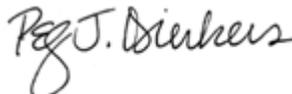


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 05-02-04, 17-02-05, 19-02-07, 23-02-02, 28-02-03, 29-02-05, 38-02-01, 39-02-01, 41-02-05, 43-02-01, 51-02-01, 55-02-01, 56-02-01, 59-02-01	ISSUE DATE: October 16, 2002	EFFECTIVE DATE: April 1, 2002
SUBJECT: Community Care (COMMCARE) Waiver Provider Type 59		BY:  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is: 1) to announce the implementation of the COMMCARE Waiver in Pennsylvania **effective, April 1, 2002**, and 2) to explain the requirements and conditions of the COMMCARE Waiver. This program gives individuals 21 years of age and older, with traumatic brain injury, who qualify for medical assistance (MA), the option of obtaining services in a home or community-based setting rather than receiving those services in a special rehabilitation nursing facility.

SCOPE:

This bulletin applies to the following providers enrolled in the Medical Assistance Program: Medical Supplier (05), Pharmacy (19), Home Health Agency (23), Drug and Alcohol Clinic (28), Psychiatric Clinic (29), Home Care Agency (38), Homemaker Agency (39), Psychologist (41), Physical Therapist (43), Community Services Program for Persons with Physical Disabilities (CSPPPD) Provider (51), Pennsylvania Department of Aging (PDA) Waiver Service Provider (55), Attendant Care (56), and COMMCARE Waiver Provider (59). Provider type 17 (Managed Care Organization) is included solely for informational purposes.

BACKGROUND:

The Department of Public Welfare (DPW) has assigned administrative responsibility for providing services to individuals, 21 years of age and older, with traumatic brain injury to the Office of Social Programs (OSP). The OSP through its Administrative Entities has been responsible for management of several other waivers including the Attendant Care, OBRA, and Independence Waivers. The OSP is responsible for ensuring that all requirements of the waiver are met.

The COMMCARE Waiver, as approved by the Centers for Medicare & Medicaid Services (CMS) pursuant to Section 1902 (a) (10)(B) of the Social Security Act, permits the Commonwealth to provide services in a home or community-based setting as an alternative to providing those services in a special rehabilitation nursing facility to those MA eligible individuals 21 years of age and older, with traumatic brain injury.

Pennsylvania will deliver services to eligible individuals statewide under the waiver through qualified providers. DPW, through OSP, identified you as a potential provider to provide services under the COMMCARE Waiver. To receive payment from DPW for these services, you must meet all provider requirements under this waiver. Please see the "Participation Requirements" listed at the end of this bulletin.

DISCUSSION:

Consumer Program Eligibility for the COMMCARE Waiver:

To be eligible to receive COMMCARE Waiver services, a consumer must meet all of the following criteria:

- Services under this waiver may only be provided to individuals living in community-based settings. This includes a house, apartment, or licensed facility of six (6) or fewer beds. Exceptions may be made for up to eight individuals for up to two (2) years from the date an individual is determined eligible for waiver services, with prior approval from the

Department.

1. A setting used for this waiver may not be located on the grounds of or adjacent to a public or private institution.
 2. Settings of four to eight unrelated individuals will be licensed under 55 PA Code Chapter 2620, Personal Care Home Licensing. All facilities must also meet local codes.
- Must require a Special Rehabilitation Facility (SRF) level of care. SRF is a nursing facility with residents more than 70 percent of whom have neurological-muscular diagnoses and severe functional limitations.
 - Must be 21 years of age or older.
 - Must not be dependent on mechanical ventilator supports.
 - Must have a diagnosis of traumatic brain injury (TBI) as the primary diagnosis on the MA-51 Medical Evaluation (at the time of application).
 - Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):

Must experience a medically determinable diagnosis of traumatic brain injury, defined as a sudden insult or damage to the brain or its coverings, not of a degenerative, congenital or post-operative nature, which is expected to last indefinitely and results in substantial functional limitation in three or more of the following major life activities:

- Mobility
 - Behavior
 - Self-Care
 - Self-Direction
 - Independent Living
 - Cognitive Capacity (judgment, memory, and reasoning)
 - Communication
- Must complete a face-to-face assessment with the Service Coordinator to determine program eligibility.

