

**PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE**  
**“SHARED LIVING” REQUEST FOR INFORMATION**  
**JULY 2011**

**PART I: GENERAL INFORMATION**

**A. PURPOSE OF THIS REQUEST FOR INFORMATION**

The Pennsylvania Department of Public Welfare (Department) is issuing this Request for Information (RFI) to solicit information concerning potential options for improving Pennsylvania’s Home and Community Based Services (HCBS) through implementation and expanded marketing of the existing Shared Living Program (SLP) for targeted Medical Assistance (MA) program participants. By soliciting the knowledge of stakeholders and industry leaders from Pennsylvania and throughout the United States, the Department seeks to broaden its perspective regarding potential strategies and solutions to improve service options along with efficiencies and management of housing and support services for MA participants.

The Department is very interested in gathering as much information as possible to help us better understand and implement solutions that work best for MA participants and to assist the Department in the development of any such solutions. The Department welcomes and encourages comments from stakeholders, the industry leaders and vendors to help better inform the Commonwealth on Shared Living Programs.

**B. TIMELINE FOR RESPONSE SUBMISSIONS**

Respondents must submit RFI responses no later than August 18<sup>th</sup> 2011. Please submit your responses electronically to Pam Kuhno at [sharedliving@state.pa.us](mailto:sharedliving@state.pa.us).

**C. RESPONSE SUBMISSION**

Please prepare responses simply and economically, providing straightforward and concise descriptions. Responses should follow the general format provided in Part III of this RFI, Request for Information Format. All responses must be 20 single spaced pages or less in a 12 font. Please include cover letter or any attachments in the page limit.

Information provided in this RFI is not intended to convey any predisposition to a particular solution, method or service delivery model, nor do we want to limit the creativity of your response. If you feel the format that we have provided is in conflict with this statement, please let us know.

Vendors submitting responses should be aware that the results of this RFI will be public information and that no claims of confidentiality will be honored. The Department is not

requesting, and does not require, confidential proprietary information or other competitively sensitive information to be included as part of the RFI submission.

Ownership of all data, material and documentation originated, prepared and provided to the Department during this RFI process will belong exclusively to the Department.

## **D. DISCLAIMERS**

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement or any other type of current or future procurement or contractual action, and is only intended to gather information and input. The Department will not award a contract or any other type of agreement on the basis of this RFI or otherwise pay for any of the information received.

The information gathered through this process may be used in the development of future documents however; the Department does not guarantee that this will occur.

Respondents are solely responsible for all expenses associated with responding to this RFI.

Responses to this RFI will not be returned. Respondents will not be notified of the result of the review, nor will they be provided copies of it.

## **PART II: BACKGROUND**

### **A. GOALS AND OBJECTIVES**

The Department's primary mission for a SLP is to provide efficient and effective options to continually improve upon and increase access to community services provided under the MA program for MA participants in need of long-term living services.

The Department is interested in determining whether establishing a Department wide SLP while enhancing and broadening the scope of existing SLPs (Family Living, Domiciliary Care) supports the mission and helps accomplish the following primary goal and objectives:

#### ***Goal***

- Across Department programs, create a person-centered, opportunity driven, results oriented system of coordinated care that focuses on independence, freedom and choice and uses competitive, value based purchasing to maximize the available service options, promote accountability and transparency, and encourage and reward healthy outcomes and responsible choices.

## *Objectives*

- To ensure that MA participants in the target population have more opportunities to access home and community-based services in a small homelike environment
- To provide additional housing opportunities for individuals in the target population
- To increase cost-effectiveness by increasing opportunities to maintain and enhance program effectiveness

The Department's target population includes:

- All persons with disabilities, including elders with disabilities, who are at risk of, or who are currently living in places such as nursing homes, mental health institutions, personal care home facilities, facilities for persons with intellectual disabilities, shelters, and other forms of congregate residential care
- Persons with disabilities who are homeless or at risk of homelessness regardless of their current housing situation
- Youth who are aging out of residential services who require ongoing support to live successfully in the community
- Adults who are living at home and want to age in place.

