

## Revisions Made to the ISP Manual

(Does not include formatting or grammatical changes or corrections to terminology)

\*While the text in the ISP manual will appear without bold type or strikethrough, the following key has been used for this chart to clearly show what changes were made:

Bold = Language added

Strikethrough = Language removed

Part I provides clarifications and alignment with regulations, waivers, policies, etc.

Part II provides changes made to comply with the Harry M settlement agreement

Section	Language Added	Reason for Change
<b>Part I: Clarifications and Alignment With Regulations, Waivers, Policies, Etc.</b>		
Table of Contents	Section 6: ISP Review Checklist ( <del>formerly known as AE ISP Checklist</del> ).	ODP has been using the terminology ISP Review Checklist for several years now. As such, the reference to the old name is being removed.
2: ISP Preparation	<p>The ISP team may consist of:</p> <ul style="list-style-type: none"> <li>• The individual.</li> <li>• The individual's family, guardian, surrogate or advocate.</li> <li>• The SC.</li> <li>• Providers of service.</li> <li>• <b>The common law employer or managing employer if the individual has chosen to self-direct.</b></li> <li>• Other people who are important in the individual's life and who the individual chooses to include.</li> </ul>	Added the common law employer or managing employer to reflect the importance of their participation and role in developing the ISP.
3: Development of the ISP	<p>•Abbreviated ISPs may be completed for an individual who is not eligible for Medical Assistance and receives non-waiver services that cost less than \$2,000 in a Fiscal Year (FY). When completing an abbreviated ISP, the following minimum screens must be completed:</p> <ul style="list-style-type: none"> <li>○ <b>Demographics</b></li> <li>○ Individual Preferences.</li> <li>○ Outcome Summary.</li> <li>○ Outcome Actions.</li> <li>○ <b>Services and Supports Directory (Provider, Vendor, and/or ISO).</b></li> </ul>	<p>Ensure information required for abbreviated ISPs in consistent with other documents.</p> <p>Add new ISP requirements for Targeted Service Management to align with federal requirements for this service.</p> <p>Clarify when an outcome action is needed.</p>

	<ul style="list-style-type: none"> <li>o Service Details (only for individuals who have a funded service).</li> <li>• Although the cost of <del>Targeted Service Management (TSM)</del> and Base-funded Case Management services will not be included in the \$2,000 limit listed in the previous bullet, ODP recommends that individuals, SCs and teams include in the ISP the specific actions the SC will perform in support of the individual's outcomes and priorities.</li> <li>• <b>ODP allowed abbreviated plans to be completed in the past for individuals receiving Targeted Service Management. To comply with federal requirements, a full ISP must be completed for any new individual who begins to receive Targeted Service Management on or after July 1, 2015. For individuals currently receiving Targeted Service Management, a full ISP must be completed at the next annual meeting. Full ISPs must be completed and approved no later than April 30, 2016.</b></li> </ul> <p>If the individual and the ISP team determine an additional paid service is necessary to address an assessed need, then the specific skill the individual wants to work on is identified and a measurable outcome <b>action</b> is developed to support that skill development.</p>	
<p>3.3: Outcome Development</p>	<p>Through the ISP process, the ISP team uncovers <b>what is important to the individual and develops outcome statements that reflect the individual's priorities.</b> <del>meaningful personal outcomes and works towards realizing these outcomes.</del> Measurable outcome <b>actions</b> are developed based upon an individual's ability to acquire, maintain and improve a skill, including those that increase the individual's safety and well-being.</p> <p>Outcomes <del>Statements</del> represent what is important to the individual, what the individual needs, what the individual wants to change or what he or she would like to maintain in his or her life <del>based on their assessed needs.</del> Outcome development builds on information gathered during the ISP process and signifies a shared commitment to take action that could make a difference in the individual's life in meeting their assessed needs. It is crucial to address barriers and</p>	<p>Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.</p>

obstacles that may affect the individual's success in achieving the Outcome **Statement**, especially if these obstacles can impact his or her health and welfare.

Within ISP Outcomes, the things that are important to maintain or change (Outcome Statements) are joined with the method to attain them (Outcome Actions). Outcome Actions specify what will occur to achieve the Outcome **Statement**, including paid services (when they are necessary), to meet assessed needs and maintain health and welfare.

Outcome development criteria:

- The team develops Outcome Statements **to support the attainment of what is important to the individual within the context of his or her everyday life and Outcome Actions that the individual and/or others perform that will achieve the individual's Outcome Statement.** ~~and Actions to support the attainment of what is important to the individual within the context of his or her everyday life.~~
- Outcome **Statements** represent desired changes and important things that should be maintained or make a difference in the individual's life **while** ~~in~~ meeting their assessed needs.
- There should be a clear connection between **preferences and choices and the actions the ISP team determines are necessary to meet needs associated with the individual's preferences and choices.** ~~the individual's needs, preferences and choices and how those needs, preferences and choices will be met when developing Outcomes during the ISP meeting.~~
- The individual and ISP team should work together to find acceptable Outcome **Statements** that enable the individual to exercise his or her choices, while at the same time develop **Outcome Actions that meet the individual's needs, minimize risk, and achieve or maintain good health.**
- Although every funded service must be linked to an Outcome, not every Outcome requires a funded service. There may be Outcome **Statements** that are important to the individual but do not relate to, or are not supported by, a funded service. ~~These should be addressed by the ISP team prior to Outcomes that require a funded service.~~