Consumer Financial Eligibility for the COMMCARE Waiver:

- The applicants' financial eligibility will be based on income (cannot exceed 300 percent of Federal Benefit Rate) and established resource limits as determined by the County Assistance Office (CAO) in the county where the applicant resides.
- The applicant or consumer shall provide documentation of income and resource eligibility-related items, when requested, as a condition for receiving and continuing to remain eligible for Medicaid and COMMCARE Waiver services.
- All applicants must coordinate benefits (including managed care and behavioral health) and exhaust all available third-party benefits prior to receiving COMMCARE Waiver services.

Application for Services:

An individual may apply for services through the Administrative Entity in their service area:

UNITED DISABILITIES SERVICES
1901 OLDE HOMESTEAD LANE
P.O. BOX 10485
LANCASTER, PENNSYLVANIA 17605-0485
717-397-1841

800-995-9581

Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lycoming, McKean, Mercer, Mifflin, Montour, Northumberland, Perry, Potter, Snyder, Somerset, Union, Venango, Warren, Washington, Westmoreland, and York

LIBERTY RESOURCES, INC.
1341 NORTH DELAWARE AVENUE
SUITE 105
PHILADELPHIA, PA 19125-4314
215-634-2000
888-634-2155

Berks, Bradford, Carbon, Chester, Delaware, Lackawanna, Lower Bucks, Luzerne, Monroe, Montgomery, Northampton, Lehigh, Philadelphia, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Upper Bucks, Wayne, and Wyoming

List of Available Services:

Service Coordination

Service Coordinators will assist individuals who receive Waiver services in gaining access to needed Waiver services and other state plan services, as well as medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Service Coordinators shall be responsible for the development and writing of the service plan and ongoing monitoring of the provision of services included in the individual's service plan. Service Coordination requires face-to-face contact with the consumer at least every two months and phone contact at least monthly. Development/writing of a service plan is the sole responsibility of the Service Coordinator and cannot be assigned to another individual or agency. The Service Coordinator must be independent of any agency providing services to a consumer.

Service Coordinators shall initiate, oversee and coordinate the process of assessment and reassessment of the individual's level of care and the development, writing and review of service plans.

The Service Coordinator must ensure that there is no conflict of interest or favoritism towards any provider of service in the waiver.

Personal Care Services

Personal Care Services assist consumers with eating, bathing, dressing, personal hygiene, activities of daily living and provide limited prompting to initiate or complete daily activities. These services may include assistance with preparation of meals, but do not include the cost of the meals themselves. When specified in the service plan, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the consumer. Hands on assistance can be provided as appropriate. Personal care services may not be delivered or billed at the same time as habilitation and support or coaching and cueing services.

Personal care providers may be members of the individual's family. Payment will not be made for services furnished to an individual by that person's spouse.

Payment may be made to family members who qualify to provide personal care services and who meet the same standards as providers who are unrelated to the individual.

Supervision of personal care providers will be furnished by the service coordinator. Family members and/or the consumer's legal representative may also assist a consumer in the supervision of a personal care provider who is not a family member. Both the consumer and/or the consumer's legal representative and the family member(s) must be trained to perform this function. No payment will be made to family members and/or legal representatives for supervision. The service coordinator supervises personal care workers who are family members. The individual service planning process determines the frequency and intensity of supervision.

Respite Care

Respite care includes services provided to individuals unable to care for themselves. Services are furnished on a short-term basis because of the absence or need for relief of those unpaid persons normally providing the care, in the most integrated setting available. These services are not available to individuals residing in a setting of four or more individuals, as caregivers will be paid in this case.

Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the state that is not a private residence.

Respite care may be provided in the individual's home or place of residence, in the home of friends or relatives, if the consumer's home is not available, Medicaid certified ICF/MR and ICF/ORC, personal care home not larger than six beds with staff deemed competent to serve individuals with TBI.