The Department is seeking input on possible strategies for establishing a Department wide SLP while enhancing and broadening the scope of existing SLPs (Family Living Program and Domiciliary Care) that will achieve the above-identified goal and objectives. The Department is interested in learning about strategies that maximize the efficient use of technology and state and federal resources and that promote coordination between the SLPs and other community programs and resources such as caregiver supports, person centered services and participant directed services.

## **B. CURRENT SERVICE DELIVERY SYSTEM**

The Department is the single State agency in the Commonwealth of Pennsylvania that administers the Medicaid Program under Title XIX of the Social Security Act. In Pennsylvania, the Medicaid Program is referred to as the Medical Assistance (MA) Program. Home and Community Based Services funded by MA are primarily provided by three offices within the Department and the Department of Aging (PDA), as described below. Appendix A provides a list of waiver services that are available to the target population.

## 1. Overview of Pennsylvania's Program(s) for the Target Populations

The Commonwealth of Pennsylvania provides vital health and human services to more than 2.2 million Pennsylvanians - about one in six Commonwealth residents. The Commonwealth has implemented multiple strategies to improve the existing vast array of services and supports, allow for more participant choices, rebalance the delivery system, and manage care effectively.

The three offices primarily responsible for provision of Home and Community Based Services are as follows:

- The Office of Developmental Programs (ODP) oversees the delivery of services to individuals with intellectual/developmental disabilities in the Commonwealth. ODP is responsible for the administration of three MA community based waiver programs including one for individuals with Autism. ODP also manages state operated Intermediate Care Facilities for People with Mental Retardation (ICF/MR) programs. There are also private ICF/MR programs.
- The Office of Long-Term Living (OLTL), a joint office in the Department and the PDA, is responsible for the provision of long term living services for persons with physical disabilities and Older Pennsylvanians. The Office of Long Term Living is responsible for the administration of six MA community based waiver programs to assist individuals living in the community.
- The Office of Mental Health and Substance Abuse Services (OMHSAS) oversees mental health services that are administered through county Mental Health/Mental Retardation (MH/MR) program offices. The county MH/MR offices serve as a referral source. Most mental health services are delivered by local provider agencies under contract with the county MH/MR office. The county MH/MR office determines a person's eligibility for service funding, assesses the need for treatment or other services, and makes referrals to appropriate programs for treatment and/or other service needs.

Shared living is a nationally successful model that is for persons with a disability or older adults who need daily help with personal care but want to live in a small, homelike setting rather than in a nursing home, ICF-MR or other facility setting. The caregiver provides support with activities of daily living such as: bathing, dressing, toileting, transferring, ambulating, (activities of daily living or independent activities of daily life), meals, companionship, other personal care assistance, and supervision.

The Department currently has two SLPs. The ODP provides similar services to over 1,500 individuals with developmental disabilities through the Family Living Services Program. Additionally, the Domiciliary Care Program in the OLTL/PDA is an important

part of Pennsylvania's current continuum of housing and service options. Shared Living adults live with trained caregivers who provide daily care in the primary residence of the adult or the caregiver.

## 2. Department Research and Analysis

The Department has reviewed its internal programs and identified the following issues that have led it to consider implementation of a Department wide SLP. Please see Appendix B for links to program descriptions for Family Living and Domiciliary Care as well as current program regulations.

