

Act 150 Program

Department of Human Services
Office of Long Term Living

- Pennsylvania's Attendant Care Program began as a state-funded program in 1987 as a result of The Attendant Care Services Act (Act-1986-150, 62 P.S. § 3051 et seq.), also known as Act 150.
 - Established attendant care services for “those mentally alert, but severely physically disabled who are in the greatest risk of being in an institutional setting”.
 - Enables adults 18 through 59 years of age who are mentally alert and have physical disabilities to perform activities of daily living (such as eating, personal hygiene, and transporting themselves).
 - Using state funding, in addition to the participant's own resources, the Act 150 Program assists eligible individuals in obtaining assistance from personal assistance services (PAS) workers in completing tasks in order to lead more independent lifestyles.
- The Act 150 Program falls under the authority of 55 Pa. Code, Chapter 52.

- Services are designed to support eligible adults in improving their quality of life by achieving one or more of the following goals:
 - Enabling participants to live in the most integrated community setting as independently as possible.
 - Enabling participants to remain in their homes and preventing unnecessary admission to nursing facilities or other similar institutional settings.
 - Enabling participants to seek and/or maintain employment.

- To be eligible for the Act 150 Program, a person shall meet all of the following criteria:
 1. Between the ages of 18 through 59.
 2. Mentally alert and capable of:
 - I. Selecting, supervising and, if needed, firing a PAS worker;
 - II. Managing one's own financial affairs; and
 - III. Managing one's own legal affairs.
 3. Medically determinable physical impairment that can be expected to last for a continuous period of not less than 12 months.
 4. Because of the physical impairment(s), requires assistance to complete functions of daily living, self-care and mobility.
 5. Capable of directing his or her own care.
 6. Found in need of basic services on the basis of an assessment.
 7. A citizen of the United States or an immigrant lawfully admitted for permanent residence.

- Criteria continued
 8. Be a resident of Pennsylvania.
 9. Be a resident of another state and intend to relocate to Pennsylvania and remain permanently or indefinitely at the time of applying for services.
 10. Participate in the eligibility process for the Medical Assistance (MA) (Medicaid) Attendant Care Waiver for attendant care services and be found ineligible.
 11. Be Nursing Facility Clinically Eligible (NFCE), other than participants who were determined to be Nursing Facility Ineligible (NFI) who were enrolled prior to November 5, 2013.
- Any participant enrolled after November 5, 2013 who is later determined to be NFI, is to be disenrolled.
- A Level of Care Determination (LCD) is administered during the participant's annual reevaluation.

Eligibility (cont.)



- Participant who is under age 60 and NFCE and becomes financially eligible for the Attendant Care Waiver, he/she will be enrolled in the waiver to receive services.
- Participant who is over age 60 and NFCE becomes financially eligible for a waiver, he/she will be enrolled in the Aging Waiver Program.

- Independent Enrollment Broker (IEB) facilitates program eligibility determinations for the Act 150 Program, responsible for:
 - Initial in-home visit and begin completing initial needs assessment.
 - Educate individuals on:
 - Rights and responsibilities
 - Opportunities for self-direction
 - Appeal rights
 - Services and Supports Directory (SSD)
 - Right to choose from any qualified provider
 - Provide applicant with choice of receiving:
 - Nursing facility services
 - Waiver services
 - Act 150 services
 - No services
 - Document applicant's choice on OLTL Freedom of Choice Form.

- The IEB also:
 - Provides applicants a list of qualified Service Coordination Entities (SCEs).
 - Documents the applicant's choice of SCE on OLTL Service Provider Choice Form.
 - Assists applicant to obtain a completed physician certification form.
 - Refers applicant to entity responsible for performing the LCD.
 - Assists participant to complete financial eligibility determination paperwork.
 - Facilitates transfer of the new enrollee to their selected SCE, including sending copies of all completed assessments and forms.
- It is not the SC's responsibility to determine eligibility for services.
- It is the responsibility of an applicant/participant to cooperate in providing the verifications listed above.

- Services available through the Act 150 Program are designed to enable individuals to live more independently in their homes and communities.
 - Service Coordination
 - Personal Assistance Services (PAS)
 - Financial Management Services (FMS)
 - Personal Emergency Response System (PERS)
- Services will be provided to meet the participant's needs as determined by an assessment and as outlined in the participant's service plan.
- All other resources shall be exhausted before Act 150 services are initiated, including those provided under third party benefits.

