

## **Consolidated Waiver, Person/Family Directed Support Waiver, and Base-Funded Service Definitions Narrative**

### **General Comments**

Consolidated Waiver and Person/Family Directed Support (P/FDS) Waiver services are available to people with mental retardation aged three and older. However, services funded by the waivers are **not** available to people while they are living or staying in public or private Intermediate Care Facilities for the Mentally Retarded (ICFs/MR), nursing homes, residential treatment facilities, correctional facilities, drug and alcohol facilities, or hospitals.

The cost of P/FDS services provided to any person in a fiscal year may not exceed the funding cap established in the current P/FDS waiver, or amendment. There is no similar cap associated with the Consolidated Waiver.

Residential services, which include Child Residential Services, Community Residential Rehabilitation Services for the Mentally Ill, Community Homes for Individuals with Mental Retardation, Family Living Homes, and Residential Home and Community Habilitation Unlicensed Homes, are **only** available through the Consolidated Waiver and base funds.

None of the waiver-funded services discussed in this document may be provided to people in their residences if the residences are provider-owned, leased, or rented and serve more than ten people. Services may be provided to people who live in licensed residential settings established prior to January 1, 1996, with a licensed capacity to provide services to ten or fewer unrelated individuals, or in homes established on or after January 1, 1996, with a licensed capacity to provide services to four or fewer unrelated individuals. Services may be provided to individuals who reside in ICFs/MR of ten beds or less that have converted to waiver-funded homes.

The need for services must be established through assessment processes and needed services and supports must be documented in Individual Support Plans (ISPs).

In recognition of requirements to ensure individuals' health and welfare, to enable the achievement of the purpose of the service, to individualize services, and to account for differences in service delivery regulations and/or methods specific to different service settings, some of the services have unique sets of modifiers. The modifiers consist of multiple levels of staff-to-individual support ratios or support by staff that may have had special training and/or experience. While providing a framework through which the health and welfare needs of individuals can be ensured and outcomes can be achieved, modifiers also provide options to

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individuals and families who may choose enriched and/or more creative programs made possible through lower staff-to-individual ratios.

Legally responsible individuals (e.g., a parent of a minor child or a spouse) and relatives/legal guardians may be paid to provide services funded through the Waivers on a service-by-service basis and when the following conditions are met:

- The service provided is not a function that the legally responsible person, relative, or legal guardian would normally provide for the individual without charge in the usual relationship among members of a nuclear family;
- The service would otherwise need to be provided by a qualified provider of services funded under the waiver; and
- The service is provided by a legally responsible person, relative, or legal guardian who meets the qualification criteria that are established by ODP in Appendix C-3 of the approved Waivers.

Services that legally responsible individuals and relatives/legal guardians can provide are limited to the following: Home and Community Habilitation (Unlicensed), Supported Employment - Job Finding and Job Support, Transportation, Transportation (Mile), Transportation (Trip), Home Finding, and Personal Support Services. Relatives/legal guardians may also provide respite services only when the relative/legal guardian does not live in the same household as the waiver participant and when the conditions listed above are met. Legally responsible individuals may not provide respite services.

Payments to legally responsible individuals, relatives, and legal guardians who provide services are made through an Intermediary Service Organization (ISO). Payments are based upon time sheets submitted by the legally responsible individual/relative/legal guardian or agency provider to the ISO and approved for payment by the Administrative Entity (AE). The AE and the ISO are responsible to ensure that payments are only made for services that are authorized on the participant's approved ISP.

### **Home and Community Services**

Home and Community Services are direct services to meet regulatory requirements and/or contract conditions provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community. These services may only be provided when the AE determines they are necessary to prevent institutionalization.

A service that is included in another category of services, [e.g., Occupational Therapy], may **not** be provided as a Home and Community service and/or included in the rate charged for a Home and Community Service. The only exception to this rule is transportation services. When agency-based providers

of Residential Habilitation and Home and Community Habilitation transport people to services/activities specified in their ISPs, the transportation costs may be included in the Habilitation rate. Agency-based providers that provide Prevocational Services, Transitional Work Services, or Licensed Day Habilitation may only incorporate transportation costs into their rate when the transportation is necessary for involving people in activities that are integral to these services. An example is transportation that originates from a provider site to a community activity or function that is part of the overall program of activities of the provider.

### **Home and Community Habilitation**

This is a direct service (face-to-face) that must meet contractual conditions. This service is provided in home and community settings to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization, and adaptive skills. **This service is not a residential service.** For residential services, see Residential Home and Community Habilitation Licensed Homes and Residential Home and Community Habilitation Unlicensed Homes.