Prevocational Services

Prevocational Services are aimed at preparing an individual for paid or unpaid employment, but are not job/task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

When compensated, individuals are paid at less than 50 percent of the minimum wage. Activities included in this service are not primarily directed at teaching specific job skills, but at underlying goals directed at assisting the consumer towards greater independence, such as improving attention span and motor skills. All prevocational services will be reflected in the individual's service plan as directed to habilitative, rather than explicit employment objectives.

Supported Employment Services

Supported employment services consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment services are conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment services include activities such as supervision and training needed to sustain paid work by individuals receiving waiver services. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities. Payment will not include payment for the supervisory activities rendered as a normal part of the business setting.

Reimbursement may not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

Habilitation and Support Services

Habilitation and Support Services provide up to a full day (24-hour basis) of services and/or supports which are designed to ensure the health, safety and welfare of the individual, and to assist in the acquisition, retention and/or improvement in skills necessary to support individuals to live successfully in their home. These services are individually planned and coordinated through the person's service coordinator with the frequency, duration and scope of these services identified in the individual's service plan. These services may include a combination of lifelong--or extended duration--supervision, training, and/or support (i.e., support is any task performed for the consumer, where learning is secondary or incidental to the task itself, or an adaptation is provided) which are essential to daily living, including assessment and evaluation and the cost of training materials, transportation, fees and supplies. Services may be offered in licensed or certified settings, as well as in the consumer's own home, family home or home of a relative. Habilitation and support expressly includes the provision of personal care services as well as homemaker/chore type services and household maintenance that does not include modifications to the physical structure of the home. The personal care component of habilitation and support services is under the supervision of the service coordinator, contracted agency supervisors or consumers. The amount of services as well as the type and frequency of supervision are specified in the individual support plan. Family members providing personal care are subject to the same provider standards required of all providers.

Habilitation and support may not be provided nor billed at the same time as personal care, chore services, night supervision, coaching/cueing, and cognitive therapies.

Educational Services

Educational Services which consist of special education, general adult educational services, including community college, technical college, university or other college-level courses, classes and/or tutoring to receive a GED, and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act (IDEA), to the extent to which they are not available under a program funded by IDEA.

Environmental Adaptations

Environmental Adaptations are those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems needed to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable state or local building codes

Environmental adaptations include environmental control units; automatic door openers and locks; speaker phones and intercom systems; special lighting devices; bath bench and bath lifts; over-the-bed tables; handrails and grab bars; stair glider; stall adaptations including roll-in showers and fixtures; widening doorways and hallways; fixture adaptations for sinks, showers or stoves; non-skid mats, stair strips and runners; wall protection strips and wall runners for wheelchairs; light switch adaptations or extensions; door knob extension; smoke/fire alarm system adaptations; kitchen counter modifications for recipients who use wheelchairs; training to utilize all modifications and devices; and other modifications approved by DPW as a part of an individual's service plan.

Home and vehicle adaptations are defined as modifications costing less than a total of \$20,000 per recipient per lifetime of the waiver. Any adaptation over \$100 must have prior approval from OSP.

Non-Medical Transportation

Non-Medical Transportation is a service offered in order to enable individuals served in the waiver to gain access to waiver and other community services, activities and resources, specified by the service plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the state plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the consumer's service plan. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized. For regularly scheduled transportation to organized programs that otherwise would be provided through transportation vendors at higher costs, family members may be reimbursed.

Specialized Medical Equipment/Supplies and Assistive Technology

Specialized medical equipment/supplies and assistive technology includes devices, controls, or appliances, specified in the service plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items, other than those covered in the Medicaid state plan, necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items and durable and non-durable medical equipment. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the state plan and shall exclude those items which are not of direct medical or remedial benefit to the consumer. All items shall meet applicable standards of manufacture, design and installation.

Chore Services

Chore Services are services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and exit. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

Payment will not be made for chore services provided by members of the consumer's family.

