

Adult Day Services

Adult day services centers operate for part of a 24-hour day and offer an interactive, safe, supervised environment for older adults and adults with a dementia-related disease, Parkinson's disease or other organic brain syndrome. Adult day services centers offer a community-based alternative to institutionalization and provide a reliable source of support and respite for caregivers. Refer to Older Adult Daily Living Center Regulations. Title 6, Chapter 11): [6 PA Code Chapter 11 - Older Adult Daily Living Centers](#).

All adult day centers in Pennsylvania provide personal care, nursing services, social services, therapeutic activities, nutrition and therapeutic diets and emergency care. Some centers offer additional services such as physical therapy, occupational therapy, speech therapy, medical services, podiatry, etc. to meet the range of client needs.

Care Management

Care Management activities through the Area Agencies on Aging serve as a coordinative link between the identification of consumer needs and the timely provision of appropriate services to meet those needs by utilizing all available resources. Care Management is a service to enrolled consumers that develops a plan of care that is coordinated with formal and informal supports. It supports the consumer's individual preferences and independence with a focus on health and safety and based on their lifestyles, cultural needs and frame of reference. It also provides on-going monitoring and reassessment of the care plan to assure that it continues to meet the needs of the consumer. Activities include, as a minimum, a comprehensive needs assessment of the consumer; development of a written service plan; arrangement, coordination and follow-up of service delivery; and ongoing case recording. Care Management can be offered as a stand-alone service to consumers who need the support and assistance of a Care Manager, but are not receiving other services.

Consumer Reimbursement

A consumer-directed service which provides reimbursement to a consumer for services authorized in a consumer's care plan. Under this service the AAA must have a system in place to assure that the service is/was provided as outlined in the consumer's care plan. As a Core Service Consumer Reimbursement can only be used for:

- Consumer-Directed Personal Care
- Pest Control/Fumigation

Consumer reimbursement should mirror the requirements in the Caregiver Support Program including at a minimum:

- An approved care plan that outlines what specifically will be reimbursed
- Submission of receipts for items purchased
- Completion and submission of a form that details the provision of services (days/hours, service provided and by whom) and sign-offs by the service provider and consumer
- An attestation statement made by the consumer that all submissions for reimbursement are true and correct and reflect that the service was provided as documented in the care plan

NOTE: Individuals receiving consumer reimbursement that are unable to self-direct their care may have this service directed by their identified primary caregiver and/or legal surrogate (i.e. power of attorney or guardian). In addition, in instances where the consumer cannot afford to purchase a service “up front”, it will be allowable for the AAA to pay for the service directly; however this would be considered an exception to this policy and must be clearly supported in documentation in the consumer’s record in SAMS.

Consumer Reimbursement Supplemental

A consumer-directed service which provides reimbursement to a consumer for services authorized in a consumer’s care plan. Supplemental Consumer reimbursement services include:

- Minor Home Repairs and Maintenance
- Counseling (PDA funds must be payer of last resort)
- Other services/items not provided by OPTIONS that are needed as evidenced by a Needs Assessment Tool (NAT) and that can be obtained by the consumer at a more cost effective rate.

See Consumer Reimbursement (OCS) for minimum requirements (Section III.C.)

NOTE: Hearing aids, dentures and eyeglasses are NOT considered an allowable purchase under this or any other OPTIONS service.

Emergent Services

Services that address an immediate need for assistance and intervention due to a critical event that poses an imminent health and safety risk and that cannot be addressed by existing community resources. These individuals do not meet the criteria for Older Adult Protective Services intervention or the provision of emergent services would prevent a referral to Protective Service if provided. These services are short-term in nature (generally 24-72 hours) until a permanent arrangement/payment solution is made or an alternate caregiver or family member becomes available to provide care. Emergent services include:

- OPTIONS Core Services
- Overnight shelter
- Emergency life sustaining supplies

NOTE: Individuals who are found in need of emergent services can initially receive a Needs Assessment Tool-Express (NAT-E); however if this service is required for more 72 hours, the AAA must complete a LCD and NAT to fully evaluate their needs. Individuals receiving Emergent services are not subject to OPTIONS cost share.

Home Health Services

Home Health Services include the services of skilled nursing, physical therapy, occupational therapy, speech pathology, and home health aides on a part-time or intermittent basis, not otherwise covered under a third party payer. Duties of a home health aide include the performance of procedures as an extension of therapy services, personal care, ambulation and exercise, household services essential to health care at home, assistance with medications that are ordinarily self-administered, reporting changes in the patient's conditions and needs and completing appropriate records. Consumers receiving home health aide services should have complex medical issues that require the oversight and supervision of a Registered Nurse.