	<ul style="list-style-type: none"> <li>• An Outcome <b>Statement supported by</b> related to a funded service should relate back to the service definition and the assessed need for the service. For example, an Outcome <b>Action supported by</b> attached to Home &amp; Community Habilitation (HCH) should show how the individual will learn, maintain or achieve a skill. Note: <b>The Outcome Phrase should reflect the Outcome Statement and not be the service name.</b> <del>this does not mean the outcome phrase should be the service name.</del></li> </ul>	
<p>3.4: Outcome Actions</p>	<p>When developing actions to support Outcome <b>Statements</b>, the ISP team begins by considering the natural and non-paid services available.</p> <p>Enlisting natural and non-paid supports in supporting Outcome <b>Actions</b> encourages teams to find ways for individuals to foster choice, develop meaningful personal relationships, and exercise control in their lives and experience rewarding inclusion in their communities.</p> <p>Teams may determine it is necessary to include paid services in Outcome Actions to meet assessed needs and ensure health and welfare while the Outcome is being pursued. <b>When Outcome Statements require services, they include</b> <del>These “service-related”</del> Outcomes should give clear statements regarding the expected <del>Outcome</del> result, given the service the individual is receiving, by answering the following questions:</p> <p>An important part of connecting services to Outcomes is having open discussions during ISP meetings. By keeping the lines of communication open, the team can identify new and creative ways to help identify Outcomes and address needs and preferences. <del>Outcomes can represent desired changes or describe important things that should be maintained in the individual’s life. Outcome development builds on information gathered during the ISP process and signifies a shared commitment to take action that could make a difference in the individual’s life. It is crucial to address barriers and obstacles that may affect the individual’s success in achieving the Outcome, especially if these obstacles can impact his or her health and welfare.</del></p>	<p>Removing duplicative information captured in Section 3.3.</p> <p>Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.</p>

	<p>Finally, team members should work in partnership to ensure that the individual is making progress and Outcome <b>Actions towards Outcomes and Outcomes</b> are being achieved or remain relevant. The ISP must be a living document, responsive to the individual and his or her needs. In order for the ISP to be responsive, changes to the services and Outcomes in the ISP should occur throughout the year as necessary.</p>	
3.5: Identification of Services and Supports	<p>A completed ISP should provide a means of achieving Outcome <b>Statements</b> important to the individual by integrating natural supports and funded supports. The ISP must address all assessed needs that affect the individual's health and welfare.</p> <ul style="list-style-type: none"> <li>• The team uses the Outcome <b>Actions</b> to ensure that services reflect the action <b>steps</b> needed to promote the achievement of <b>the Outcome Statement</b>.</li> <li>• The team should identify the type, duration, frequency and amount of each service needed to achieve <del>promote the achievement of the</del> Outcome <b>Actions</b> identified in the ISP.</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
3.7: Choosing Qualified Providers for Funded Services	<p>Providers that are qualified to provide a service necessary to support the individual's assessed needs and <b>support achievement of the individual's Outcome Statements</b> are reviewed with the individual. The individual shall exercise choice in the selection of qualified providers, <b>including SCO</b>.</p>	<p>Added "including SCO" to align with Waivers and policy that state individuals have choice of qualified SCOs as well as other waiver providers.</p> <p>Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.</p>
3.8: Provider Back-Up Plans	<p>A provider shall develop and provide detailed information on the back-up plan <b>in accordance with 55 Pa. Code §51.32</b> when individuals are supported in their own private residence or other settings where staff might not be continuously available.</p> <p>SCs should monitor that the individual is receiving the appropriate type, amount, duration, and frequency of services to address the individual's assessed needs <del>and</del> <b>that support</b> desired Outcome</p>	<p>Added reference to 55 Pa. Code Chapter 51 to ensure stakeholders are aware of the requirements in the regulations.</p> <p>Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.</p>

	<b>Statements</b> as documented in the approved and authorized ISP.	
3.9: Qualified Provider ISP Roles and Responsibilities	Qualified providers are responsible for completing assessments and evaluations related to the individual as well as monthly progress notes that ensure service delivery is occurring at the quality, type, frequency, and duration stated in the ISP Outcome <b>Actions</b> , per service authorizations and applicable regulations and policies.	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
5: ISP Approval and Authorization	<p>2. The Outcome <b>Statements</b> listed in the ISP relate to <b>what the individual and ISP team identified as important to the individual and Outcome Actions relate to</b> an identified needs. <del>and preference.</del></p> <p>3. Services are identified to support <b>assessed needs related to Outcome Statements.</b></p> <p>The Annual Review ISP must be completed, approved, and have services authorized by the Annual Review Update Date. The AE is responsible to review, approve and make authorization decisions about ISPs in HCSIS within 30 calendar days prior to the end date of the ISP. In addition, SCs must ensure that all Annual Review ISPs are distributed to required team members within 14 calendar days prior to the Annual Review Update Date. In order to assist the ISP team, HCSIS generates an alert for the SC based on the date entered into the Annual Review Update Date field. This alert is intended to inform the SC that an update to the current ISP is due within 45 days.</p> <p><b>By definition, the Annual Review Update Date is the end date of the current ISP plan year.</b></p> <p>The Annual Review Update Date does not change from year to year. Only the year changes, not the month or day. For example: if last year's Annual Review Update Date was 8/9/13, this year's Annual Review Update would be 8/9/14. <b>The only exception is during a Leap Year. Previously, HCSIS required the Annual Review Update Date to be within the fiscal year that the Annual Review ISP is being completed. A HCSIS release in September made the change to allow for the Annual Review Update Date to be entered beyond the fiscal year.</b></p> <p><b>SCs should enter the Annual Review Update Date as well as the</b></p>	<p>Provide further clarification contained in Informational Memo 051-11 "Annual Review Update Date for the ISP". The release of this manual will make Informational Memo 051-11 obsolete.</p> <p>Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.</p>