- **Community Home Arrangements:** Agency-run community residential homes have increased significantly in number and cost, particularly those homes that are supporting one person.
- **Family Living:** This ODP program is a lower cost alternative to group homes and provides for close personal relationships between the individuals and the families supporting them. The number of people taking advantage of this option has decreased in the past year. The current program design may be limited by a lack of marketing and development of caregivers, and its exclusion of natural families.
- **Efforts to rebalance long term living towards community options and away from the prevailing institutional bias has been slower than anticipated and is limited to certain population groups.** OLTL has a Nursing Home Transition Program that primarily serves individuals 60 and over and adults under 60 who have a physical disability.
- **The PDA Domiciliary Care Program is limited.** This Program does not have MA funding available to its participants, providers are not actively and consistently recruited and trained, Aging Waiver services are generally not available to consumers and payments and stipends are not tied to acuity levels. These limitations may be impeding the growth of this program.

Additionally, the Department and PDA are challenged by an information system that is not easily transparent and accessible to participants and providers. Department wide information technology is not available for individuals who are making important decisions regarding health and wellness and is not accessible for care managers, nurses, family members, etc. who are providing services in shared living arrangements.

### 3. Shared Living Program

In responding to the RFI, the following factors should be considered and addressed:

- Currently, Pennsylvania has 2 different SLPs that include ODP's Family Living Program and PDA's Domiciliary Care program.
- Program enhancements that will achieve improved administration, management, service coordination and cost efficiencies.
- Program enhancements that will improve monitoring and oversight of the effectiveness and quality of services.
- Potential economic development opportunities.
- Opportunities to include components that will transition or divert populations living in institutions or at risk of institutionalization into SLPs.
- Pennsylvania is considering a 3 tiered eligibility for SLP.
  - a. Highest Need Group
    - i. Individuals who require extensive assistance or are totally dependent in at least one Activities of Daily Living (ADL) measure
    - ii. Individuals who lack awareness of need or have moderate impairment with decision-making skills and at least one frequently occurring symptom/condition relating to aggressive behavior, resistance to care or wandering or behavioral symptoms requiring extensive supervision
    - iii. Individuals who have at least one condition or treatment that requires skilled nursing assessment, monitoring and care on a daily basis
    - iv. Individuals who have an unstable medical, behavioral or psychiatric condition(s) or chronic or recurring conditions that require skilled nursing assessment, monitoring and care on a daily basis
    - v. Individuals who do not meet at least one of the above criteria may be enrolled in the Highest Needs Group when the Department determines that the individual has a critical need for long-term living services due to special circumstances that may adversely affect the individual's health and safety.

b. High Need Group

- i. Individuals who require at least limited assistance on a daily basis with at least two ADLs
- ii. Individuals who require skilled teaching on a daily basis to regain functioning in speech, gait/range of motion or bowel/bladder training
- iii. Individuals who have impaired decision-making skills that require constant or frequent direction in bathing, eating, dressing, toileting, personal hygiene or transferring
- iv. Individuals who exhibit a need for a structured therapeutic environment, supportive interventions and/or medical management to maintain health and safety

c. Preventive Need Group

Individuals who require preventive service to avert or avoid institutionalization shall be eligible for enrollment in the preventive needs group. Individuals in the preventative services group have demonstrated that services will improve or maintain abilities and prevent the need for more intensive services. Preventive services are designed to promote/preserve health and safety and alleviate symptoms to address functional limitations.

### **PART III: REQUEST FOR INFORMATION FORMAT**

Through this RFI, the Department is soliciting information concerning options for improving Pennsylvania's Home and Community Based Services through implementation of a SLP for our targeted population. The Department is requesting assistance in determining whether implementing a SLP is a viable option and where and how it can be best employed. The Department welcomes Respondents' comments about a SLP, and is also interested in suggested alternative approaches.

To the extent that Respondents base their suggestions on a set of assumptions, Respondents are encouraged to discuss and document those assumptions in their responses.

#### **A. COVER LETTER**

Please include the following information in a cover letter:

1. An introduction to the Respondent's organization and interest in SLPs.
2. In a point of contact for communications regarding this RFI.