Personal Emergency Response Systems (PERS)

PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

Extended State Plan Services

The following services, available through the approved state plan, will be provided, except that the limitations on amount, duration and scope specified in the state plan will not apply. Services will be as defined and described in the approved state plan. The provider qualifications listed in the state plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the state plan until the state plan limitations have been reached. These services include physical therapy services, occupational therapy services, speech therapy, and part-time nursing. (This will be an extended state plan service increasing the amount, not duration or scope of service.) Includes services provided by a home health agency or by a registered nurse when no home health agency exists in the area. The waiver will provide an average of three additional visits per month per consumer, above and beyond the state plan allowances.

Coaching/Cueing

Coaching/cueing services are provided to consumers needing minimal or no hands-on assistance. Provides prompting and cueing to carry out the routines and tasks of daily living. Coaching/cueing can be provided in or out of the home facilitating environmental changes, and providing training to enable consumers to perform daily living activities themselves. Supervision will be furnished by the agency, appropriate health care professional or the service coordinator. Supervision must be based on direct observation of the consumer and the provider of coaching/cueing, during the actual provision of care. Family members and/or the consumer's legal representative may also assist in the supervision of coaching/cueing providers if they have been trained to perform this function by the agency, appropriate health care professional or service coordinator. Frequency of supervision will be specified in the service plan. Payment will not be made for provision or supervision of coaching/cueing services furnished by a member of the consumer's family. Coaching and cueing will not be billed for the same time period as personal care or habilitation and support.

Night Supervision

Night supervision includes intermittent or ongoing, awake, overnight supervision to a consumer in his or her residence for a period of eight hours. Night supervision staff shall be trained and supervised by provider agencies to provide supervision and are prepared to call for assistance in the event of an emergency. This supervision can also include prompting and cueing for those consumers who need to be aware of appropriate interactions with their surroundings and other people. They shall also be available to perform routine functions such as assistance with toileting, perform turning or repositioning tasks and to assist with any other personal care assistance as may be required. In a congregate living situation one staff person shall provide assistance for up to eight consumers in the same residence unless more supervision is required based on the needs of the consumers served. The ratio must assure the health and welfare of the consumers. The provider must have a written contingency plan in place to assure this ratio is maintained in all situations. Payment will not be made for night supervision services furnished by a member of the consumer's family.

Structured Day Program

Structured day program services are directed at the development and maintenance of community living skills. The services take place in a non-residential setting separate from the home in which the consumer lives. Services will normally be furnished two or more hours per day on a regularly scheduled basis, for one or more days per week. Structured day program services include supervision and specific training to allow the consumer to attain his or her maximum potential. Structured day program services may include social skills training, sensory/motor development, and reduction/elimination of maladaptive behavior. Services directed at preparing the consumer for community reintegration (teaching concepts such as compliance, attending, task completion, problem solving, safety, money management, etc.) are also included. Cognitive rehabilitation therapy will also be provided as part of the structured day program if needed as documented in the approved service plan. Structured day program services are designed for consumers who may benefit from continued rehabilitation and community integration. They are distinguished from Adult Day Care by the therapeutic nature of the program. Structured day programs may be delivered in a facility-based or natural community setting, other than the person's residence and may compliment community integration services but may not be provided at the same time.

Behavioral Specialist Consultant

The Behavioral Specialist Consultant advises the members of the treatment team and develops an individualized behavior management plan for implementation by the team working with the consumer.

Cognitive Therapy

Cognitive therapy is a treatment modality which focuses on the attainment/re attainment of cognitive skills lost or altered as a result of traumatic brain injury. The aim of therapy is the enhancement of the consumer's functional competence in real-world situations. The process includes attainment/re attainment of skills through direct retraining, use of compensatory strategies, and use of cognitive orthotics and prosthetics. This service cannot be billed during a 24-hour period when habilitation and support is billed.