	<p><b>Annual Review Meeting Date into HCSIS when completing Annual Review plans. Correct completion of these fields will ensure that reporting mechanisms in HCSIS related to the ISP data are accurate. If the team wishes for the Annual Review Update Date to be updated in order to align with other requirements, there should be a team agreement. The Annual Review Update Date can be changed if needed. The team should consider all timeframe impacts (i.e. provider quarterly meeting requirements per the ISP Regulations) prior to making this change.</b></p>	
<p>6: ISP Review Checklist, DP 1050</p>	<p><b>ODP uses the ISP Review Checklist as a source to assess and verify compliance with the regulatory requirements regarding the provision of waiver funded Residential Habilitation services as described in the provisions of 55 Pa. Code Chapter 51 (ODP's Home and Community Based Services regulations), § 51.28 and the approved Consolidated and Person/Family Directed Support (P/FDS) Waivers. The ISP Review Checklist is to serve as a tool in the review of the completed ISP that can be used by SCO management, AEs, and ODP reviewers.</b></p> <p><b>List of the services included on the Checklist:</b></p> <ul style="list-style-type: none"> <li>• Licensed and Unlicensed Residential Habilitation</li> <li>• Licensed 6400 One Person Homes</li> <li>• Intensive Staffing <ul style="list-style-type: none"> <li>○ Licensed (2380 and 2390) Day Program Services with 1:1 or higher staffing ratio</li> <li>○ Unlicensed Home and Community Habilitation with an average of 16 or more hours or 64 units daily</li> <li>○ Supplemental Habilitation/Additional Individualized Staffing (SH/AIS)</li> </ul> </li> <li>• Pre-Vocational, and</li> <li>• Supported Employment – Job Finding</li> </ul> <p><b><u>Six-Month Review</u></b>  <b>As per 55 Pa. Code Chapter 51 ODP's Home and Community Based Services regulations and the approved Consolidated and P/FDS waivers, six-month reviews are required for the following waiver services:</b></p> <ul style="list-style-type: none"> <li>• Licensed and Unlicensed Residential Habilitation</li> </ul>	<p>Align the manual with Informational Packet 02-013 "ISP Review Checklist Waiver Service Requirements, Criteria, and Guidelines".</p>

	<ul style="list-style-type: none"> <li>• Licensed 6400 One Person Home</li> <li>• Pre-Vocational, and</li> <li>• Supported Employment – Job Finding</li> </ul> <p>Six-month reviews are to be based on the Annual Review Update Date and must be documented using the Biannual ISP.</p> <p>If there are no changes identified during the six-month review, the Biannual Review ISP must be completed to confirm that no changes were identified. If the six-month review results in the need for a changed service, a Critical Revision ISP should be completed and the service details should be modified. The Critical Revision ISP is then subject to AE review, approval, and authorization. If the six-month review indicates that the person no longer meets the criteria for continuation of the identified service, the team needs to develop an action plan.</p>	
<p>7: Implementation of Services</p>	<p>Authorized Waiver services should begin with reasonable promptness. <del>The reasonable promptness standard is within forty-five (45) calendar days after the effective date of the Waiver enrollment date, unless otherwise indicated in the ISP (e.g. individual’s choice of provider delays service start, individual’s medical or personal situation impedes planned start date).</del> <b>Any delays in the initiation of a service after 45 calendar days must be discussed with the individual and agreed to by the individual.</b></p>	<p>Removed unnecessary information and added information from the Waivers.</p>
<p>9: Updating ISPs</p>	<p>Critical Revision – A revision to the ISP is used when an individual experiences <del>life changes during a plan year. Life changes include an emergency situation or other</del> a change in need which requires a change in current services, addition of services or a change in the amount of funding required to meet the needs of the individual. A critical revision to an ISP must <del>go through the AE re-approval and re-authorization process</del> be approved and authorized by the AE. Discussion and agreement amongst the team members <del>must</del> <b>should</b> occur before all critical revisions are finalized. <b>If the individual, family member or any other team member disagrees with the content of the ISP, this should be documented on the ISP Signature Form (DP 1032).</b></p> <p>Bi-Annual Review – A bi-annual review is a requirement for Pennhurst Class Action members and individuals receiving a service that requires</p>	<p>Removed unnecessary information. Clarified how disagreement with ISP should be documented.</p>

	<p>a six month review (see Section 6: ISP Review Checklist), regardless if there are any updates. <del>and all monitoring visits are completed as required.</del> A bi-annual review is used for editing or updating an existing ISP that requires a review of the ISP twice a year, or every six (6) months. This option will not allow the SC role to modify the plan start and end dates</p>	
10: Service Utilization	<p>Service utilization is one of many important pieces of ISP development. Service utilization is a comparison of the amount and type of services authorized on an individual's ISP with what services have been provided. Service utilization is one of the ways to assist the ISP team in discussing the management of services. Services are based on the individual's assessed needs being met and the services promote the achievement of the Outcome <b>Statements</b> identified in the ISP.</p> <p>There are five guiding principles that should be addressed when looking at service utilization on a particular ISP:</p> <ol style="list-style-type: none"> <li>1. Determine if the designated service has the desired effect to address the specified need, which promotes the achievement of an Outcome <b>Statement</b>.</li> </ol>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
11: Monitoring of Services	<p>SC monitoring verifies that the individual is receiving the appropriate type, amount, duration, and frequency of services to address the individual's assessed needs and desired Outcome <b>Statements</b> as documented in the approved and authorized ISP.</p> <p>Deviations in monitoring frequency may not result in monitoring that takes place at a frequency less than four (4) face to-face monitoring visits per calendar year. Deviations in monitoring location may only be approved if the deviation allows for monitoring of service delivery at authorized service locations. Deviations in monitoring frequency and location must be prior approved by ODP. <b>The process to be followed is outlined in Informational Packet 048-11, "Instructions on Request for Deviation in Monitoring Frequency"</b>.</p>	Reference the Informational Packet that provides the process for requesting a deviation in monitoring frequency.
12: Waiver and Base Administrative Services- VF/EA FMS Start-up Service	<p><del>After a date specified by ODP</del> A one-time start-up service is available to be approved for each participant concurrent with service authorization.</p>	This fee was part of the RFP for VF/EA FMS organizations. ODP had to wait until an agency was chosen and had started under this RFP before it could be