## **B. CONCEPTUAL SOLUTIONS AND STRATEGIES**

The following provides a suggested structure for a response to this RFI. This structure is intended to minimize the effort required to structure and analyze submitted responses. As part of your response, please address the following:

### **1. Overall Program Structure**

- a. What is important to the Respondent for a SLP?
- b. Knowing that Pennsylvania has various Home and Community Based programs such as Family Living and Domiciliary Care that are county-based/provider-run, what options would be available to the Department in implementing a Department-wide Shared Living Program in Pennsylvania?
- c. Discuss available options for the scope and model of a Pennsylvania Shared Living Program (i.e., statewide vs. regional; administrative entity vs. direct service provider).
- d. Describe the Respondent's vision of the structure and administration for the Department's role with SLP.
- e. Describe approaches for a SLP that would recognize and address differences within the target population?
- f. Discuss methods to address eligibility determinations for SLP as well as the advantages and disadvantages to any of these methods.
- g. Describe any impediments to the Respondent's vision of SLP expansion including regulations, legislation, authority source or current state plan.

### **2. Operations**

- a. Discuss the available options for the use of family members and non-family members as caregivers in the SLP.
- b. Inform the Department on addressing recruitment and retention of caregivers. Include information such as issues of caregiver relief and incorporating employees who have worked in institutional facilities or other stakeholders as part of a SLP.

- c. Inform the Department on SLP options the Department should consider that would prevent institutionalization.
- d. Provide information on the best methods to promote transitions from state-owned/operated institutions, nursing homes, or acute care hospital care into shared living settings?
- e. Describe ways in which the Department can address emergency services and emergency placements?
- f. Inform the Department on methods for handling “vacancy management” in a SLP.
- g. Describe sources of participant referrals and referral management.

### **3. Data Collection, Reporting, and Quality**

- a. Describe best practices for Quality Management approach.
- b. Provide information on ways to address protection of participants’ rights and freedom from abuse and neglect.
- c. Provide insights on licensing versus certifying or credentialing providers/caregivers for the SLP.
- d. Describe best practices for addressing fraud and abuse in SLP (money management, misuse of allocated funds for services).
- e. Describe possible methods for caregivers to complete daily reporting activities and clinical oversight mechanisms.
- f. Describe the types of data that the Department should analyze for a SLP.
- g. Provide information on program performance measures and necessary baseline data that might be considered for use in evaluating program performance.

## **C. ADDRESSING POTENTIAL CHALLENGES AND BARRIERS**

- 1. The Department recognizes that implementation of any new programs or program changes could pose potential challenges and barriers. Please describe:

- a. Any potential challenges or barriers the Respondent believes the Department may encounter in establishing a statewide SLP while enhancing and broadening the scope of existing SLPs.
  - b. Potential strategies for overcoming the challenges and barriers.
2. Please describe specific approaches to implementation and the advantages and disadvantages of these approaches.

#### **D. PRICING METHODOLOGIES AND POTENTIAL COST SAVINGS**

1. Describe available payment structures for caregivers and the advantages and disadvantages of the various structures.
2. List the types of program data, if any that would facilitate accurate cost proposal submissions if a RFP is issued.
3. If applicable, please provide estimated cost savings other states obtain through implementation of a shared living model.

#### **E. OTHER RELEVANT CONSIDERATIONS AND INFORMATION**

1. Provide any other considerations or information relevant to this RFI and Pennsylvania's proposed initiative.

## Appendix A

The Department supports programs for individuals with disabilities and older Pennsylvanians throughout the state with a focus on individualized care and benefits programs designed to meet the specific needs of each person. From assisted living and personal care homes, to individual supports plans for community services, to Medical Assistance, the Department seeks to meet the needs of individuals with disabilities throughout the community.

Home and Community Based Services (HCBS) are also known as Waiver Funded Services or Waiver Programs. The term “waiver” comes from the fact that the federal government "waives" Medical Assistance rules for institutional care in order for Pennsylvania to use the funds for HCBS. HCBS provides for supports and services beyond those covered by the MA program and enable a person to remain in a community setting rather than being admitted to a long term care facility. Currently, the Department administers 11 HCBS programs. Each HCBS program has its own eligibility requirements and services.