Home Modifications

Adaptations/modifications made to improve consumer safety, increase functioning, and to assist in the provision of care to a consumer in their home.

The “footprint” of the dwelling cannot be changed or altered in any way. Multiple bids should be solicited to assure that work is completed in the most cost effective and efficient manner. Although a consumer is not required to choose the lowest bid, the AAA can only fund the lowest bid amount and the consumer will be responsible for the difference. If unable to solicit more than one bid, the case record must document all bid solicitation efforts.

There is a lifetime cap of \$5000 for each consumer, to include but not limited to all charges such as estimates, applicable licenses and inspection fees. The AAA must explore all other resources and be the payer of last resort. The Quality and Compliance Division will monitor for compliance as evidenced in by documentation in journal entries in the consumer record in SAMS.

NOTE: If an existing consumer has previously received \$2000 in home modifications, they would be eligible for an additional \$3000 in home modifications if there is a clear need established, not to exceed the \$5000 life time limit. This must be documented in the consumer record in SAMS.

Home Support

Home Support services include basic housekeeping activities necessary to ensure safe and sanitary conditions. This service may also include the activities of:

- Shopping assistance
- Laundry

NOTE: Home Support cannot be provided as a separate service to consumers who are receiving Personal Care or Consumer Reimbursement (Consumer-Directed Personal Care) as evidenced by the completion of a Needs Assessment Tool (NAT) that supports the necessity of this service. It is expected that these activities would be completed by the personal care aide.

Medical Equipment, Supplies, Assistive/Adaptive Devices

NOTE: Hearing aids, dentures and eyeglasses are considered personal items and not Medical Equipment, Supplies, or Assistive Devices and cannot be reimbursed through OPTIONS.

Durable Medical Equipment - items primarily used in the presence of illness, injury or functional disability that can withstand repeated use and are

appropriate for use in the home. Items in this definition must be Medicare, Medicaid or Third Party non-reimbursable.

NOTE: The AAA must assure that OPTIONS is the payer of last resort and retain copies of Medicare or other insurance denial before purchasing a DME.

Medical Supplies - Expendable, disposable or consumable supplies used in the provision of home health or personal care to chronically ill or disabled consumers at home not otherwise covered by other insurance or third party payer. These items must complement the delivery of in-home services, or where cost effective and appropriate, replace the delivery of certain services.

Assistive Devices - Items and/or aids to functionally disabled consumers that will enable them to perform ADLs and IADLs more independently. These items must complement the delivery of in-home services, or where cost effective and appropriate, replace the delivery of certain services.

Non-Congregate/In-Home Meal Service

To be eligible for this service the individual must be at nutritional risk, physically or mentally unable to obtain food or prepare meals and have no one willing or able to prepare meals for them as evinced by a completed NAT-E. Each meal shall adhere to the nutrition requirements as outlined in the most current PDA Nutrition Services APD and can be provided hot, frozen or in combination. These meals are provided to consumers in their individual residences and not in a congregate setting.

NOTE: Mandatory enrollment does not apply to Non-Congregate/In-Home meal service when the meals are the only service the individual requires. In addition, when a consumer has no resources (money) for food and is determined not to be nutritionally at risk, according to the nutritional risk score; the AAA may choose to provide meals if the consumer is still without food after being referred to all available community food resources, including congregate meal sites. Document these extenuating circumstances in the SAMS journal notes.

Personal Emergency Response System (PERS)

This is an electronic device which enables certain high-risk consumers to receive help in the event of an emergency. PERS services are limited to those consumers who live alone or who are alone for significant parts of the

day, have a significant risk for falls, an unstable medical condition and have no regular caretaker for extended periods of time. The consumer must be cognitively and functionally capable of using this device.

Personal Care Services

Personal Care Services include assistance with ADL's and IADL's, such as feeding, skin and mouth care, ambulation, bathing, hair care, grooming, shaving, dressing, transfer activities, toileting, meal preparation and assistance with self-administration of medications (i.e. opening medication containers, providing verbal reminders). This service must be provided through contract with an agency who meets all requirements under the purview of the Department of Health.

NOTE: Home Support activities as defined below can be included in personal care service if they are necessary and supplemental to the provision of personal care.