

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General.</p> <p>BY _____ DEPUTY ATTORNEY GENERAL</p> <p>_____ DATE OF APPROVAL</p> <p>Check if applicable. Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p style="text-align: center;">DEPARTMENT OF HEALTH (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. _____</p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u>Everette James</u></p> <p>TITLE: <u>Secretary of Health</u></p>	<p>Copy below is hereby approved as to form and legality. Executive or independent Agencies.</p> <p>BY _____</p> <p>_____ DATE OF APPROVAL</p> <p style="text-align: center;">(Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p>Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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Notice

Department of Health

Consumer Notice of Direct Care Worker Status

This form is to be completed by every consumer utilizing the services of a Home Care Agency or Home Care Registry which is licensed under 28 Pa. Code, Chapter 611, Home Care Agencies and Home Care Registries

The regulations governing licensure for home care agencies (HCAs) and home care registries (HCRs) have been published in the *Pennsylvania Bulletin* at Volume 39, Number 49, page 6958, effective December 12, 2009.

HCAs and HCRs, as defined in the regulations, must now be licensed by the Department of Health (Department) to provide home care services to individuals in their homes or other independent living environments.

Home care services include:

- Assistance with self-administered medications
- Personal care such as assistance with personal hygiene, dressing, and feeding
- Homemaking such as assistance with household tasks housekeeping, shopping, meal planning and preparation, and transportation
- Companionship
- Respite care such as assistance and support provided to the family; and
- Other non-skilled services

The licensure regulations, at 28 Pa Code § 611.57, require an HCA or HCR, prior to the commencement of home care services, to provide to the consumer, the consumer's legal representative or responsible family member an information packet containing, among other items, a disclosure in the format to be provided by the Department, addressing the employee or independent contractor status of the direct care worker providing services to the consumer, and the resultant respective tax and insurance obligations and other responsibilities of the consumer and the HCA or HCR.

All entities or organizations applying for licensure as an HCR or HCA shall begin using the following Consumer Notice of Direct Care Worker Status upon receipt of a license to operate an HCR or HCA.

Existing HCAs and HCRs, currently operating pursuant to 28 Pa. Code § 611.2(c), shall begin using the Consumer Notice of Direct Care Worker Status within 60 days of the date of this notice.

If you have any questions or would like more information regarding home care agencies, home care registries, and/or the HCA/HCR licensure program, please contact the Division of Home Health at (717) 783-1379.

Persons with a disability who require an alternative format of this Notice (for example, large print, audiotape, Braille) should contact Janice Staloski, Director, Bureau of Community Program Licensure and Certification, 132 Kline Plaza, Suite A, Harrisburg, PA 17104, (717) 783-8665, or, for speech and/or hearing impaired persons, V/TT (717) 783-6514 or the Pennsylvania AT&T Relay Services at 1-800-654-5984.

Consumer Notice of Direct Care Worker Status

This form is to be completed by every consumer utilizing the services of a Home Care Agency or Home Care Registry

I _____ understand that:
(PRINT NAME)

_____ The direct care worker who will be providing services in my home is an employee of
Initials [Name of Agency]. [Name of agency] is responsible for withholding and reporting State and Federal Income tax, Federal Unemployment tax, Social Security taxes and Medicare taxes on behalf of the direct care worker. [Name of Agency] is also responsible for paying workers compensation insurance to cover the direct care worker in the event of an accident or injury on the job.

_____ The direct care worker who will be providing services in my home is not an employee of
Initials [Name of Registry], and therefore, may be considered my employee. Since the direct care worker may be my employee, I may be responsible for withholding and reporting State and Federal Income tax, Federal Unemployment tax, Social Security taxes and Medicare taxes on behalf of the direct care worker. I also understand that the direct care worker is not covered by Worker's Compensation Insurance.

_____ I have been informed that [Name of Agency or Registry]
Initials _____ maintains _____ does not maintain general and professional liability insurance covering the direct care worker. If [Name of Agency or Registry] does not maintain general and professional liability insurance, and the direct care worker is not covered under workers compensation, I have been advised to check my homeowner's or renter's insurance to determine if it covers any injury or accident involving the direct care worker while working in my home.

Signature of Consumer or Consumer's Representative

Date

Signature of Representative of (Name of Agency/Registry)

Date

Everette James
Secretary of Health