		implemented. The start-up fee was effective January 1, 2013.
13: Waiver Services	<b>In accordance with 55 Pa. Code §51.44 (c), payment for Waiver services may only be made after the service has been rendered. It is not allowable for Waiver funds to be utilized to provide a deposit for services that are to be performed at some point in the future.</b>	Provide clarification that aligns with Chapter 51.
13: Waiver Services	<b>In accordance with 42 CFR §441.301(b)(1) (ii), waiver services may not be furnished to individuals who are inpatients of a hospital, nursing facility or ICF/MR.</b>	Provide clarification that aligns with Federal Regulations.
13: Waiver Services	<p>The following questions should be answered and documented in the ISP for each particular service:</p> <ul style="list-style-type: none"> <li>• <del>What Outcome(s) are to be achieved?</del> <b>What are the needs that the service will address?</b></li> <li>• How many units of service are required to attain the specific Outcome <b>Action(s)</b>?</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
Section 13.1: Assistive Technology – Service Limit	<ul style="list-style-type: none"> <li>• Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan, is excluded. <b>Some examples of durable medical equipment include, but are not limited to: Walkers, wheelchairs, hospital beds and mattresses. The waivers will not cover variations of items considered durable medical equipment that are used primarily for the comfort or convenience of the individual such as specialized strollers.</b></li> </ul>	Provide examples of durable medical equipment for clarification purposes.
13.3: Companion Services – Determining the need for services	The team should <b>utilize Attachment 8, Comparison of Home and Community Habilitation (Unlicensed) and Companion for ISP Teams, as a resource</b> in addressing the following:	Add reference to a new attachment developed to help the ISP team determine whether home and community habilitation or companion is the most appropriate service to meet the individual’s needs.
13.3: Companion Services – Determining the need for services	<ul style="list-style-type: none"> <li>• Companion Services are used when there are no habilitative Outcome <b>Actions</b> for the individual associated with the delivery of the service. The individual is not learning, enhancing, or maintaining a skill.</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.

	<ul style="list-style-type: none"> <li>The Outcome <b>Actions</b> related to Companion services only relate to assistance to and supervision of the individual to ensure health and welfare.</li> </ul>	
13.3: Companion Services – Service limit	<ul style="list-style-type: none"> <li>Companion services are used to protect the health and safety of the individual when a habilitation Outcome <b>Action</b> is not appropriate or feasible.</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
13.4: Education Support Services – Determining the need for services	<ul style="list-style-type: none"> <li>Does the participant have an employment Outcome <b>Statement</b> or other Outcome <b>Actions</b> related to skill attainment or development in the ISP related to the Education Support Service need?</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
13.4: Education Support Services – Service limits	<ul style="list-style-type: none"> <li>Participants authorized for Education Support Services must have an employment Outcome <b>Statement</b> or other Outcome <b>Actions</b> related to skill attainment or development in the ISP related to the Education Support Service Need.</li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
13.5: Employment Services	<p>The Functional Level Employment Screen should be completed for any individual age 16-26, any individual with vocational services <b>included in the outcome section of the ISP</b> regardless of their age and setting, and any individual leaving a State Center.</p> <p>Achieving employment and community <del>inclusive outcomes</del> <b>inclusion</b> are cornerstones of ODP policies, principles and practices. Achieving these <b>results</b> <del>outcomes</del> requires individuals to be engaged with community resources on an ongoing and consistent basis.</p>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
13.5: Employment Services – Supported Employment – Determining the need for services	<p>Is this individual currently <del>successful</del> (meeting or exceeding outcomes and goals) in a prevocational or transitional work environment? <b>If not, how will supported employment ensure the individual can meet or exceed outcomes and goals in competitive employment?</b></p>	Revised the question to reflect that “success” in a prevocational or transitional work environment is not required for an individual to receive Supported Employment.
13.5: Employment Services – Supported Employment – SC Documentation requirements	<ul style="list-style-type: none"> <li><b>Before an individual can receive Supported Employment services, the SC must make a referral to OVR. As part of this process, the SC must complete the “OVR-ODP Interagency Referral Form”, OVR-172. The SC must keep a copy of the letter from OVR that notifies the individual of his or her eligibility or ineligibility for OVR services in the individual’s file. The SC must document the date the OVR-172 was sent to OVR and the</b></li> </ul>	Provide guidance that corresponds with ODP Bulletin 00-14-05 “OVR Referral Process for Employment Services”.

	<p><b>effective date of the eligibility letter received from OVR in the individual's ISP.</b></p> <ul style="list-style-type: none"> <li>• <del>Documentation must be maintained in the file of each individual receiving Supported Employment Services to satisfy the state assurance that the service is not otherwise available to the individual under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.</del></li> </ul>	
13.5: Employment Services – Transitional Work	<p><b>Additional Service Definition Clarification:</b>  <b>Individuals engaged in Transitional Work Services must receive payment in accordance with federal and state laws for work performed. Individuals may not volunteer as part of Transitional Work Services.</b></p>	Provide clarification that aligns with the service definition. The different types of Transitional Work state that the individual is an employee, doing a job or is paid by the agency. The use of the terms employee and job denote that the individual should receive payment for work performed.
13.5: Employment Services – Transitional Work – Service Limits	<ul style="list-style-type: none"> <li>• <del>OVR determination must be completed and reviewed.</del></li> </ul>	Based on conversations between ODP and OVR, an OVR determination is no longer required for Transitional Work services. This is due to the fact that OVR does not provide Transitional Work services.
13.6 Home and Community Habilitation (Unlicensed)	<p><b>Additional Service Definition Clarification:</b>  <b>Home and Community Habilitation services shall not be rendered in a building or a room owned, rented or leased by providers with the purpose of providing services solely to individuals with a disability. If a provider is rendering Home and Community Habilitation to four (4) or more individuals with a disability in a building or room, the provider may be subject to licensing requirements under 55 Pa. Code 2380 regarding Adult Training Facilities. Providers may contact the Bureau of Human Services Licensing at 1-866-503-3926, if they have questions regarding the licensure requirements.</b></p> <p><b>Individuals may meet in such a building or room to be transported or transferred to another location where Home and Community Habilitation services will be provided. When individuals meet for transportation purposes, Home and Community Habilitation cannot be billed while the individuals are waiting or gathering.</b></p>	Provide clarification regarding where Home and Community Habilitation can be provided.

