

## APPENDIX B - SERVICES AND STANDARDS

### APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a.  Case Management

Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed 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 ongoing monitoring of the provision of services included in the individual's plan of care.

1.  Yes                      2.  No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1.  Yes                      2.  No

Other Service Definition (Specify):

b.  Homemaker/Chore:

**Homemaker services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.**

Other Service Definition (Specify):

**Chore services needed to maintain the home in a clean, sanitary and safe condition. 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 egress, and yard maintenance. 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 payor 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.**

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c.  Home Health Aide services:

Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services provided under the waiver shall be in addition to any available under the approved State plan.

Other Service Definition (Specify):

d.  Personal care services:

Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This service may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the plan of care, 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 individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

Payment will not be made for personal care services furnished by a member of the individual's family.

Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

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Justification attached. (Check one):

\_\_\_\_\_ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

\_\_\_\_\_ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

\_\_\_\_\_ A registered nurse, licensed to practice nursing in the State.

\_\_\_\_\_ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

\_\_\_\_\_ Case managers

\_\_\_\_\_ Other (Specify):

3. Frequency or intensity of supervision (Check one):

\_\_\_ As indicated in the plan of care

\_\_\_ Other (Specify):

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4. Relationship to State plan services (Check one):

\_\_\_ Personal care services are not provided under the approved State plan.

Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

Other service definition (Specify):

e. X Respite care:

Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

X Other service definition (Specify): See Attachment pg. 14a

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#### **ATTACHMENT TO DEFINITION OF RESPITE**

Respite consists of services that are provided on a short-term basis because of the absence or need for relief of primary care givers.

Individuals can receive two categories of respite services under this waiver: 24 hour overnight respite and temporary respite. 24-hour overnight respite is provided in segments of 24-hour units and includes overnight care. Temporary respite is respite services provided on less than a 24-hour basis.

Federal and state funding participation under the waiver is limited to:

- services provided for persons residing in their own home or the home of a relative, friend, companion, or other family, a foster home, or a domiciliary care home.
- 30 days of 24-hour overnight respite per person in a period of one fiscal year except when extended by the Regional Office of Mental Retardation in accordance with 55 PA Code Chapter 6350.21
- Temporary respite up to the number of hours stipulated in the P/FDSP.

FFP will not be claimed for the cost of room and board except when provided as part of respite services in a facility approved by the state that is not a private residence.

Respite will be provided in the following locations(s)

- Individual's home or place of residence.
- Home of a friend or family member of the person or family.
- Foster home.
- Community home or family living home licensed under 55 PA Code chapter 6400 or 55 PA Code chapter 6500.
- Other community settings other than a nursing home, hospital, or ICF/MR meeting the qualifications indicated in Appendix B-2.
- Other community settings such as summer camp where the setting meets applicable state or local codes and the provider of services meets provider qualifications established in Appendix B-2.

Qualifications of providers are included in Appendix B-2. Applicable key amendment standards are cited in Appendix B-3.

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f. X Habilitation:

X Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

X Residential habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness,

bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

Services may be provided by a qualified family member or relative, independent contractor, or service agency. In the case of providers who are family members, federal and state financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18 or a spouse. For other family members, federal and state financial participation is allowable only when:

- (a) The service provided is not a function which the spouse or parent would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family,
- (b) The service would otherwise need to be provided by a qualified provider, and
- (c) A qualified provider who is not a family member is either not available to provide this service or can only provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member.

X Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the P/FDSP. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

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X Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety, **work experience and training designed to teach job related skills, as well as personal and work adjustment training designed to develop appropriate worker traits and teach an understanding of the expectations of a work environment.**

Check one:

Individuals will not be compensated for prevocational services.

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 habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

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Supported employment services, which 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 is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. 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, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1041(16 and 17)). Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17) and

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FFP will 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.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1.  Yes                      2.  No

Other definition (Specify):

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

g.  Environmental accessibility adaptations

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. Such 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 which are necessary 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

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which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, 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.