Counseling (Consumer and/or Family)

Counseling (Consumer and/or Family) is a program provided by and under the supervision of a licensed psychologist which uses a variety of methods and techniques that helps the consumer recognize and manage stress and that facilitates interpersonal relationships between the consumer, family, and significant others. Counseling services shall be provided to

consumers in order to resolve intra-psychic or interpersonal conflicts, family issues and conflicts resulting from primary traumatic brain injury, with secondary involvement of substance abuse or mental health of the consumer. This counseling will provide the consumer with coping mechanisms to deal with the above issues. While counseling services may include family members, the therapy should always be on behalf of the consumer and documented in his/her service plan.

Community Integration

Community integration services are services designed to assist individuals in acquiring, retaining, and improving self-help, socialization and adaptive skills necessary to reside in the community. Community integration services and related training enable the recipient to plan for and engage in meaningful adult activities including domestic and leisure activities. Community integration can include cues, on-site modeling of behavior, and/or supervision to assist the consumer in maintaining maximum independent functioning.

Community integration is limited to: money management, interpersonal communication, the development of relationships, development of decision making skills, civil rights and protections, and volunteer work.

PARTICIPATION REQUIREMENTS:

The following provider types are **required to be certified** by OSP to provide COMMCARE Waiver services (**Type of Service TB**).

- 05 - Medical Supplier
- 19 - Pharmacy
- 23 - Home Health Agency
- 28 - Drug and Alcohol Clinic
- 29 - Psychiatric Clinic
- 38 - Home Care Agency
- 39 - Homemaker Agency
- 41 - Psychologist
- 43 - Physical Therapist
- 51 - CSPPPD (Community Services Program for Persons with Physical Disabilities)
- 56 - Attendant Care

The following provider is **required to re-enroll** as a COMMCARE Waiver Provider (**Provider Type 59**):

- 55 - PDA Waiver Service Providers

For **certification and/or enrollment** information and to **apply** for services, please contact:

UNITED DISABILITIES SERVICES
1901 OLDE HOMESTEAD LANE
P.O. BOX 10485
LANCASTER, PENNSYLVANIA 17605-0485
717-397-1841
800-995-9581

Adams, Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Centre, Clarion, Clearfield, Clinton, Columbia, Crawford, Cumberland, Dauphin, Elk, Erie, Fayette, Forest, Franklin, Fulton, Greene, Huntingdon, Indiana, Jefferson, Juniata, Lancaster, Lawrence, Lebanon, Lycoming, McKean, Mercer, Mifflin, Montour, Northumberland, Perry, Potter, Snyder, Somerset, Union, Venango, Warren, Washington, Westmoreland, and York

LIBERTY RESOURCES, INC.
1341 NORTH DELAWARE AVENUE
SUITE 105
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215-634-2000
888-634-2155

Berks, Bradford, Carbon, Chester, Delaware, Lackawanna, Lower Bucks, Luzerne, Monroe, Montgomery, Northampton, Lehigh, Philadelphia, Pike, Schuylkill, Sullivan, Susquehanna, Tioga, Upper Bucks, Wayne, and Wyoming

PROCEDURE:

Currently enrolled providers that become certified to provide COMMCARE Waiver services will be sent billing instructions upon their certification. Providers re-enrolling as Provider Type 59 will be sent a copy of the COMMCARE Provider Handbook which includes a section on billing. Providers will be reimbursed retrospectively based on services provided.

OSP will monitor the appropriateness and necessity of services based on reviews of a consumer's service plan and monthly reports from OMAP.

Fiscal accountability will be maintained through: provider agreements with qualified providers, the maintenance of appropriate assessments, reassessments and financial records documenting the need for and the cost of services provided under the waiver, and yearly monitoring of providers.

Managed Care Organizations

Current Medicaid recipients who are covered under HealthChoices will continue to receive all their state plan services through their selected Managed Care Organization (MCO). The MCOs under HealthChoices are not responsible for the provision or reimbursement of COMMCARE waiver services. Providers should follow the procedure for submitting claims for waiver services outlined in the COMMCARE provider handbook and/or the COMMCARE billing instructions. Invoices for waivers services SHOULD NOT be sent to the MCOs.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone inquiry line for your provider type or Visit the Office of Medical Assistance Programs' website at www.dpw.state.pa.us/omap.