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TRANSMITTAL: 96 INF-8

TO: Commissioners of
 Social Services

DIVISION: Services and
 Community
 Development

DATE: February 16, 1996

SUBJECT: Family Type Homes for Adults: Clarification
 Regarding Incontinence, Third Party Payments and the
 Use of Certain Medical Equipment

SUGGESTED

DISTRIBUTION: Directors of Services
 Family Type Homes for Adults Coordinators
 Adult Services Staff
 Staff Development Coordinators

CONTACT PERSON: Any questions concerning this release should be
 directed to Janet Morrissey at (518) 432-2864 or
 Thomas Burton at (518) 432-2987

ATTACHMENTS: None

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		Sections 487.5 (d)6 (x) 489.7(b)(12) 489.7(b)(14) 489.7(n)	Article 7 of SSL		

The purpose of this release is to inform local social services districts of the Department's current policies regarding Family Type Homes for Adults (FTHA) and the admission or retention of individuals who are incontinent, third party payments for residents receiving Supplemental Security Income (SSI) and the use of certain medical equipment. Please inform your FTHA operators of these policy clarifications.

I. Incontinence

Section 489.7(b)(12) of the Department's regulations states that an operator shall not accept or retain any person who has chronic unmanaged urinary or bowel incontinence. The key word in this regulation is "unmanaged". There is no prohibition against admitting or retaining an individual who is chronically incontinent as long as the incontinence can be managed. Operators are permitted by regulation to provide direction and some assistance to residents in performing personal care functions, including direction and some assistance with toileting. To assure the optimal management of resident incontinence, operators must develop a care plan with the resident and his/her physician. Developing a care plan with a resident and his/her physician will ensure that the operator is aware of the behavioral techniques and common sense approaches to managing incontinence that can significantly enhance the resident's quality of life. Behavioral techniques may include the utilization of timed schedules for voiding or special exercises. Among the common sense approaches that are essential for the successful management of incontinence is the careful monitoring of a resident's clothing and bedding to ensure that they are kept dry and clean at all times. The operator also must direct special attention to the resident's skin condition since skin integrity can be a problem area for the incontinent resident. If an operator cannot successfully address a skin integrity problem resulting from incontinence, the operator must contact the resident's physician. Successful management will help maintain the resident's comfort and health and enable the home to be free of potential odors.

II. Third Party Payments

The Social Security Administration (SSA) authorizes a benefit level to eligible residents in a FTHA. This payment is called the SSI Level I benefit. It is not uncommon for FTHA operators to establish a rate for services that is higher than the SSI Level I benefit. The Department has been asked if the resident's SSI grant will be decreased by SSA if a third party (a family member or friend) elects to pay the FTHA operator the difference between the SSI Level I benefit and the FTHA rate. According to SSA policy, an SSI grant may be reduced if SSA determines that the third party payment is for in-kind support and maintenance. The SSA will consider a third party payment as in-kind support and maintenance when:

1. It represents payment for basic food and shelter (in-kind support and maintenance) rather than for additional services.
2. An operator refuses to provide information on the cost of providing basic support and maintenance.

Decisions regarding the SSI grant are made by the SSA. The resident or resident's representative payee has the responsibility for reporting any income to the SSA. Local social services districts are reminded that sections 489.7(n) and 487.5(d)(6)(x) of the Department's regulations require that any agreement made by a third party for payments for the benefit of a resident must be included in the admission agreement.

III. Medical Equipment

A. Oxygen Equipment

Section 489.7(b)(14) of the Department's regulations states that a FTHA operator shall not admit or retain any person who is dependent on medical equipment unless it has been demonstrated that:

- the equipment presents no safety hazard;
- use of the equipment does not restrict the individual to his room, impede the individual in the event of evacuation, or inhibit participation in the routine activities of the home;
- use of the equipment does not restrict or impede the activities of other residents;
- the individual is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel;
- such assistance, if needed, is available from approved community resources; and
- each required medical evaluation attests to the individual's ability to use and maintain the equipment.

In keeping with the above regulation, both oxygen enrichers and oxygen concentrators may be utilized in a FTHA under the following conditions:

1. The operator must agree to the resident's use of an oxygen enricher or oxygen concentrator;
2. The oxygen equipment must be listed or approved by Underwriters Laboratories or by a similarly recognized entity;
3. The resident must maintain and use the oxygen equipment without assistance from the operator or substitute caregiver;

4. A physician must certify, in writing, the resident's need for oxygen equipment and ability to use the equipment without the presence of medical personnel in the facility. This certification must be updated annually during the required resident medical evaluation;
5. The resident must be able to participate in activities of daily living and facility life, including daily meal attendance;
6. The use of the oxygen equipment must not interfere with the life, safety, care or comfort of other residents in the FTHA;
7. If the resident using oxygen equipment has a roommate, the roommate must agree to the use of the oxygen equipment in the bedroom; and
8. All oxygen equipment, including portable units, must be operated, stored and serviced according to the manufacturer's instructions.

Due to fire safety concerns, the Department, in general, does not permit liquid oxygen equipment to be utilized in a FTHA. The Department will, however, review waiver requests regarding this issue.

B. Colostomy, Ileostomy and Foley Catheter

Local social services districts are advised that there is no regulatory prohibition against admitting or retaining an individual who has a colostomy, ileostomy or Foley catheter. Since operators are permitted by regulation to provide direction and some assistance to residents in performing personal care functions, including direction and some assistance with toileting, operators are permitted to assist residents with emptying, cleaning and changing the bags or containers that are used to collect the waste matter. Although residents with these conditions are considered to be dependent on medical equipment, these types of medical equipment are not prohibited by the requirements specified in Department regulation 489.7(b)(14). FTHA operators serving residents who are dependent on these types of medical equipment must become familiar with them through consultation with appropriate medical personnel, such as a registered nurse or the resident's physician.

To prevent the transmission of disease, operators should employ universal precautions whenever they provide assistance that can bring them into contact with a resident's body fluids.

Rose M. Pandozy
Deputy Commissioner
Services and Community Development