	<p><b>When an individual residing in a licensed Residential Habilitation setting elects to receive Home and Community Habilitation services as an alternative to a licensed Day Habilitation or Prevocational Service, the Home and Community Habilitation service must occur in the community during the hours of 8:00 am – 5:00 pm, Monday through Friday. Home and Community Habilitation cannot be provided in a licensed setting or camp. If it is determined that an individual needs to receive additional day services in a licensed Residential Habilitation setting, residential enhanced staff through Supplemental Habilitation or Additional Individualized Staff should be explored.</b></p>	
13.6 Home and Community Habilitation (Unlicensed) – Determining the need for services	<p><b>The team should utilize Attachment 8, <i>Comparison of Home and Community Habilitation (Unlicensed) and Companion for ISP Teams</i>, as a resource in addressing the following:</b></p>	<p>Add reference to a new attachment developed to help the ISP team determine whether home and community habilitation or companion is the most appropriate service to meet the individual's needs</p>
13.7 Home Accessibility Adaptations – Determining the need for services	<p><b>Is the modification necessary due to the individual's disability of direct medical or remedial benefit to the individual?</b></p>	<p>Revised the question to reflect how the service will help the individual.</p>
13.7 Home Accessibility Adaptations – Service Limits	<ul style="list-style-type: none"> <li>• <b>Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan, is excluded. Some examples of durable medical equipment include, but are not limited to: Walkers, wheelchairs, hospital beds, and mattresses. The waivers will not cover variations of items considered durable medical equipment that are used primarily for the comfort or convenience of the individual such as specialized strollers.</b></li> </ul>	<p>Provide examples of durable medical equipment for clarification.</p>
13.9: Licensed Day Habilitation	<p><b>The Licensed Day Habilitation provider is responsible to provide 1:1 or 2:1 staffing or 1:1 or 2:1 enhanced staffing as authorized in the ISP. Needed staffing may not be provided by the individual's residential habilitation staff, Home and Community Habilitation (Unlicensed) provider, or other non-day habilitation providers, and may not be used to supplement the Licensed Day Habilitation Service.</b></p>	<p>This language was previously in the Service Definition bulletin but was accidentally left out when the Service Definitions were included into the ISP Manual.</p>
13.10: Nursing Services	<p><b>If a Children is aging out of EPSDT (reaching their 21st birthday) and</b></p>	<p>Revised the question to more accurately</p>

– Service limit	receiving home health services <b>will be assessed for their current service needs through the Waivers</b> . They will not automatically receive nursing services through ODP. <del>They must be re-evaluated by ODP.</del>	reflect the process.
13.10: Nursing Services – SC Documentation Requirements	<ul style="list-style-type: none"> <li>• <b>Document how nursing services support the individual’s Outcome Statement in the Outcome Actions.</b> <del>Outcomes related to nursing are specific</del></li> </ul>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
13.11: Residential Habilitation Services (Licensed) Consolidated Waiver	<p><b><u>Additional Service Definition Clarification:</u></b>  <b>Residential Habilitation Service providers, the individual and ISP team can consider the following to best meet the transportation needs of the individual in the most cost-effective manner:</b></p> <ul style="list-style-type: none"> <li>• <b>Continue providing or begin providing transportation by use of agency staff and agency vehicles.</b></li> <li>• <b>Continue to subcontract with the current transportation entity that meets the qualification criteria and has been providing the transportation to the individual.</b></li> <li>• <b>Establish a subcontract with a transportation entity who meets the qualification criteria (if the Administrative Entity was paying separately for transportation in a separate contract).</b></li> <li>• <b>Ensure that individuals who are eligible for or are currently accessing other transportation services, such as Medical Assistance Transportation Program, city and regional transportation, and the like, continue to access those services.</b></li> <li>• <b>Explore the use of other generic public transportation services with the cost paid by the Residential Habilitation Service provider.</b></li> <li>• <b>Explore natural supports.</b></li> </ul>	Provide clarification regarding the different types of transportation and how it can be utilized for individuals who receive residential habilitation services.
13.11: Residential Habilitation Services (Licensed) Consolidated Waiver – Determining the need for service	This service is authorized as a day unit. A day is defined as a period of a minimum of 12 hours of non-continuous care rendered by a residential habilitation provider within a 24-hour period beginning at 12:00 a.m. and ending at 11:59 p.m. <b>The exception to this rule, effective July 1, 2015, occurs when an individual is admitted to a hospital or nursing facility. When this occurs the residential habilitation provider may not bill for the day the individual is admitted regardless of how many hours of care the residential</b>	This was ODP’s guidance prior to the implementation of the vacancy factor. It has been recommended that this guidance be reestablished.