Other service definition (Specify): See attachment 19a.

i.  Skilled nursing:

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

\_\_\_\_ Other service definition (Specify):

j. x Transportation:

\_\_\_\_ Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. 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 individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

X Other service definition (Specify): See page 19b.

k. \_\_\_\_ Specialized Medical Equipment and Supplies:

\_\_\_\_ Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, 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 necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State

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## **ATTACHMENT TO DEFINITION OF ENVIRONMENTAL ACCESSABILITY ADAPTATIONS**

Environmental accessibility adaptations, consist of certain modifications to the home or personal vehicle(s) of the person which are necessary due to the person's disability. Maximum state and federal funding participation is limited to \$20,000 per household, which includes adaptations to any personal vehicles used by the person/family while residing in that household. A new \$20,000 limit can be applied when the person moves to a new home. Physical adaptations consist of installation, repair and when necessary to comply with a rental/lease agreements, return of the property to its original condition.

Physical adaptations to a household subject to funding under this waiver are limited to the following items:

- ramps from street, sidewalk or house, including portable vehicle ramps
- handrails and grab-bars in and around the home
- that part of a smoke/fire alarm or detection system adapted for individuals with sensory impairments

- outside railing from street to home
- widened doorways, landings, and hallways
- kitchen counter, major appliance, sink and cabinet modifications
- bathroom modifications for bathing, showering, toileting and personal care needs
- bedroom modifications of bed, wardrobe, desks, shelving, and dressers
- workroom modifications to desks and other working areas.
- stair glider and elevating systems

Physical adaptations to household vehicles are limited to the following:

- **vehicular lifts**
- **interior alteration such as seats, head and leg rests, belts**
- **customized devices necessary for the individual to be transported safely in the community, including driver control devices.**

Minor physical adaptations which cost \$10,000 or less, or major physical adaptations costing between \$10,001 and \$20,000, may be amortized or expensed. A major adaptation shall be used within the county MH/MR program for at least five years. If the major adaptation is not used for 5 years, part of the physical adaptation(s) funded by the Department, proportionately equal to the remaining unused time in the 5 year period, shall be refunded by the County to the Department, which will in turn adjust its claim for Federal financial participation by this same amount, unless the adaptation is utilized by another waiver recipient for the remaining unused time.

All adaptations to the household shall be provided in accordance with applicable building codes. All adaptations to vehicles will be provided by qualified individuals. Durable medical equipment is excluded.

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## **ATTACHMENT TO DEFINITION OF TRANSPORTATION**

Transportation services are offered in order to enable persons to gain access to waiver and other community services and resources specified in the P/FDSP which are not provided as part of the habilitation rate paid to a provider of habilitation services. Transportation provided as part of a habilitation service consists of transportation costs between the individual's place of residence and the site of the habilitation services, or between habilitation sites. The County MH/MR Program is responsible to ensure that there is no duplication of payment. Each provider of transportation services must have a provider agreement with County MH/MR Program for the provision of these services. Federal and state funding participation is prorated by the usage for individuals receiving waiver services when vehicles are also used for transporting individuals who do not receive waiver funding.

Transportation outside of habilitation consists of:

- prorated costs of a leased agency vehicle used in transporting the individual from his/her home to community resources which are not funded as part of the habilitation services. Purchasing of any vehicles and leasing of family or personal vehicles are excluded from Federal and State funding participation.

- insurance, maintenance, and operational costs of agency and agency staff vehicles used in the provision of services and support. These costs are prorated by the usage for individuals receiving waiver services when vehicles are also used for transporting individuals who do not receive waiver funding.
- reimbursement for mileage to transport the person to services and support specified in the P/FDSP. The rate for reimbursement cannot exceed the reimbursement rate established by the County MH/MR Program.
- reimbursement for use of emergency vehicles such as ambulances, when not covered through another funding source.

This service is offered in addition to medical transportation required under 42 C.F.R. 431.53 and transportation services under the State Plan, defined at 42. C.F.R. 440.170(a) (if applicable), and shall not replace them. Whenever possible, family, friends, neighbors, or community agencies which can provide the service without charge will be utilized.

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plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

\_\_\_ Other service definition (Specify):

l. \_\_\_ Chore services:

\_\_\_ Other service definition

m. \_\_\_ 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. The response center is staffed by trained professionals, as specified in Appendix B-2.

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.