If a person is determined eligible for more than one HCBS program, the person cannot receive services under two or more such programs at the same time. The person must choose one HCBS program and receive the services provided by it.

A List of the available Home and Community Based Programs and their associated eligibility requirements follows:

| Waiver   | Functional Eligibility Requirements   | Services Provided  |
|--|---|--|
| <a href="#"><u>PA Department of Aging Waiver</u></a> | <ul style="list-style-type: none"> <li>*Age 60 or older</li> <li>*Meet nursing facility level of care criteria</li> <li>*Wish to be treated in own home or other community setting</li> </ul> | <ul style="list-style-type: none"> <li>*Adult Day Services Center</li> <li>*Attendant Care</li> <li>*Counseling</li> <li>*Environmental modifications</li> <li>*Home health care</li> <li>*Specialized medical equipment and supplies</li> <li>*Companion Services</li> <li>*Respite Care</li> <li>*Transportation</li> <li>*Home delivered meals</li> <li>*Extended physician services</li> <li>*Personal care services</li> <li>*Personal emergency response system</li> </ul> |

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| <p><b><u>Attendant Care Waiver</u></b></p>                 | <p>*Age 18 through 59 (over age 59 conditional)</p> <p>*Requires assistance with activities of daily living due to a medically determined physical impairment which can be expected to last for a continuous period of not less than 12 months</p> <p>*Mentally alert and capable of selecting, supervising, and if needed, firing an attendant, and managing their own financial and legal affairs</p> <p>*Be found in need of a basic service</p>                       | <p>*Basic Service includes:</p> <ul style="list-style-type: none"> <li>-Assistance with getting in and out of bed, wheelchair and/or motor vehicle</li> <li>-Assistance with performing activities of daily living such as bathing, personal hygiene, feeding and health maintenance activities</li> </ul>  |
| <p><b><u>Independence Waiver</u></b></p>                   | <p>*Age 18 and older</p> <p>*Requires nursing facility level of care</p> <p>*Persons with physical disabilities</p> <p>*Disability results in at least 3 substantial functional limitations</p> <p>*Disability is expected to continue</p> <p>*Not dependent on mechanical ventilator supports</p>  | <ul style="list-style-type: none"> <li>*Daily living services</li> <li>*Environmental adaptations</li> <li>*Assistive technology/ specialized medical equipment and supplies</li> <li>*Community integration services</li> <li>*Respite services</li> <li>*Transportation</li> </ul>  |
| <p><b><u>Adult Community Autism Program (ACAP)</u></b></p> | <p>*21 years or older</p> <p>*Diagnosis of Autism Spectrum Disorder (Autistic Disorder, Childhood Disintegrative Disorder, PDD-NOS, Asperger Syndrome or Rett Disorder)</p> <p>*Require Intermediate Care Facility (ICF) level of care</p> <p>*Be able to live in a home or community setting without 16 hours or more per day of awake staffing and supervision</p> <p>*Not have behaviors that are dangerous to self or others or that could cause harm to property</p> | <ul style="list-style-type: none"> <li>*Physician, ICF, psychiatric, nursing facility, hospice services</li> <li>*Dental, vision, speech, podiatry, chiropractic services</li> <li>*Medical supplies and equipment</li> <li>*Health promotion and disease prevention services</li> <li>*Targeted case management</li> <li>*Mental health crisis intervention services</li> <li>*Adult day habilitation services</li> <li>*Homemaker services</li> <li>*Residential &amp; behavioral support</li> <li>*Respite care</li> <li>*Supported employment</li> <li>*Community transition services</li> <li>*Environmental modifications</li> <li>*Assistive technology</li> <li>*Family counseling</li> </ul> |