	<b>habilitation provider has rendered during the 24-hour period. When an individual is discharged from a hospital or nursing facility the residential habilitation provider may bill for the discharge day of service regardless of how many hours of care the residential habilitation provider has rendered during the 24-hour period.</b>	
13.12 Residential Enhanced Staffing – SC documentation requirements	<del>If there is a permanent or long-term need for additional habilitation staff, SH is not the appropriate service.</del> Permanent or long-term needs should be met through the use of the AIS component which meets the unique long-term additional individualized staffing needs of an individual who resides in a Consolidated Waiver-Funded licensed residential habilitation setting and the individual’s staffing needs can no longer be met as part of the regular and routine licensed residential habilitation staffing pattern.	Removed unnecessary language.
13.13: Residential Habilitation Services (Unlicensed) Consolidated Waiver Only – Determining the need for services	<b>This service is authorized as a day unit. Effective July 1, 2015, the unlicensed residential habilitation provider may not bill for the day that an individual is admitted to a hospital or nursing facility. The provider may bill for the day that the individual is discharged from the hospital or nursing facility.</b>	Align billing guidance for unlicensed providers with that of licensed providers
13.18 Therapy Services – Service limits	<del>If a Children is aging out of Early Periodic Screening, Diagnosis and Treatment (EPSDT) (reaching their 21st birthday) or the school system (IDEA) and receiving therapy services, they will not automatically receive therapy services through ODP. Instead they must be re-evaluated by a physician, physician’s assistant or certified nurse practitioner to determine his or her need for therapy services. as unlicensed staff may be able to provide the same services under a different service. They will not automatically receive therapy services through ODP.</del>	Revised the question to more accurately reflect the process.
13.18 Therapy Services – Behavior Therapy – Service limits	<ul style="list-style-type: none"> <li>• This service can be provided by either a licensed psychologist or psychiatrist.</li> <li>• <del>All individuals, families and staff share in the responsibility to reinforce independence and skills that they are learning.</del></li> </ul>	Removed information that did not pertain to Behavior Therapy service limits.
13.19 Transportation	<b>Additional Service Definition Clarification: Waiver transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42 CFR §431.53 regarding transportation to and from providers of Medical Assistance services. For example: Waiver transportation services cannot be utilized to transport an</b>	To align with guidance provided in the CMS Technical Guide page 164: “Waiver transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42

	<p><b>individual to and from a doctor’s appointment when the doctor’s appointment will be paid for by Medical Assistance.</b></p> <p><b>Transportation of a waiver participant to receive medical care that is provided though the Medical Assistance state plan must be billed as a State plan transportation service or charged as an administrative expense, not as a waiver service. Payment for transportation under the Waiver is limited to the costs of transportation needed to access a waiver service included in the participant’s service plan or access other activities and resources identified in the service plan.</b></p>	<p>CFR §431.53. For example, transportation of a waiver participant to receive medical care that is provided under the State plan must be billed as a State plan transportation service or charged as an administrative expense, not as a waiver service. Payment for transportation under the waiver is limited to the costs of transportation needed to access a waiver service included in the participant’s service plan or access other activities and resources identified in the service plan.”</p>
<p>14: Waiver Relatives, Legal Guardians and Legally Responsible Individuals Policy Related to Service</p>	<p>Relatives or legal guardians may be paid to provide services funded through the Waivers on a service-by-service basis. A relative is a <del>person not affiliated with a provider agency</del> and any of the following for the individual with an intellectual disability: a parent (natural or adoptive) of an adult, a stepparent of an adult child, grandparent, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, adult child or stepchild of a parent with an intellectual disability, or adult grandchild of a grandparent with an intellectual disability. For the purposes of this policy, a legal guardian is a person <del>not affiliated with a provider agency</del> who has legal standing to make decisions on behalf of a minor or adult (for example, a guardian who has been appointed by the court). Relatives and legal guardians may be paid to provide Waiver services when the following conditions are met:...</p> <p><b>Payments to relatives and legal guardians who provide the services outlined above are made through a Financial Management Services (FMS) Organization, or a provider agency. Please note that if a relative or legal guardian is employed by a provider agency, an AWC/FMS Organization or a common law employer they may not be paid through the Waivers to provide services other than those stated above. Payments are based upon services rendered that are documented on timesheets submitted by the relative/legal guardian to the FMS or agency, which is consistent with the participant’s authorized services on his or her ISP. The relative or legal guardian who provides services must document service delivery per Department standards and ODP policy requirements.</b></p>	<p>Include language from the Waivers for clarification purposes. Clarify that relatives and legal guardians can only provide a select number or services. Even if a relative or legal guardian is employed by a provider agency, they are still limited in the Waiver services that they can provide.</p>

18: Key ISP Terms	<p><b>Outcome Actions – The team’s plan to achieve what the individual considers important to him or her, including natural supports and paid services.</b></p> <p>Outcome <b>Statements</b> – Levels of achievement and personal preferences the individual chooses to acquire maintain or improve.</p>	Align with training to clarify when outcome statements should be developed and when outcome actions should be developed.
<b>Part II: Changes Made to Comply With the Harry M Settlement Agreement</b>		
2.3: Assessment Process	<p><b>ODP will assure that all individuals who are deaf and enrolled or enrolling in the Consolidated Waiver have a Deaf Services Assessment. The Deaf Services Assessment will evaluate expressive and receptive language skills including:</b></p> <ul style="list-style-type: none"> <li>• Ability to sign, speak, read, write, speech read, use technology, gesture;</li> <li>• Ability to learn the above;</li> <li>• Current preferred method of communication; and</li> <li>• Most promising method to learn.</li> </ul> <p><b>The Deaf Services Assessment will also make recommendations concerning:</b></p> <ul style="list-style-type: none"> <li>• Staff skills (level of American Sign Language fluency, visual/gestural training or other) needed for effective communication now;</li> <li>• Staff skills needed to improve communication ability;</li> <li>• Specialized services or equipment needed to improve communication ability;</li> <li>• Whether a fully signing environment would be appropriate for effective communication and/or improving communication. (The assessor is not to determine whether it is desired by the individual);</li> <li>• Needed communication assistance at meetings/appointments;</li> <li>• Timing of reassessment;</li> <li>• Whether a separate assistive technology evaluation is necessary; and</li> <li>• Any other matter the assessor deems relevant.</li> </ul>	This addition ensures compliance with Settlement Agreement