\_\_\_ Other service definition (Specify):

n. \_\_\_ Adult companion services:

\_\_\_ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of

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companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

\_\_\_ Other service definition (Specify):

o. \_\_\_ Private duty nursing:

\_\_\_ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

\_\_\_ Other service definition (Specify):

p. \_\_\_ Family training:

\_\_\_ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are

employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

\_\_\_ Other service definition (Specify):

q. \_\_\_ Attendant care services:

\_\_\_ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

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Supervision (Check all that apply):

- Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.
- Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.
- Other supervisory arrangements (Specify):
- Other service definition (Specify):

r.  Adult Residential Care (Check all that apply):

- Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. the total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed\_\_\_. Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.
- Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it. Personalized care is furnished to

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individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

- Home health care
- Physical therapy
- Occupational therapy
- Speech therapy
- Medication administration
- Intermittent skilled nursing services
- Transportation specified in the plan of care
- Periodic nursing evaluations
- Other (Specify)

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However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

\_\_\_ Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. X Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

X Visual/mobility therapy, behavior therapy and visiting nurse (See attachment pps. 24 a)

X Personal support services (See attachment p.24 b)

X Adaptive appliances/equipment (See attachment p. 24c)

t. X 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 plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

\_\_\_ Physician services

\_\_\_ Home health care services

X Physical therapy services

X Occupational therapy services

X Speech, hearing and language services

\_\_\_ Prescribed drugs

\_\_\_ Other State plan services (Specify):

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Therapy and visiting nurse services are services provided by health care professionals which enable persons and families to increase or maintain their ability to perform activities of daily living. Services under this definition are not provided as an extension of State Plan Services. All providers shall be working within their scope of practice under state law. Services consist of:

- visual/mobility therapy provided by a trained visual or mobility specialist/instructor based on an evaluation and recommendation by a trained mobility specialist/instructor.
- behavior therapy provided by a licensed psychologist or psychiatrist based on an evaluation by a licensed psychologist or psychiatrist.
- visiting nurse services provided by a registered nurse or a licensed practical nurse based on a prescription by a physician for a specific program or therapeutic regimen.

The provider delivers services directly to the person and may supervise others who are assigned to assist in the administration of a particular therapeutic regimen. The therapist or visiting nurse may also assure that the family and other caregivers receive necessary training and support in accordance with the professional's scope of practice. Whenever possible, services will be provided in a manner which permits the family and other caregivers to give appropriate therapeutic support and to participate in the therapeutic regimen.

The need for therapy or visiting nurse services is documented by a written assessment by a qualified professional that is part of the P/FDSP. Assessments of this nature are subject to federal and state funding participation as part of this service.

The County MH/MR Program is responsible to ensure that each provider meets applicable qualifications and that documentation of the provider's qualifications is maintained.

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## ATTACHMENT TO DEFINITION OF PERSONAL SUPPORT SERVICES

The service consists of assistance needed for the person to plan, organize, and manage community resources. Specific functions consist of:

- assistance in identifying and sustaining a personal support network of family, friends and associates.
- assistance in arranging for and effectively managing generic community resources and informal supports.
- assistance at meetings to ensure the person's access to quality community resources.
- assistance in identifying and developing community resources to preserve the person's well being in the home and community.

Each provider of personal support is selected by the individual. Services may be provided by a qualified family member or relative, independent contractor, or service agency. In the case of providers who are family members, federal and state financial participation is excluded when the provider is a parent providing services for a minor child under the age of 18 or a spouse. For other family members, federal and state financial participation is allowable only when:

- (a) the service provided is not a function which the spouse or parent would normally provide for the individual without charge as a matter of course in the usual relationship among members of the nuclear family,
- (b) The service would otherwise need to be provided by a qualified provider, and
- (c) A qualified provider who is not a family member is either not available to provide this service or can only provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member.

The functions of this service must be provided in conjunction with targeted service management (TSM) by the County MH/MR Program. Mandated TSM functions of locating, coordinating and monitoring services are excluded from Federal and State participation under the waiver. Personal support services are different than TSM and no duplicate payments will be made. Provider standards are indicated in attachment B-2. The Department assures that services are needed to avoid institutional care and cost effective based on the cost/utilization estimates in attachment G.

