



MENTAL RETARDATION BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

DATE OF ISSUE

August 6, 2002

EFFECTIVE DATE

Immediately

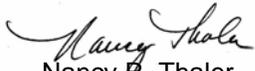
NUMBER

00-02-12

SUBJECT:

Person/Family Directed Support Waiver
Renewal

BY:


Nancy R. Thaler
Deputy Secretary for Mental Retardation

SCOPE:

County Mental Health/Mental Retardation Administrators

PURPOSE:

The purpose of this bulletin is to transmit the Department's approved Person/Family Directed Support Waiver Renewal application (CMS # 0354.90), effective July 1, 2002.

BACKGROUND:

The Person/Family Directed Support Waiver was developed as a means to further the practice of self-determination principles, address the waiting list, and more fully utilize federal financial participation in enhancing the provision of home and community-based services and support for individuals with mental retardation living at home with their families and in their own homes. Service and administrative elements included in this waiver were defined in accordance with comments and recommendations received from individuals, families and other stakeholders who attended community forums held in late 1998, as well as Department of Public Welfare staff in the Offices of Administration, Policy Development and Legislative Affairs.

The Department received initial Centers for Medicare and Medicaid Services (CMS) approval for the Person/Family Directed Support Waiver on July 1, 1999. Implementation of the waiver began on January 1, 2000.

Following the initial three years of service operation, Home and Community Based Waiver services provided under section 1915C of the Social Security Act are approved by the CMS for five-year renewal periods. Medicaid Waiver renewals are based on satisfactory provision of waiver services, meeting state assurances, and a written application that describes how services will be provided during the renewal period.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Appropriate Regional Offices of Mental Retardation

INFORMATION:

CMS approved the Pennsylvania Department of Public Welfare's application for a five-year renewal of its Person/Family Directed Support Waiver. The renewal period, based on the attached letter from CMS to Secretary Feather O. Houstoun, is from July 1, 2002 to June 30, 2007. The attached waiver application establishes the framework for the provision of waiver services during the renewal period.

Minor changes can be found in the areas of respite and environmental accessibility adaptations. The reference to the time period for the 30 days of 24-hour overnight respite per person has been changed from calendar year to fiscal year in accordance with 55 PA Code Chapter 6350.21. The term "physical adaptations" has been deleted per a prior amendment to change the name of this service to environmental accessibility adaptations.

The cap on the cost of waiver-funded home and community-based services the individual receives remains at \$21,225 per fiscal year.

Specific County MH/MR Program responsibilities related to the administration and provision of Medicaid Waiver Services for the Person/Family Directed Support Waiver are stipulated in the Supplemental Grant Agreement (SGA) between County MH/MR Programs and the Department. The county's current SGA (MR Bulletin 00-00-03, issued April 6, 2000) will continue to be in effect until superceded by a new grant agreement.

Any future amendments to this waiver application will be distributed under the Mental Retardation Bulletin format, once the amendment receives CMS approval. County MH/MR Programs will be responsible for instituting changes necessitated by such amendments based on instructions provided by the Department.

All County MH/MR Programs participating in the waiver are expected to retain a copy of the approved waiver application, and any future amendments for the duration of the five-year renewal period.

Attachments

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:



DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Region III

JUL 09 2002

Suite 216, The Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3499

Ms. Feather O. Houstoun
Secretary
Department of Public Welfare
Room 333, Health & Welfare Building
7th & Forster Streets
P.O. Box 2675
Harrisburg, Pa 17120-2675

Re: Renewal of Pennsylvania's Person/Family Directed Support Home and Community-Based Services Waiver (CMS Control # 0354.90)

Dear Secretary Houstoun:

I am pleased to inform you that your request dated April 24, 2002, as supplemented by the additional information we received on June 25, 2002, to renew your Person/Family Directed Support Home and Community-Based Services Waiver has been approved. The waiver, authorized under the provision of § 1915(c) of the Social Security Act, will enable the Commonwealth to provide home and community-based services to mentally retarded individuals aged 3 and over who would otherwise require institutional care in an intermediate care facility for the mentally retarded or persons with related conditions. Approved waiver services include: homemaker/chore services/ respite care; habilitation including residential habilitation, day habilitation, prevocational services, and supported employment services; transportation; extended state plan serviced including PT, OT, and speech, hearing and language services; and visual/mobility therapy, behavior therapy, visiting nurses services, adaptive appliances and equipment, and personal support. This waiver now will carry CMS control number 0354.90. Please refer to this number in all future correspondence regarding this waiver renewal.

Based on the assurances and information you provided, I approve the waiver renewal request cited above for a 5-year period, effective July 1, 2002, the date you requested. This approval is subject to your agreement to provide home and community-based services, on an annual basis, to no more individuals than those indicated as the value of "C" in your approved per capita expenditure estimates (shown below).

	Waiver Year	"C" Value	"D" Value
Year 1	July 1, 2002 – June 30, 2003	7,361	\$14,592
Year 2	July 1, 2003 – June 30, 2004	7,361	\$14,592
Year 3	July 1, 2004 – June 30, 2005	7,361	\$14,592
Year 4	July 1, 2005 – June 30, 2006	7,361	\$14,592
Year 5	July 1, 2006 – June 30, 2007	7,361	\$14,592

Please contact Bill Davis of the Philadelphia Regional Office at (215) 861-4204 if you have any questions.