- Service Coordination identifies, coordinates and assists participants to gain access to needed services and supports:
 - Medical
 - Social
 - Housing
 - Educational
 - Other (as determined)
- Service Coordinators (SCs) provide information to participants and facilitate access, locate, coordinate and monitor needed services and supports.
- Service coordination services regulated by 55 Pa. Code Chapter 52 § 52.26.
- SC qualifications and training regulated by 55 Pa. Code Chapter 52 § 52.27

Personal Assistance Services (PAS)



- PAS are intended to assist the individual to complete tasks of daily living that would be performed independently if the individual had no disability.
- Basic and ancillary services that enable an eligible person to remain in their home and community and to carry out functions of daily living, self-care and mobility.
- Provides hands-on assistance as specified in the service plan, to participants who reside in a private home, necessary to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.

- Basic services include:
 - Assistance with Activities of Daily Living (ADLs) to include:
 - Eating
 - Bathing
 - Dressing
 - Personal hygiene
 - Getting in/out of bed, wheelchair and/or motor vehicle.
 - Preparation, feeding and cleanup.
 - Health maintenance activities.
 - Routine support services such as:
 - Meal planning
 - Keeping medical appointments
 - Other health regimens
 - Assistance and implementation of prescribed therapies.
 - Overnight PAS to provide intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours (Overnight PAS requires staff to be awake).

- If a participant is assessed as needing one or more of the basic services, the following services may be provided if they are ancillary to the basic services and assure the health, welfare and safety of the participant.
- Ancillary services include:
 - Homemaker-type services
 - Companion-type services
 - Accompanying the participant into the community for purposes related to personal care
 - Assistance with cognitive tasks
- May only be funded through the Act 150 Program when the services are not available by any other source, including but not limited to private insurance or Medicare.

- Costs incurred by the PAS workers while accompanying the participant into the community are not reimbursable as PAS.
- Transportation costs associated with the provision of PAS outside the participant's home are not included in the scope of Personal Assistance Services.
- Activities ancillary to the delivery of PAS are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other source is capable of or responsible for their provision.
- Basic and ancillary services shall be broken out and documented in the service notes in the Home and Community Services Information System (HCSIS).
- Services available through the Act 150 Program are subject to the availability of funds. (See Act 150 of 1986, Section 2 (5); and Section 3 (3).)



“HELP, I’VE FALLEN BUT CAN’T GET UP!”

- PERS is an electronic device which enables participants to secure help in an emergency.
- The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The individual may also wear a portable “help” button to allow for mobility.
- The response center is staffed by trained professionals 24 hour a day every day of the year.

- PERS services are limited to those individuals who:
 - Live alone.
 - Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances.
 - Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency.
 - Would otherwise require extensive in-person routine monitoring and assistance.
- Installation, repairs, monitoring and maintenance are included in this service.
- All PERS installed are to be certified as meeting standards for safety and use.
- Organization shall have capacity to provide 24-hour coverage by trained professionals, every day of the year.

- FMS consists of acting as the participant's agent in performing payroll and other employer responsibilities that are required by federal and state law, in accordance with OLTL's procured Fiscal Employer Agent (F/EA) contract requirements.
 - F/EA contractor is an Internal Revenue Service (IRS) Approved F/EA.
 - F/EA provides specific employer agent functions that support the participant with the employer-related functions.
- The F/EA shall provide accurate and timely reports monthly to common law employers, service coordinators, and OLTL. Reports include:
 - Service utilization.
 - Written notification of over and underutilization.
 - Notification of any common law employer who does not submit timesheets for two or more consecutive payroll periods.

- Enroll participants in FMS and apply for/receive approval from the IRS to act as an agent on behalf of the participant.
- Provide orientation and skills training on required documentation for all directly hired PAS workers, including:
 - Completion of federal and state forms
 - Completion of time sheets
 - Good hiring and firing practices
 - Establishing work schedules
 - Developing job descriptions
 - Training and supervision of PAS workers
 - Effective management of workplace injuries
 - Workers' compensation

- Establish, maintain and process records for all participants and PAS workers.
- Conduct criminal background checks and, when applicable, child abuse clearances, on potential employees.
- Assist participants in verifying PAS workers citizenship or alien status.
- Distribute, collect and process PAS worker timesheets as verified and approved by the participant.
- Prepare and issue PAS workers' payroll checks, as approved in the participant's individual service plan (ISP).
- Withhold, file and deposit federal, state and local income taxes.