	<p><b>✍ SC documentation requirements for Deaf Services Assessment:</b></p> <ul style="list-style-type: none"> <li>• The following sections of the ISP need to be completed per the Enhanced Communication Services HCSIS Job Aid: <ul style="list-style-type: none"> <li>▪ Individual &gt; Demographics &gt; Demo. Individual &gt; Demographics &gt; Diagnosis (Additional Diagnosis)</li> <li>▪ Plan &gt; Functional Info &gt; Functional Level (Communication)</li> <li>▪ Plan &gt; Functional Info &gt; Other Non-Medical Evaluation</li> </ul> </li> </ul> <p>Please note that the U1 modifier should be utilized for individuals enrolled in the Consolidated Waiver when the individual has been assessed as needing the service by a staff person who is proficient in sign language and the provider has been qualified for the enhanced communication rate. The term sign language includes American Sign Language, Sign Language from other countries, such as Spanish Sign Language; Signed Exact English; and a mixture of ASL and signed English; tactile sign; and visual-gestural communication.</p>	
<p>13.4: Education Support Services</p>	<p><b>Additional Service Definition Clarification:</b>  <b>Teaching American Sign Language or another form of communication to an adult waiver participant (a participant who is 21 years of age or older or a participant under 21 years of age who has graduated from high school) who is deaf and has been assessed as benefitting from learning American Sign Language or another form of communication is covered under Education Support Services. To qualify to teach American Sign Language or another form of communication through this service the provider must have at least Intermediate Plus sign language skills on the Sign Language Proficiency Interview and meet all other qualification criteria for Education Support Services.</b></p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.6: Home and Community Habilitation (Unlicensed)</p>	<p><b>Additional Service Definition Clarification:</b>  <b>Teaching American Sign Language or another form of communication to an adult waiver participant (a participant who is 21 years of age or older or is under the age of 21 and has graduated from high school) who is deaf and has been assessed as benefitting from learning American Sign Language or another</b></p>	<p>Ensure compliance with Settlement Agreement</p>

	<p>form of communication is covered under Home and Community Habilitation Services. The person who will be teaching the waiver participant must be fluent in the communication mode to be taught and meet all other Home and Community Habilitation qualification criteria in order to qualify to teach American Sign Language or another form of communication through this service.</p>	
<p>13.18 Therapy – Speech and Language Therapy</p>	<p><b>Additional Service Definition Clarification:</b>  <b>Teaching American Sign Language or another form of communication to an adult waiver participant (a participant who is 21 years of age or older) who is deaf and has been assessed as benefitting from learning American Sign Language or another form of communication is covered under Speech and Language Therapy. To teach American Sign Language or another form of communication, the Speech Language Pathologist must have at least Intermediate Plus sign language skills on the Sign Language Proficiency Interview.</b></p> <p><b>Consultation regarding the communication needs of waiver participants who are deaf is also covered under Speech and Language Therapy. The person who will be providing the consultation must have expertise in deafness in addition to all the other qualification criteria in order to provide the consultation.</b></p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.2: Behavioral Support</p> <p>13.4 Education Support Services</p> <p>13.5: Employment Services – Supported Employment</p> <p>13.9: Licensed Day Services –Older Adult Daily Living Centers</p> <p>13.14: Waiver Respite</p>	<p><b>U1 Modifier Enhanced Communication Service - This modifier should be utilized with the procedure code above for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>

<p>Camp 24 Hour</p> <p>13.14: Waiver Respite Camp 15 Minutes</p> <p>13.16: Supports Broker</p>		
<p>13.3: Companion Services</p> <p>13.5: Employment Services – Transitional Work Services</p> <p>13.12: Supplemental Habilitation</p> <p>13.12: Additional Individualized Staffing</p>	<p><b>U1 Modifier Enhanced Communication Service - This modifier can be utilized with all of the Procedure Codes in this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.3: Companion Services</p> <p>13.5: Employment Services – Supported Employment</p> <p>13.6: Home and Community Habilitation (Unlicensed)</p> <p>13.14: In Home Respite 24 Hour</p> <p>13.14: In Home Respite 15 Minute</p> <p>13.14: Unlicensed Out Of Home Respite – 24</p>	<p><b>U1 Modifier Enhanced Communication Service - This modifier can be utilized with the Agency With Choice modifier in this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>

<p>Hours</p> <p>13.14: Unlicensed Out Of Home Respite – 15 Minutes</p> <p>13.16: Supports Broker</p>		
<p>13.5: Employment Services – Prevocational Services</p> <p>13.6: Home and Community Habilitation (Unlicensed)</p> <p>13.9: Licensed Day Services -Adult Training Facility</p> <p>13.14: In Home Respite 24 Hour</p> <p>13.14: Unlicensed Out Of Home Respite – 24 Hours</p> <p>13.14: Unlicensed Out Of Home Respite – 15 Minutes</p> <p>13.14: Licensed Out Of Home Respite – 24 Hours</p> <p>13.14: Licensed Out Of Home Respite – 15 Minutes</p> <p>13.18 Therapy – Behavior Therapy</p>	<p><b>U1 Modifier</b></p> <p><b>Enhanced Communication Service - This modifier can be utilized with all of the Procedure Codes and modifiers in this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>

<p>13.18 Therapy – Occupational Therapy</p> <p>13.18 Therapy – Physical Therapy</p> <p>13.18 Therapy – Speech and Language Therapy</p>		
<p>13.10: Nursing Services – RN</p> <p>13.10: Nursing Services - LPN</p>	<p><b>U1 Modifier</b>  <b>Enhanced Communication Service - This modifier should be utilized with the procedure code and modifier above for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.11: Residential Habilitation Services (Licensed)</p> <p>Child Residential Services</p> <p>Community Residential Rehabilitation Services for the Mentally Ill</p> <p>Family Living Homes</p> <p>13.13: Residential Habilitation (Unlicensed) in Community Homes</p> <p>13.13: Residential Habilitation (Unlicensed) in Family Living Homes</p>	<p><b>U1 Modifier</b>  <b>Enhanced Communication Service - This modifier can be utilized with all of the Waiver Eligible Procedure Codes in this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b></p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.11: Residential Habilitation Services (Licensed) - Community</p>	<p><b>U1 Modifier</b>  <b>Enhanced Communication Service - This modifier can be utilized with all of the Waiver Eligible Procedure Codes and modifiers in</b></p>	