Sincerely,

Sonia A. Madison
Regional Administrator

cc: Nancy B. Thaler
Michael Cruse
Cheryl Aversa

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) of individuals who would be otherwise eligible for waiver services:

- a. _____ aged (age 65 and older)
- b. _____ disabled
- c. _____ aged and disabled
- d. X mentally retarded
- e. _____ developmentally disabled
- f. _____ mentally retarded and developmentally disabled
- g. _____ chronically mentally ill

4. A waiver of section 1902(a)(10)(B) of the Act is also requested to impose the following additional targeting restrictions (specify):

a. X Waiver services are limited to the following age groups (specify):

Persons age 3 and above

b. _____ Waiver services are limited to individuals with the following disease(s) or condition(s) (specify):

c. _____ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of an ICF/MR.

d. X Other criteria. (Specify):

Person does not reside in a community or family living home licensed under 55 Pa Code chapter 6400 or Pa Code chapter 6500.
The cost of waiver-funded home and community based services the person receives does not exceed \$21,225 per fiscal year.

- e. Respite care
- f. Adult day health
- g. Habilitation
 - Residential habilitation
 - Day habilitation
 - Prevocational services
 - Supported employment services
 - Educational services
- h. Environmental accessibility adaptations
- i. Skilled nursing
- j. Transportation
- k. Specialized medical equipment and supplies
- l. Chore services
- m. Personal Emergency Response Systems
- n. Companion services
- o. Private duty nursing
- p. Family training
- q. Attendant care
- r. Adult Residential Care
 - Adult foster care
 - Assisted living

STATE: _____

DATE: _____

s. X Extended State plan services (Check all that apply):

- Physician services
- Home health care services
- Physical therapy services**
- Occupational therapy services**
- Speech, hearing and language services**
- Prescribed drugs
- Other (specify):

t. X Other services (specify):

- Visual/mobility therapy, Behavior therapy & Visiting nurse.**
- Adaptive appliances and equipment**
- Personal Support**

u. _____ The following services will be provided to individuals with chronic mental illness

- Day treatment/Partial hospitalization
- Psychosocial rehabilitation
- Clinic services (whether or not furnished in a facility)

12. The state assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.
13. A Person/Family Directed Support Plan (P/FDSP) will be developed for each individual under this waiver. This P/FDSP will describe the medical and other services and support (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each service. All services and support will be furnished pursuant to the written P/FDSP. The plan will be subject to the approval of the Medicaid agency. FFP will not be claimed for waiver services furnished prior to the development of the P/FDSP. FFP will not be claimed for waiver services that are not included in the individual written P/FDSP.
14. Waiver services will not be furnished to individuals who are inpatients of a hospital, NF, or ICF/MR.

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DATE: _____

VERSION 06-95

15. FFP will not be claimed in expenditures for the cost of room and board, with the following exception(s) (Check all that apply):

- a. X When provided as part of respite care that is not a private residence (see definition for State approved settings).
- b. X Meals furnished as part of a program of adult day habilitation services.
- c. When a live-in personal caregiver (who is unrelated to the individual receiving care) provides approved waiver services, a portion of the rent and food that may be reasonably attributed to the caregiver who resides in the same household with the waiver recipient. FFP for rent and food for a live-in caregiver is not available if the recipient lives in the caregiver's home, or in a residence that is owned or leased by the provider of Medicaid services. An explanation of the method by which room and board costs are computed is included in Appendix G-3.

For purposes of this provision, "board" means 3 meals a day, or any other full nutritional regimen.

- 16. The Medicaid agency provides the following assurances to CMS:
 - a. Necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. Those safeguards include:

STATE: _____

DATE: _____

1. Adequate standards for all types of providers that furnish services under the waiver (see Appendix B)
 2. Assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and
 3. Assurance that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.
- b. The agency will provide for an evaluation of the need for a level of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services, but for the availability of home and community-based services. The requirements for such evaluations and reevaluations are detailed in Appendix D.
 - c. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, and is included in the targeting criteria included in items 3 and 4 of this request, the individual or his or her legal representative will be:
 1. Informed of any feasible alternatives under the waiver; and
 2. Given the choice of either institutional or home and community-based services.
 - d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to persons who are not given the choice of home or community-based services as an alternative to institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice, or the provider(s) of their choice.
 - e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.

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DATE: _____

- f.. The agency's actual total expenditure for home and community-based and other Medicaid services under the waiver and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred by the State's Medicaid program for these individuals in the institutional setting(s) indicated in item 2 of this request in the absence of the waiver.
- g. Absent the waiver, persons served in the waiver would receive the appropriate type of Medicaid-funded institutional care that they require, as indicated in item 2 of this request.
- h. The agency will provide CMS annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of the persons served on the waiver. The information will be consistent with a data collection plan designed by CMS.
- i. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as CMS may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a. X Yes b. No

- 17. The State will provide for an independent assessment of its waiver that evaluates the quality of care provided, access to care, and cost-neutrality. The results of the assessment will be submitted to CMS at least 90 days prior to the expiration of the approved waiver period and cover the first 24 months (new waivers) or 48 months (renewal waivers) of the waiver.

a. Yes b. X No

- 18. The State assures that it will have in place a formal system by which it ensures the health and welfare of the individuals served under the waiver, through monitoring of the quality control procedures described in this waiver document (including Appendices). Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care needs of the individuals are met.

Through these procedures, the State will ensure the quality of services furnished under the waiver and the State plan to persons served under the waiver. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiencies.

19. An effective date of July 1, 2002 is requested.
20. The State contact person for this request is Cathi Berkey who can be reached at (717) 783-5037, or Mel Knowlton who can be reached at (717) 783-5764.
21. This document, together with Appendices A through G, and all attachments, constitutes the State's request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by CMS, this waiver request will serve as the State's authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: _____

Print Name: Feather O. Houstoun

Title: Secretary of Public Welfare

Date: _____

STATE: _____

DATE: _____