- Secure workers' compensation for all PAS workers through the appropriate agency.
- Process all judgments, garnishments, tax levies, or any related holds on PAS workers' pay as may be required by federal, state or local laws .
- Prepare and disburse IRS forms, W-2's and/or 1099's, wage and tax statements and related documentation annually.
- Assist in implementing the state's quality management strategy related to FMS.
- Establish an accessible customer service system for the participant and the SC.

- Limitations on Provisions of Services:
 - Provided only to persons determined eligible by the appropriate enrollment entity. Prospective participants shall exhaust other sources of service prior to receiving Act 150 services.
 - If a participant loses Medicaid waiver eligibility due to an increase in income or resources, he/she may apply for Act 150 and is subject to the provisions of the Act 150 Program and the OLTL waiting list policy if a waiting list exists. A participant may not be enrolled in Act 150 if there is still an active timely appeal regarding waiver services underway.
 - The opportunity to apply for the Act 150 Program upon loss of Medicaid waiver financial eligibility does not apply to persons 60 years of age and over.
 - Act 150 does not pay for services provided by:
 - Spouse of a participant
 - Legal guardian
 - Active Power of Attorney (POA) of a participant
 - Family members who provide PAS shall meet the same provider qualifications as individuals working for agencies to provide PAS to non-relatives.
 - Aside from spouse, legal guardian or POA, there are no restrictions on the types of family members who may provide PAS.

Provider Qualifications



Qualification	PAS (HCA)	CD-PAS	PERS
Licensed by PA Department of Health, per 28 Pa. Code Part IV, Subpart H, Chapter 611 (Home Care Agencies and Home Care Registries), under Act 69	X		
Complies with 55 Pa. Code Chapter 1101 and have a signed Medicaid waiver/Act 150 provider agreement	X	X	X
Complies with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 Pa. Code Chapter 52	X	X	X
Ensure employees trained to meet the unique needs of the participant and provide staff training pursuant to 55 Pa. Code Chapter 52, §52.21	X		
Service location in PA or a state contiguous to PA	X		X
Workers' Compensation insurance in accordance with state statute and in accordance with Department policies	X	X	X
Commercial General Liability Insurance	X		X
Professional Liability Errors and Omissions Insurance	X		
Provide 24-hour coverage by trained professionals every day of the year			X

Employee/Worker Qualifications



Qualification	PAS	CD-PAS	PERS
18 years of age or older	X	X	X
US citizen or qualified resident alien	X	X	
Posses a valid SSN	X	X	
Be a resident of PA or a contiguous state	X	X	
Have a valid driver's license from PA or a contiguous state if necessary to provide the service.	X	X	
Automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service		X	
Basic math, reading and writing skills	X	X	
Complete training or demonstrate competency by passing a competency test as outlined in § 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act	X		
Complete any necessary pre-/in-service training related to the participant's service plan	X		

Employee/Worker Qualifications



Qualification	PAS	CD-PAS	PERS
Have the required skills to perform PAS as specified in the participant's service plan.	X	X	
Be able to demonstrate the capability to perform health maintenance activities specified in the participant's service plan or receive necessary training.		X	
Agree to carry out outcomes included in the participant's service plan	X	X	
Submit to / pass criminal background check as required in 55 Pa. Code Chapter 52 §52.19	X	X	
Have criminal background clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15			X

Qualification	PAS	CD-PAS	PERS
<p>Have a child abuse clearance (per 23 Pa. C.S. Chapter 63) as follows:</p> <p>Required for all direct care workers and service providers, including SCs and contractors, providing services in a home where children (under age 18 years old) reside</p> <p>Certificates required prior to providing services in homes where children reside:</p> <ul style="list-style-type: none"> Criminal history report from Pa. State Police (PSP) https://epatch.state.pa.us Form SP4-164 submitted to: Pennsylvania State Police, Central Repository – 164, 1800 Elmerton Ave, Harrisburg, PA 17110-9758, (717)425-5546 Fingerprint based federal criminal history submitted through the PSP or it's authorized agent (FBI) https://www.pa.cogentid.com/index_dpwNew.htm Child Abuse History Certification from DHS (Child Abuse) http://compass.state.pa.us/CWIS DHS ChildLine and Abuse Registry, P.O. Box 8170, Harrisburg, PA 17105-8170, (717)783-6211 or toll free (877)371-5422 <p>For workers required to have clearances, written results are required prior to the employee/provider initiating services in the participant's home.</p> <p>Beginning July 1, 2015, certifications must be obtained every 60 months regardless of service model. Current certifications issued prior to July 1, 2015 must be renewed within 60 months of the date of the oldest certification or if the certification is older than 60 months.</p>	X	X	X

Child Abuse Clearance (cont.)