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## ATTACHMENT TO DEFINITION OF ADAPTIVE APPLIANCE/EQUIPMENT

Services consist of specially designed appliances and devices needed for the person to live as independently as possible in the home and community. Services consist of adaptive eating utensils, cooking and cleaning devices, personal care items, communication devices, environmental control devices, and other appliances and devices specified in the P/FDSP. Adaptive devices and appliances needed in conjunction with an extended state plan service, therapy services or visiting nurse service must be recommended by a qualified professional within the professional's scope of practice. All devices and appliances obtained in conjunction with a habilitation service must be recommended by a qualified mental retardation professional. Instruction in the use of the device or appliance must be assured. Cost of repair of adaptive equipment is included as an allowable expense reimbursable through the waiver.

The following adaptive devices and appliances are excluded from Federal and State financial participation under the waiver:

- instructional supplies, workbooks, and material used as an habilitation or training aid to the provider.
- durable medical equipment.
- home modifications and adaptations which are affixed to the individual's home.

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u. \_\_\_ Services for individuals with chronic mental illness, consisting of (Check one):

\_\_\_ Day treatment or other partial hospitalization services (Check one):

\_\_\_ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

- a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),
- b. occupational therapy, requiring the skills of a qualified occupational therapist,
- c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness,
- d. drugs and biologicals furnished for therapeutic purposes,
- e. individual activity therapies that are not primarily recreational or diversionary,
- f. family counseling (the primary purpose of which is treatment of the individual's condition),
- g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
- h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

\_\_\_ Other service definition (Specify):

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Psychosocial rehabilitation services (Check one):

Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);
- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
- d. telephone monitoring and counseling services. The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:
  - a. vocational services,
  - b. prevocational services,
  - c. supported employment services, and
  - d. room and board.

Other service definition (Specify):

Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

This service is furnished only on the premises of a clinic.

Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

**APPENDIX B-2 PROVIDER QUALIFICATIONS****A. LICENSURE AND CERTIFICATION CHART**

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, and State Administration

Code is referenced by citation. Standards not addressed under uniform State citation are attached.

<b>SERVICE</b>	<b>PROVIDER</b>	<b>LICENSURE</b>	<b>CERTIFICATION/ REGISTERED</b>	<b>OTHER STANDARD</b>
Habilitation	Residential habilitation		Individual habilitation certificate requiring: <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on individual program plan</li> <li>3. Agreement to carry out responsibilities to provide habilitation based on the individual program plan</li> <li>4. State clearance for child abuse/criminal history</li> </ol>	-6 or fewer residents in unlicensed settings established prior to January 1, 1996. -4 or fewer residents in unlicensed setting established on or after January 1, 1996. -Standard of a contiguous state approved by Regional Office of MR. -domiciliary care home standards (attached) -Personal care home for 10 or fewer residents (standards attached) -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.
Habilitation	Day habilitation	55 Pa Code Chapter 2380  55 Pa Code Chapter 11	Individual habilitation certificate requiring: <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on the individual program plan</li> <li>3. Agreement to carry out responsibilities to provide habilitation based on the individual program plan</li> <li>4. State clearance for child abuse/criminal history</li> </ol>	-Standard of a contiguous state in accordance with amendment approved by CMS on January 6, 1989. -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 PA Code Chapter 6201.

- All services must conform to the County MH/MR Program Fiscal Manual, 55 Pa. Code CH. 4300, and conditions of the County Grant Agreement for waiver services with the Department.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Habilitation	Prevocational services	55 Pa. Code Chapter 2390		<p>-Standard of a contiguous state in accordance with amendment approved by CMS on January 6, 1989.</p> <p>-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 Pa Code Chapter 6201.-</p>
Habilitation	Supported employment	55. Pa. Code Chapter 2390	<p>Individual habilitation certificate requiring:</p> <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on the individual program plan</li> <li>3. Agreement to carry out the responsibilities to provide habilitation based on the individual program plan</li> </ol>	<p>-Standard of a contiguous state in accordance with amendment approved by CMS on January 6, 1989.</p> <p>-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 Pa Code Chapter 6201.</p>

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARDS
Respite	Respite services		Individual provider certificate requiring: <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on the individual program plan</li> <li>3. Agreement to carry out the responsibilities to provide habilitation based on the individual program plan</li> <li>4. State clearance for child abuse/criminal history</li> </ol>	55 Pa Code Chapter 6350  -Oversight provided by QMRP meeting requirements of 42 CFR 483.430 OR Targeted Service Manager pursuant to 55 Pa Code Chapter 6201.

