a Consumer dies (whether in the provider's home or elsewhere), Providers are to contact COSA's DomCare Coordinator (& any other DomCare Staff/Care Managers) **immediately**. If the death occurs outside of COSA's regular business hours and the body is not in the Provider's home, a voicemail message can be left. However, if the body is in the Provider's home and the Provider needs assistance in communicating with the Coroner's Office, the Provider can contact COSA by calling the **24 hour hotline number ONLY**.
- 2) After contacting any known relatives and any other interested parties, if the Consumer has a pre-arranged burial/cremation planned, the Provider may call the Funeral Director to proceed with these plans.
- 3) If the death occurs within normal business hours, the DomCare Coordinator or DomCare Care Manager will contact all known relatives and significant others to inform them of the Consumer's Death. However, if the death occurs **after regular COSA hours**, the Provider needs to make these calls. If the Consumer had a pre-arranged burial plan, this information needs to be shared with the contacts. Likewise, if the Consumer did not have such a plan and has no money for burial, the contact people should be informed that the Consumer's remains will be handled by the Coroner's Office, unless someone who wants to take responsibility for burial notifies the Coroner's Office within 36 hours of when the body was taken there. (e.g. POA or Legal Guardian).
- 4) If there is no pre-arranged burial plan, the Provider needs to contact the appropriate Coroner's Office, and ask that they come and remove the body (as per Title 16 Sections 1233 and 4233). If the Coroner's Office is not cooperative, the Dom Care Coordinator of the DomCare Care Manager or COSA's Legal Counsel will need to intervene. If the death occurs outside of normal COSA business hours and the body is in the Provider's home and the Provider needs legal intervention in dealing with the Coroner's Office, the Provider needs to notify COSA's Older Adult Protective Services Hotline (**the 24 hour hotline number is ONLY to be used in the circumstance, unless your are calling to report Elder Abuse or Neglect**) and ask to be put in contact with the COSA Staff Member on call or COSA's Legal Counsel.