Qualification	PAS	CD-PAS	PERS
<p>Child abuse clearance requirements (continued)</p> <p>Any arrest for or conviction of an offense that would constitute grounds for denying employment or participation in a program, activity or service, or is named as a perpetrator in a founded or indicated report must be disclosed to the administrator or their designee by written notice not later than 72 hours after the arrest, conviction or notification that the person has been listed as a perpetrator in the statewide database. Willful failure to disclose information as required is a misdemeanor of the third degree and shall be subject to discipline up to and including termination or denial of employment.</p> <p>The agency shall maintain copies of the required information.</p> <p>The Fiscal Employer Agent (F/EA) is responsible for securing clearances for prospective support service workers and must have a system to document that clearance were conducted.</p> <p>OLTL reviews provider personnel records as part of the biennial monitoring. In addition, OLTL may review records as necessary during incident report investigations or other circumstances as warranted.</p>	X	X	X

Service Coordination Entity Qualifications



Qualification

Complies with 55 Pa. Code Chapter 1101 and have a signed Medicaid waiver/Act 150 provider agreement

Complies with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 Pa. Code Chapter 52

Meet the conflict free requirements pursuant to 55 Pa. Code, Chapter 52, §§ 52.27 and 52.28

Automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service

Service location in PA or a state contiguous to PA

Workers' Compensation insurance in accordance with state statute and in accordance with Department policies

Commercial General Liability Insurance

Ensure employees trained to meet the unique needs of the participant (i.e. communication, mobility and behavioral needs)

Qualification

Comply with and meet all standards as applied through each phase of the standard, annual Department performed monitoring process

Ensure 24-hour access to Service Coordination personnel (via direct employees or a contract) for response to emergency situations that are related to the Service Coordination service or Act 150 services

Sufficient professional staff to perform the needed assessment/reevaluation, service coordination and service activities

Registered Nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement

- See 55 Pa. Code, Chapter 52, § 52.27 for Service Coordinator Qualifications and Training.

- The Service Plan regulations can be found in 55 Pa. Code Chapter 52 § 52.25 and current OLTL Bulletin on Individual Service Plan Development, Review and Implementation.
- SC functions include:
 - Providing information
 - Program services
 - Program sliding fee scale and participant responsibilities related to paying appropriate fees
 - Fair hearing and appeal rights and assist with requests
 - Facilitating access
 - Referrals to the AAA for annual reevaluation, or more frequently as determined, of the LCD
 - Assist participant for timely completion of needed activities to maintain eligibility

- SC functions (continued):
 - Coordinates, prompts and ensures:
 - Participant engagement in completion of the needs assessment
 - Person-centered planning approach and team process to develop the participant's service plan, ensuring:
 - Services and supports are integrated into the community
 - Include opportunities for employment/work in an integrated setting
 - Participants are engaged in community life
 - Participants control personal resources
 - Receive services in the community same as individuals not receiving disability related services
 - Individual rights of privacy, dignity and respect, and freedom from coercion and restraint
 - Strategies for conflict or disagreement resolution
 - Participant is availed information, referral and assistance in locating services.
 - Actively coordinates with others essential in the physical and/or behavioral care delivery for seamless coordination of services.

- SC functions (continued):
 - Monitoring:
 - Respond to and assess emergency situations and incidents, assure that appropriate actions taken in accordance with Department policy on Critical Incident Management.
 - Review, monitor, initiate
 - Provider documentation of service provisions
 - Participant progress on outcomes
 - Service plan team discussions or meetings when services not achieving desired results
 - Solicit input as to service satisfaction.
 - Continuity of services, system adaptability, utilization of facilities and resource, accessibility and participant rights.
 - Participate in Department identified activities related to quality oversight.
 - Services are delivered in a manner that supports the participant's communication needs.
- Backup plans – Emergency Preparedness
 - For guidance on Individual Backup Plans and Emergency Preparedness Plans see 55 Pa. Code Chapter 52 Section 52.25 Service Plan and the current OLTL Bulletin on Individual Service Plan Development, Review and Implementation.

