



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF AGING
 Harrisburg, Pa. 17101

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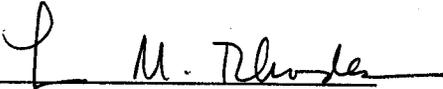
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AGING PROGRAM DIRECTIVE

SUBJECT: PROVIDING AAA FUNDED SERVICES TO DOMICILIARY CARE AND PERSONAL CARE HOME RESIDENTS

TO: COUNTY COMMISSIONERS
 CHAIRPERSONS, NON-PROFIT AAA GOVERNING BOARDS

COPIES FOR: EXECUTIVE STAFF
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 COMPTROLLER

FROM: 
 LINDA M. RHODES
 SECRETARY
 DEPARTMENT OF AGING

REGULATORY REFERENCE: PA Code Title 6 Chapter 21
 55 PA Code Chapter 2620

PURPOSE: The purpose of this Aging Program Directive (APD) is to clarify the role of Area Agencies on Aging (AAAs) in the provision of services to older residents of Domiciliary Care Homes (DCHs) and Personal Care Homes (PCHs).

BACKGROUND: DCHs and PCHs provide safe, humane, comfortable and supportive residential settings for aged, blind, disabled and other dependent adults who require assistance beyond the basic necessities of food and shelter.

DCHs and PCHs have been a valuable community residential option to thousands of older people who were unable to remain totally independent. Families, hospitals, nursing homes and community social service agencies have used the placement opportunities that DCHs and PCHs provide. The

basic services that DCHs and PCHs provide their residents under state regulations are meals, housing, supervision and personal assistance. DCH residents are also care managed.

Although AAAs provide assistance to residents of DCHs and PCHs, there has never been clarification regarding the scope of responsibility AAAs have in providing services to DCH and PCH residents. In fact, during the most recent reauthorization of the OAA, a statement of legislative intent issued explained that: "The members of the committees of jurisdiction are concerned about reports that older residents of board and care facilities and other older individuals with disabilities may be denied access to this Act's programs and services in some communities. The members believe it is important to stress that the Act's programs are intended to be available to all older individuals, with particular emphasis on those in greatest economic and social need, including those who reside in various residential environments such as Section 202 housing, public housing and board and care facilities."

Keeping in mind the legislative intent of Congress, the following will provide guidance to AAAs in providing services to residents of DCHs and PCHs. Particular emphasis has been directed toward the SSI resident because of their increased vulnerability due to lack of resources to purchase care above prescribed minimums.

REQUIREMENTS: General Departmental policy requires that residents of DCHs and PCHs not be denied services based upon residency in such facilities. Access to services will be based on established service participation criteria applicable to all individuals age 60 or older seeking assistance and the availability of resources. PCH and DCH operators should be aware that the following provisions are not to be construed as respite for the provider, rather they are to benefit the resident.

This Directive does not supersede the current DCH and PCH regulations but works in conjunction with those regulations. All APDs that pertain to AAA funded services remain in effect.

- PROVISIONS:**
1. While some DCHs and PCHs offer additional services to their residents beyond the required shelter, meals, supervision and personal assistance, a broad range of community based services and activities must be made available to older residents of DCHs and PCHs on the same basis that they are made available to other older people living in the community. These would include: transportation, protective services, employment, legal, information and referral, ombudsman, outreach, care management (as it functions in implementing a care plan), counseling where available, and placement as defined in Accounting Manual for Area Agency on Aging Programs (APD #88-01-01). AAAs do not have responsibility for placing people in facilities such as nursing homes, personal care homes, assisted living units, etc.
 2. Senior Center Services must be made available to older residents of DCHs and PCHs on the same basis that they are made available to other older people living in the community. This means that while a senior center will attempt to accommodate the needs of their participants within the restraints of available staff, supplies, physical plant and

resources, it does not infer that senior centers are obligated to accommodate a more impaired individual or population group than they normally serve. Furthermore, should demand exceed supply for center services the AAA will use policy that will equally apply to all individuals seeking center services, i.e. assigned days of attendance, assigned days for activities and/or assigned days for meals.

NOTE: Any individual(s) coming to senior centers indicating that they were forcefully persuaded by the provider into coming should be immediately referred to the ombudsman.

3. Congregate meals must be made available to older residents of DCHs and PCHs on the same basis they are made available to other older persons living in the community that attend senior centers. This includes providing the opportunity for these older people to contribute toward the cost of meals and services provided at the senior center. AAAs are further encouraged to seek contributions from DCH and PCH operators for meals consumed outside the DCH or PCH. AAAs could advise residents to seek a credit from the PCH or DCH operator for meals eaten outside of the facility.
4. Home Health services and Medical Equipment and Supplies may be requested by DCH and PCH residents. The same provisions for assessment, prioritization and ongoing care management that apply to any older person requesting these in-home services will apply. It should be emphasized that there is no entitlement to AAA funded services, regardless of whether or not the client lives in a PCH or DCH or the community.
5. Adult Day Care (ADC) may be requested by DCH and PCH residents. The same provisions that apply to any older person requesting this in-home service will apply. However, adults who are too independent to benefit from the activities and services provided in ADCs are inappropriate for the program. The resident must have a special need for a particular service that the DCH or PCH does not provide and the Day Care facility does offer, i.e. physical therapy, occupational therapy, special skills development training or special group oriented programs. Respite and social activities alone would not constitute justification for a DCH or PCH resident to participate in Adult Day Care.
6. Personal Care services may be provided to Level I SSI-eligible residents who require significant amounts of personal care but who do not require on-going medical services such as those provided by nursing facilities when such services will make it possible to retain the resident in the DCH or PCH.

The PCH regulations require the PCH to provide one hour of personal care per mobile resident per day and two hours of personal care per immobile resident per day. If personal care needs extend beyond these requirements, AAA's should provide personal care services based upon the AAAs assessment of the person's needs and the determination by the AAA that the need exceeds the per day minimum of personal care as defined by regulations. PCH and DCH residents will be subject to the same priority setting procedures as other older persons served by the

AAA. Additionally, PCH and DCH residents on SSI may be placed on waiting lists according to their need for services in instances where demand exceeds supply.

7. Family Caregiver Support and the Attendant Care Programs may not be made available to DCH or PCH residents as they are ineligible for the programs.
8. "Other Services" must first be ruled on by the Department to determine if the service(s) is appropriate for DCH or PCH residents to access.