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| <p><b>Adult Autism Waiver (AAW)</b></p>                    | <ul style="list-style-type: none"> <li>*Age 21 or older</li> <li>*Diagnosed with Autism Spectrum Disorder (Autistic Disorder, Childhood Disintegrative Disorder, PDD-NOS, Asperger Syndrome or Rett Disorder)</li> <li>*Meet Intermediate Care Facility level of care</li> </ul>                                     | <ul style="list-style-type: none"> <li>*Assistive technology</li> <li>*Behavioral health services</li> <li>*Community inclusion</li> <li>*Community Transition Services</li> <li>*Counseling</li> <li>*Day &amp; residential habilitation</li> <li>*Environmental modifications</li> <li>*Family counseling &amp; training</li> <li>*Job assessment and finding</li> <li>*Nutritional consultation</li> <li>*Occupational therapy</li> <li>*Respite</li> <li>*Speech/ language therapy</li> <li>*Supported employment</li> <li>*Supports coordination</li> <li>*Temporary crisis services</li> <li>*Transitional work services</li> </ul> |
| <p><b><u>COMMCARE Waiver</u></b></p>                       | <ul style="list-style-type: none"> <li>*Have a diagnosis of traumatic brain injury</li> <li>*Age 21 and older</li> <li>*Need Special Rehabilitation Level of Care</li> <li>*Not dependent on mechanical ventilator supports</li> <li>*Disability results in at least 3 substantial functional limitations</li> </ul> | <ul style="list-style-type: none"> <li>*Coaching/ cueing</li> <li>*Cognitive therapy</li> <li>*Environmental adaptations</li> <li>*Assistive technology/ specialized medical equipment and supplies</li> <li>*Community integration</li> <li>*Respite care</li> <li>*Transportation</li> <li>*Personal care services</li> <li>*Supported employment services</li> <li>*Educational services</li> </ul>  |
| <p><b><u>Infants, Toddlers and Families Waiver</u></b></p> | <ul style="list-style-type: none"> <li>*Between birth and age 3</li> <li>*In need of early intervention services</li> <li>*Meet Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) or Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC) level of care</li> </ul>   | <p>*Habilitation, which is a service provided in home and community settings to assist a child in acquiring, maintaining and improving self-help, domestic, socialization and adaptive skills</p>   |

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| <p><a href="#"><u>Person/Family-Directed Support (P/FDS) Waiver</u></a></p> | <p>*Age 3 or older<br/> *Require an ICF/MR level of care<br/> *Sub-average intellectual functioning and impairments in adaptive behavior<br/> *Does not reside in a mental retardation licensed community residential home or a mental retardation licensed family living home.</p> | <ul style="list-style-type: none"> <li>• Assistive technology <ul style="list-style-type: none"> <li>• Behavior support <ul style="list-style-type: none"> <li>• Companion</li> </ul> </li> <li>• Education support</li> </ul> </li> <li>• Home accessibility adaptations</li> <li>• Home and community habilitation (unlicensed) <ul style="list-style-type: none"> <li>• Homemaker/chore</li> </ul> </li> <li>• Licensed day habilitation <ul style="list-style-type: none"> <li>• Nursing</li> <li>• Prevocational</li> <li>• Respite</li> </ul> </li> <li>• Specialized supplies</li> <li>• Supported employment <ul style="list-style-type: none"> <li>• Supports broker</li> </ul> </li> <li>• Supports coordination</li> <li>• Therapy (physical, occupational, visual/mobility, behavioral and speech and language) <ul style="list-style-type: none"> <li>• Transitional work</li> <li>• Transportation</li> </ul> </li> <li>• Unlicensed residential habilitation</li> <li>• Vehicle accessibility adaptations</li> </ul> |
| <p><a href="#"><u>Consolidated Waiver</u></a></p>                           | <p>*Age 3 or older<br/> *Require an ICF/MR level of care<br/> *Sub-average intellectual functioning and impairments in adaptive behavior</p>  | <ul style="list-style-type: none"> <li>• Assistive technology <ul style="list-style-type: none"> <li>• Behavior support <ul style="list-style-type: none"> <li>• Companion</li> </ul> </li> <li>• Education support</li> </ul> </li> <li>• Home accessibility adaptations</li> <li>• Home and community habilitation (unlicensed) <ul style="list-style-type: none"> <li>• Homemaker/chore</li> </ul> </li> <li>• Licensed day habilitation <ul style="list-style-type: none"> <li>• Nursing</li> <li>• Prevocational</li> </ul> </li> <li>• (Licensed) residential habilitation</li> <li>• (Unlicensed) residential habilitation <ul style="list-style-type: none"> <li>• Respite</li> </ul> </li> <li>• Specialized supplies</li> <li>• Supported employment <ul style="list-style-type: none"> <li>• Supports broker</li> </ul> </li> <li>• Supports coordination</li> </ul>   |