- Evaluations
 - Initial
 - Local AAA conducts initial LCD
 - Participant's physician completes Physician Certification
 - IEB completes certain sections of the Care Management Instrument (CMI) (needs assessment)
 - SC completes the unfinished sections of the CMI at initial service plan development meeting
 - Reevaluations
 - Conducted at least once per year within 365 days of the first LCD
 - AAA administers an LCD at request of the SC
 - SC may request LCD more frequently if needed
 - Physician's certification
 - CMI completed by the SC
 - Financial eligibility determination
 - If eligible for waiver the participant will be moved into waiver
 - If not financially eligible for waiver and is NFCE, may remain in Act 150

- Evaluations (continued)
 - Results of reevaluation used to update/modify the participant's ISP:
 - LCD and CMI compared to previous initial or reevaluation to identify any changes.
 - Information assists SC in making appropriate adjustments to the ISP.
 - Results are reviewed with the participant.
 - If no changes are warranted the SC shall sign the ISP.
 - If changes are warranted a new ISP will be completed and signed by the SC and participant.
 - SC enters summary of reevaluation into HCSIS.
 - As a result of the needs assessment, the SC may reduce or terminate service(s) the participant no longer requires. The SC shall:
 - Documents facts supporting change.
 - Provides participant 30 days advance written notice of the change:
 - Explains the change
 - Explains fact supporting the change
 - Explains appeal rights and participants right to continue receiving the service unchanged pending outcome of appeal
 - Appeal must be filed within 10 days of the postmark date of the SC's notice

- Participant Admission to a Hospital or Other Institution
 - SCs conduct an assessment of need and adjust the service plan accordingly prior to release from the hospital or other institution.
 - Work with discharge planners on changes to the service plan to ensure that all other resources available to the participant are accessed.
 - Participant may remain enrolled in Act 150 for a 180 day calendar period when subsequently placed in a nursing facility or Intermediate Care Facility for Other Related Conditions (ICF/ORC). Also applies to short term admission to a hospital.
 - SCs cannot provide or authorize any services, including ancillary services, during a nursing facility, ICF/ORC or hospital stay.

- Participants have the right to:
 - Make decisions about their services and self-direct their services:
 - Encouraged to self-direct service to the highest degree
 - May choose to self-direct some or all services at any time
 - Choose to hire and manage staff using Employer Authority:
- Participant is responsible to:
 - Direct the activities of their PAS worker.
 - Under Employer Authority:
 - Hiring PAS worker
 - Firing PAS worker
 - Training PAS worker
 - Supervising PAS worker
 - Scheduling PAS worker
 - Budget Authority (Services My Way) is not available in Act 150.

Participant Direction (cont.)



- Self Direction
 - Participants develop their ISP in conjunction with the SC.
 - SCs offer provider-managed services until individual PAS workers are hired.
 - SCs work with participants to ensure continuity of services when the participant chooses to change service model.
 - Employer Authority model, participant receives support from the F/EA and SCs.
 - During the implementation and management of the ISP, the SC:
 - Assist participant to gain information and access to necessary services
 - Advise, train and support the participant as needed and necessary
 - Develop an individualized back-up plan
 - Identify risks/potential risks and develop a management plan
 - Monitors provision of services
 - Assists participant understand Common Law Employer Agreement
 - Assists participant to secure training of PAS workers who deliver services requiring technical skills, and require guidance from health cares professionals such as an RN

- SCs and providers are responsible for ensuring that participant rights and responsibilities are maintained.
- Reference current OLTL HCBS Waiver Participant Informational Materials Bulletin and subsequent additions at:

<http://www.dhs.pa.gov/publications/bulletinsearch/bulletinsearchresults/index.htm?po=OLTL>

- Incident Reporting
 - Critical events are referred to as critical incidents and defined as an event that jeopardizes the participant's health and welfare.
 - Two OLTL bureaus are involved in the oversight of the Incident Management process – the Bureau of Quality and Provider Management (BQPM) and the Bureau of Participant Operations (BPO).
 - Individuals/entities that are required to report critical incidents should See 55 Pa. Code, § 52.17 and the current Critical Incident Management Bulletin issued by OLTL at:
<http://www.dhs.pa.gov/publications/bulletinsearch/bulletinsearchresults/index.htm?po=OLTL>
- Protective Services
 - SCs and providers are also mandatory reporters for protective services and should familiarize themselves with the reporting requirements for the Adult Protective Services (APS) Program.
 - See Act 70-2010 and the Older Adult Protective Services Act (OAPSA). Suspected abuse, neglect, and exploitation should be reported by calling 1-800-490-8505.

Questions?

Any questions in the future may be directed to email address:

RA-oltstreamlining@pa.gov

Thank You!



This webcast has been written and produced
by the Office of Long-Term Living.

Thank you for participating.