•All services must conform to the County MH/MR Program Fiscal Manual, 55 Pa. Code Ch. 4300, and conditions of the County Grant Agreement for waiver services with the Department.

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Physical Therapy	Physical therapy	Licensed physical therapist Title 49 Professional and Vocational Standards-Chapter 40 State Board of Physical Therapy	<u>Registered</u> Physical Therapist Assistant (PTA) Title 49 Professional and Vocational Standards-Chapter 40 State Board of Physical Therapy	
Occupational Therapy	Occupational therapist	Licensed Occupational Therapist (OTR/L) Title 49 Professional and Vocational Standards-Chapter 42 State Board of Occupational Therapy	<u>Certification</u> Occupational Therapist Assistant (COTA/L) Title 49 Professional and Vocational Standards-Chapter 42 State Board of Occupational Therapy	
Speech/Language Therapy	Speech Therapist	Licensed Speech Language Pathologist Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Training	<u>Certification</u> Speech Assistant Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Training	

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Visiting Nurse	Visiting Nurse	Registered Nurse (RN) Licensed Practical Nurse (LPN) Title 49 Professional and Vocational Standards-Chapter 21 State Board of Nursing  Certified Registered Nurse (CRNP) Title 49 Professional and Vocational Standards-Chapters 16, 17 and 18 State Board of Medicine	<u>Certification</u> Certified Registered Nurse Practitioner (CRNP) Title 49 Professional and Vocational Standards-chapter 18 State Board of Medicine and Chapter 21 State Board of Nursing	
Visual/Mobility Therapy	Visual or mobility specialist/instructor	Licensed Teacher of the Hearing Impaired Title 49 Professional and Vocational Standards-Chapter 45 State Board of Examiners in Speech/Language and Hearing	<u>Certification</u> Teacher of Special Education  Teacher of the Visual Impaired, Mentally and/or Physically Handicapped, Hearing Impaired and Speech and Language Impaired  PA Department of Education	Based on evaluation by a QMRI meeting requirements of 42 C.F.R. 483.430 who has recommended specific therapy program

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Behavior Therapy	Behavior Therapist	Licensed Psychologist Title 49 Professional and Vocational Standards-Chapter 41 State Board of Psychology		
Physical Adaptations		When required by local/state code	When required by local/state codes	Review and approval by QMRP (42 CFR 483.430 or Targeted Service Manager) 55 Pa Code Chapter 6201
Transportation	Vendor	Current operators license for driver	Current state motor vehicle registration	Insurance coverage as required by the State Department of Transportation

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	STANDARD
Homemaker/Chore	Homemaker/Chore		Individual provider certificate requiring: <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on the individual program plan</li> <li>3. Agreement to carry out responsibilities based on the individual program plan</li> <li>4. State clearance for child abuse/criminal history</li> </ol>	-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 Pa Code Chapter 6201.

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Personal Support	Personal support		Individual provider certificate Requiring: <ol style="list-style-type: none"> <li>1. 18 years of age</li> <li>2. Completion of necessary pre/in service training based on the individual program plan</li> <li>3. Agreement to carry out responsibilities based on the individual program plan</li> <li>4. State clearance for child abuse/ criminal history</li> </ol>	-Oversight provided by QMRP meeting requirements of 42 CFR 483.430 or Targeted Service Manager pursuant to 55 Pa Code Chapter 6201.

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SERVICE	PROVIDER	LICENSURE	CERTIFICATION/ REGISTERED	OTHER STANDARD
Adaptive Appliances/ Equipment	Adaptive Appliances/ Equipment Vendor		UL Certified	Health Care Professional Recommendation  Training in use of equipment by Health Care Professional

STATE: \_\_\_\_\_

DATE: \_\_\_\_\_

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

**APPENDIX B-3**

**KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES**

**KEYS AMENDMENT ASSURANCE:**

The State assures 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.

**APPLICABILITY OF KEYS AMENDMENT STANDARDS:**

Check one:

Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

STATE: \_\_\_\_\_

DATE: \_\_\_\_\_