|                                    |   |   |
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|                                    |   | <ul style="list-style-type: none"> <li>• Therapy (physical, occupational, visual/mobility, behavioral and speech and language)</li> <li>• Transitional work</li> <li>• Transportation</li> <li>• Vehicle accessibility adaptations</li> </ul>   |
| <a href="#"><u>OBRA Waiver</u></a> | <ul style="list-style-type: none"> <li>*Persons with developmental physical disabilities</li> <li>*Disability results in at least 3 substantial functional limitations</li> <li>*Disability manifested prior to age 22</li> <li>*Age 18 or older</li> <li>*Disability is expected to continue indefinitely</li> <li>*Requires ICF/ORC level of care</li> </ul>                        | <ul style="list-style-type: none"> <li>*Daily living services</li> <li>*Environmental adaptations</li> <li>*Assistive technology</li> <li>*Community integration services</li> <li>*Respite services</li> <li>*Transportation</li> <li>*Supported employment services</li> <li>*Prevocational and educational services</li> </ul> |
| <a href="#"><u>AIDS Waiver</u></a> | <ul style="list-style-type: none"> <li>*Diagnosed as having AIDS or Symptomatic HIV</li> <li>*Not enrolled in a managed care organization, health insurance organization or Hospice Program</li> <li>*Age 21 or older</li> <li>*Requires level of care provided in a hospital, skilled nursing facility, ICF</li> <li>*Not residing in an institution or inpatient setting</li> </ul> | <ul style="list-style-type: none"> <li>*Home health aide visits beyond Medicaid coverage.</li> <li>*Specialized medical equipment, supplies and nutritional supplements.</li> <li>*Nutritional consultations.</li> <li>*Homemaker services.</li> <li>*Transitional services.</li> </ul>   |
|                                    |   |   |

Pennsylvania's MA Program provides services through the Fee-for-Service delivery system or through a voluntary managed care system and a mandatory Medicaid managed care delivery system, known as HealthChoices. HealthChoices is the largest Medicaid program administered by the Department. DPW's Office of Medical Assistance Programs (OMAP) oversees the physical health services including inpatient, outpatient and long term care services. The Department's Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the Behavioral Health Program that provides mental health and substance abuse treatment services. The HealthChoices Behavioral Health (HC-BH) program makes mental health and drug and alcohol services to over 2 million Pennsylvanians. Pennsylvania's behavioral health Medicaid managed care program is

available in all 67 counties. HealthChoices information is available at:  
[www.dpw.state.pa.us/foradults/healthcaremedicalassistance/healthchoicesgeneralinformation](http://www.dpw.state.pa.us/foradults/healthcaremedicalassistance/healthchoicesgeneralinformation)

LIFE (Living Independence for the Elderly Program also known as LTCCAP): is a state plan capitated benefit that provides services for individuals Age 60 or older (Age 55-conditional) who meet eligibility requirements for nursing facility level of care and are able to safely live in the community with services available through the provider. Eligible individuals must reside in locations where services are available. The services that are available are:

