

Home Care Agency & Home Care Registry Licensure Application

Bureau of Community Program Licensure & Certification
December 2020

Regulations

▶ Health Care Facilities Act

Home Care Agency

"an organization that supplies, arranges, or schedules **employees** to provide or perform activities of daily living or instrumental activities of daily living or companionship services or specialized care on an hourly , shift or continual basis to a consumer ***in the consumers place of residence*** or other independent living environment for which the organization receives a fee, consideration, or compensation of any kind"

▶ Health Care Facilities Act

Home Care Registry

“An organization or business entity or part of an organization or business entity that supplies, arranges or refers independent contractors to provide home care services, as directed by the consumer or the consumer's representative, in the consumer's place of residence or other independent living environment for which the registry receives a fee, consideration or compensation of any kind.”

▶ Home Care Agency/Registry

- Requirements
 - ▣ Agency must hire employees
 - ▣ Agency must provide services to consumers in their residence

An **employee** or “**direct care worker**” is an individual employed by a home care agency or referred by a home care registry to provide services to a consumer in their home or other independent living environment.

▶ Title 28 Pa. Code Chapter 51

The following topics are covered by Chapter 51 regulations which apply to licensed health care facilities.

- ▣ License required
- ▣ Required notifications
- ▣ Identification of personnel
- ▣ Civil Rights
- ▣ Sanctions

[Chapter 51 Regulations](#)

Chapter 611

- Home care agency/ home care registry regulatory requirements

[Chapter 611 Regulations](#)

Application Review

Review Timeframe

- Average 4-6 months
- Factors that extend the review time
 - The number of applications received (applications are reviewed in the order they are received)
 - The amount of information submitted in the application (extra information means longer review times)
 - The number of emails and calls received regarding application status (every call/email takes away from the review time)

Instructions-Initial Application

Applications must be typed

All information requested must be submitted

If these requirements are not met the application will be returned as incomplete

Instructions – Regulatory Review

The email address you submit must be working. All correspondence regarding the application will be sent by email.

All clarifications must be submitted according to the guidelines in the email request. Fax/mail submissions will delay your review.

All submissions must clearly show an understanding of and compliance with the regulations.

All requested information must be submitted within 30 days of the email request

If these requirements are not met, the application will be returned as incomplete

▶ Role of the Reviewer

- Determine if documents submitted show understanding and adherence to the regulations
- Answers general questions about the regulations
- Does **NOT** serve as a consultant to help the applicant submit corrections/clarifications.

Deficient Applications

Applications are often returned from the reviewer for the following reasons:

- Policies/services agreements from other licensed agencies
- Copies of the regulation or websites as your policy
- Policies that reference home health/skilled care instead of home care/non-skilled
- Incomplete/inaccurate responses

Guidelines

Health Care Agency

- Agency must have a ***physical site location*** which is secure and private
 - ▣ Virtual offices are not permitted.
 - ▣ Coworking or shared space offices are not permitted without physical privacy barriers.
 - ▣ Agencies using a shared space must maintain separate files.
 - ▣ PO Boxes are not permitted.

▶ Health Care Agency

- Agency must **operate and be open** to the public during normal office hours
- Agency must ***have a person designated to oversee operations at the physical location*** during normal office hours

Counties Served

- Agency must provide services in the county of residence
- Agency may only expand services outward from that county
 - ▀ Counties serviced should adjoin the county in which the agency is located

▶ Separate license

- A separate license is required for each physical location.

Scope of Services

- **Non-medical services only**
 - ▣ Personal care
 - ▣ Instrumental activities of daily living
 - ▣ Companionship
- **Specialized Care**
 - ▣ Requires the submission of a separate Specialized Care Policy and Training Plan

Frequently Missed Items

- **Criminal Background checks**

- ▣ Must be dated within the year prior to application submission
- ▣ Must be submitted for all owners and persons assigned management/operational authority
- ▣ PA State Police check must be for "employment" purposes. "Volunteer" or "other" checks are not accepted.
- ▣ State and Federal checks are not interchangeable.
 - ▣ If you have been a resident of PA for 2 years you must submit the PA State Police check.
 - ▣ If you have not been a resident of PA for 2 years you must submit a federal fingerprint check using the PA process (Identogo).

Federal Background Check/ Letter of Determination

- *Follow the directions at this link*
<https://www.aging.pa.gov/organization/advocacy-and-protection/Documents/MorphoTrust%20Implementation%20Notification.pdf>
- *Call the Dept. of Aging and request a facility ID to use the system. 717-265-7887.*
- *Use code **1KG8RJ***

▶ Frequently Missed Items

- **Training/Competency**

- ▣ Copies of the regulation are not accepted as evidence of compliance
- ▣ Submit a test and/or competency checklist along with your policy which includes all 16 required subject areas

➤ Frequently Missed Items

- **Dept. of Health & Ombudsman Contact Information**
 - ▣ Include our office phone number for general questions
 - ▣ Include the Complaint Hotline
 - ▣ Include the contact information for the Ombudsman at the ***county level***, for each county you service

▶ Frequently Missed Items

- **Notification to Consumer**

- ▣ Provide a written notification for the consumer which describes how you ***hired*** and ***trained*** the direct care worker you are sending into the consumers' home.
- ▣ This is a separate notification than the Notification of Direct Care Worker Status form

Notification of Direct Care Worker Status

- Tells the consumer if the worker is an employee or independent contractor
- Tells the consumer who is responsible for taxes and insurance
- You must use the form provided

▶ Frequently Missed Items

- **Exhibit L**

- ▣ Submit a sample of the information you provide to the consumer that includes ***ALL*** the required information
 - ▣ ***Specific*** services agreed upon
 - ▣ ***Specific*** days/hours services will be provided
 - ▣ **Name of direct care worker** arriving at the home
 - ▣ **Cost** to the consumer