Homes for Individuals with an Intellectual Disability	<b>this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b>	
13.12: Residential Enhanced Staffing by a nurse	<b>U1 Modifier Enhanced Communication Service – The provision of habilitation by nursing staff who are proficient in Sign Language due to the medical and communication needs of the individual. To bill this service, the modifier can be used in concert with both the procedure code for the eligible portion of the residential habilitation service and the modifier for habilitation by nursing staff. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b>	Ensure compliance with Settlement Agreement
13.18 Therapy – Visual Mobility Therapy	<b>U1 Modifier Enhanced Communication Service - This modifier can be utilized with the Waiver Procedure Code in this table for the Consolidated Waiver only. It signifies that the individual has been assessed as needing this service by staff proficient in Sign Language. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b>	Ensure compliance with Settlement Agreement
19: General Billing Terms	<b>U1 – Enhanced Communication Service. Services rendered by staff proficient in Sign Language for individuals enrolled in the Consolidated Waiver who have been assessed as needing this service. ODP must approve the modifier prior to a contract being created in HCSIS for the service with the U1 modifier.</b>	Ensure compliance with Settlement Agreement
13.5: Employment Services – Supported Employment	<b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly: 1<sup>st</sup> – U4 2<sup>nd</sup> – U1</b>	Ensure compliance with Settlement Agreement
13.5: Employment Services – Prevocational Services	<b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly: 1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</b>	Ensure compliance with Settlement Agreement
13.6: Home and	<b>Please Note: When billing for two modifiers for this service they</b>	Ensure compliance with Settlement

Community Habilitation (Unlicensed)	<p><b>must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</p> <p><b>OR</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> – U4</p> <p><b>OR</b></p> <p>1<sup>st</sup> – U4 2<sup>nd</sup> – U1</p>	Agreement
13.9: Licensed Day Services -Adult Training Facility	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</p>	Ensure compliance with Settlement Agreement
13.10: Nursing Services – RN	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD 2<sup>nd</sup> - U1</p>	Ensure compliance with Settlement Agreement
13.10: Nursing Services - LPN	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TE 2<sup>nd</sup> - U1</p>	Ensure compliance with Settlement Agreement
Community Homes for Individuals with an Intellectual Disability	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – UA 2<sup>nd</sup> - U1</p>	Ensure compliance with Settlement Agreement
13.12: Residential Enhanced Staffing by a nurse	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</p>	Ensure compliance with Settlement Agreement

<p>13.14: In Home Respite 24 Hour</p> <p>13.14: In Home Respite 15 Minute</p> <p>13.14: Unlicensed Out Of Home Respite – 24 Hours</p> <p>13.14: Unlicensed Out Of Home Respite – 15 Minutes</p>	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</p> <p><b>OR</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> – U4</p> <p><b>OR</b></p> <p>1<sup>st</sup> – U4 2<sup>nd</sup> – U1</p> <p><b>When billing for three modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> – U4 3<sup>rd</sup> – U1</p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.14: Licensed Out Of Home Respite – 24 Hours</p>	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> - U1</p> <p><b>OR</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> – U2</p> <p><b>OR</b></p> <p>1<sup>st</sup> – U2 2<sup>nd</sup> – U1</p> <p><b>When billing for three modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p> <p>1<sup>st</sup> – TD or TE 2<sup>nd</sup> – U2 3<sup>rd</sup> – U1</p>	<p>Ensure compliance with Settlement Agreement</p>
<p>13.14: Licensed Out Of Home Respite – 15 minute</p>	<p><b>Please Note: When billing for two modifiers for this service they must be listed in the following order for the claim to process correctly:</b></p>	<p>Ensure compliance with Settlement Agreement</p>

	<b>1<sup>st</sup> – TD or TE</b> <b>2<sup>nd</sup> - U1</b>	
13.18 Therapy – Behavior Therapy	<b>Please Note: When billing for Individual Behavior Therapy the modifiers must be listed in the following order for the claim to process correctly:</b> <b>1<sup>st</sup> – HE</b> <b>2<sup>nd</sup> - U1</b>  <b>When billing for Group Behavior Therapy the modifiers must be listed in the following order for the claim to process correctly:</b> <b>1<sup>st</sup> – HE</b> <b>2<sup>nd</sup> – HQ</b> <b>3<sup>rd</sup> – U1</b>	Ensure compliance with Settlement Agreement
13.18 Therapy – Occupational Therapy	<b>Please Note: When billing for Occupational Therapy by a person proficient in Sign Language the modifiers must be listed in the following order for the claim to process correctly:</b> <b>1<sup>st</sup> – GO</b> <b>2<sup>nd</sup> - U1</b>	Ensure compliance with Settlement Agreement
13.18 Therapy – Physical Therapy	<b>Please Note: When billing for Physical Therapy by a person proficient in Sign Language the modifiers must be listed in the following order for the claim to process correctly:</b> <b>1<sup>st</sup> – GP</b> <b>2<sup>nd</sup> - U1</b>	Ensure compliance with Settlement Agreement
13.18 Therapy – Speech and Language Therapy	<b>Please Note: When billing for Speech and Language Therapy by a person proficient in Sign Language the modifiers must be listed in the following order for the claim to process correctly:</b> <b>1<sup>st</sup> – GN</b> <b>2<sup>nd</sup> - U1</b>	Ensure compliance with Settlement Agreement