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|--|---|
| Adult day health services                                      | Transportation/ escort services         |
| Primary medical specialist care                                | Nursing care/skilled nursing            |
| Dental, vision, podiatry, audiology care                       | Social services/ case management        |
| Physical, occupational, speech therapies                       | Recreational therapy                    |
| Nutritional counseling/ education                              | Laboratory/ diagnostic test, x-rays     |
| Psychiatric services   | Personal care                           |
| Homemaker chore services                                       | Home delivered meals                    |
| Hospital care/ hospice services                                | Translation services                    |
| Nursing facility services                                      | Services for hearing/speech impairments |
| Pharmaceuticals  |   |
| Prosthetics, orthotics, durable medical equipment and supplies |   |

## Appendix B

### **Family Living**

Lifesharing, also known as Family Living, supports individuals with intellectual disabilities to live with qualified unrelated adults who provide support in the home. Up to two individuals with a disability can live in a lifesharing home and be supported by ODP funding. Most lifesharing homes are licensed and inspected to ensure the health and welfare of individuals being served. Individuals in lifesharing also have supports coordinators to monitor the quality of services on a regular basis.

Lifesharing means living with and sharing life experiences with supportive persons who form a caring household. Lifesharing is recognized as both a close personal relationship and a place to live. Lifesharers offer individuals the opportunity to be part of a family and to participate in community life. Lifesharers and individuals are carefully matched and supported by qualified professionals to achieve the person's program objectives. Birth families are encouraged to be part of the matching process and continue to have close relationships with individuals who choose a lifesharing option.

Everyday Living options can be a variety of settings such as lifesharing, as well as support provided to individuals living in their own home, and in the homes of relatives and friends. Services in these settings are authorized based on individual support plans and monitored by supports coordinators on a regular basis as well. Individuals who choose these options come from a variety of places including community homes and Intermediate Care Facilities (ICFs/MR).

**The Pennsylvania Code provides information on Chapter 6500. Family Living Homes, and is available at:**

<http://www.pacode.com/secure/data/055/chapter6500/chap6500toc.html>

### **Domiciliary Care Program**

The Domiciliary Care or "Dom Care" program was created as part of Act 70 of June 1978 by the Commonwealth of Pennsylvania to provide a homelike living arrangement in the community for adults age 18 and older who need assistance with activities of daily living and are unable to live independently. Dom Care providers open up their homes to individuals who need supervision, support and encouragement in a family-like setting.

Dom Care residents are matched to homes that best meet their special needs, preferences, and interests. Dom Care homes are smaller than the traditional personal care home in that home providers care for no more than three Dom Care residents. Unlike larger personal care homes, Dom Care homes are the individual provider's home. They are inspected annually to ensure

they meet health and safety standards. If the home and provider passes this inspection, they become "Certified".

Dom Care residents are adults age 18 or older, who cannot live independently, and generally are low in income. Most residents are either physically disabled, have demonstrated difficulties in social or personal situations that are usually associated with mental disability or mental retardation, or frail elderly persons. They must be willing to live with a family.

Residents in the program receive much more than room and board. Residents receive supervision with self-help skills such as personal hygiene and grooming, three nutritious meals a day, and housekeeping and laundry services. If the resident takes medications, the home provider makes sure they get the correct dosage at the right times. Because of the small, homelike setting, Dom Care residents are assured of caring and individualized attention. Most importantly, Dom Care residents become part of a stable, caring "family" and can enjoy a sense of belonging and independence.

Please link to find the Dom Care regulations

[http://www.portal.state.pa.us/portal/server.pt/document/701667/chapter\\_i\\_-\\_24\\_-\\_regulations\\_-\\_dom\\_care\\_pdf?qid=38514885&rank=1](http://www.portal.state.pa.us/portal/server.pt/document/701667/chapter_i_-_24_-_regulations_-_dom_care_pdf?qid=38514885&rank=1)