Home and Community Habilitation is a service that may be provided to people in their own home or in other residential or community settings not subject to licensing regulations. Home and Community Habilitation may be provided to residents of certain residential settings, such as Domiciliary Care Homes, when these homes have a licensed capacity of ten or fewer unrelated persons. Home and Community Habilitation may be provided to Personal Care Home (PCH) residents who receive non-waiver funding and to participants in the Person/Family Directed Support (P/FDS) Waiver with a move-in and enrollment date **prior to** July 1, 2007. PCH residents with a move-in and enrollment date **on or after** July 1, 2007, are only eligible for the P/FDS Waiver if the PCH has a licensed capacity of ten or fewer unrelated persons. Please note that Home and Community Habilitation may not be used to fund the services that the PCH or Domiciliary Care Home is required to provide to the person.

Home and Community Habilitation consists of 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. Habilitation may be provided up to 24 hours a day based on the needs of the individual, to ensure the individual's health and welfare. Included are provider training costs, supervisory costs, purchased personnel costs, and costs of supplies that are necessary to provide the habilitation service. Entrance fees to events and membership fees are not covered under this service. Camp day or overnight may only be provided under respite.

Through the provision of this service individuals learn, maintain, or improve skills through their participation in a variety of everyday life activities. They learn and use skills in the context of these activities; this can be considered a functional approach to the delivery of services. These activities must be necessary for

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individuals to live in the community, to live more independently, or to be more productive and participatory in community life. Services must be provided in a manner that ensures the person's health and welfare.

In addition to supporting individuals in activities typically associated with those occurring in their homes and the immediate community, the Home and Community Habilitation service may also be used to provide staff assistance to support individuals in the following ways:

1. Habilitation provided in home and family settings that are not subject to Department licensing or approval, when the provider of habilitation meets established requirements/qualifications.
2. Support that enables the individual to access and use community resources such as instruction in using transportation, translator and communication assistance, and companion services to assist the individual in shopping and other necessary activities of community life.
3. Support that assists the individual in developing financial stability and security, such as assistance in arranging for disability-related work incentives and plans for achieving self-support; general banking; assistance in beginning a business enterprise; personal and estate planning; balancing accounts; preparing income taxes; and recordkeeping.
4. Support that enables an individual to participate in community projects, associations, groups, and functions, such as support that assists an individual to participate in a volunteer association or a community work project.
5. Support that enables an individual to visit with friends and family in the community, such as the support of a personal care worker.
6. Support that enables an individual to participate in public and private boards, advisory groups, and commissions.
7. Support that enables the individual to exercise rights as a citizen, such as assistance in exercising civic responsibilities.
8. Support that enables the individual to benefit from the participation of friends, relatives, and advocates as part of the individual's support planning team. Reimbursement to support program planning team members shall be limited to the cost of the members' travel to and from meetings, subsistence, phone charges, and orientation/training. Travel and subsistence allowances shall be held to the ceiling established by the Department for its employees.

There may be multiple uses of this service with multiple providers within a person's ISP as long as there is documented need and there are no conflicts or overlaps in regards to day and/or time of service. For example, a person may participate in activities that are community-based and receive Home and Community Habilitation from 6:00 PM to 9:00 PM, Monday through Friday to satisfy an outcome of participating in a community resource. The same person could also be provided with a Home and Community Habilitation service that is

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home-based, scheduled Monday through Friday from 11:30 AM to 12:30 PM to support him/her in achieving an outcome of independent meal preparation.

This service should be coordinated with any service(s) that may be provided in the Specialized Therapies and Nursing Services category to ensure consistency in services to people across service settings.

**Services similar to behavior support can be provided under Home and Community Habilitation utilizing a minimum of staff support level two (W7059, W7060, or W7061).**

Waiver-funded home and community habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for Home and Community Habilitation follow:**

W7057		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7058		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7059		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7060		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7061		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

**Licensed Day Services**

**Licensed Day Habilitation (Title 55, Chapter 2380), Adult Training Facilities and Older Adult Day Services (Title 6, Chapter 11)**

This service is provided to address the same needs as Home and Community Habilitation. The differences are the settings in which services are provided and the regulatory standards that apply.

This is a direct service (face-to-face) that must meet contractual conditions and the regulatory requirements of the Pennsylvania Code, Title 55, Public Welfare, Chapter 2380, Adult Training Facilities or Pennsylvania Code, Title 6, Aging, Chapter 11, Older Adult Day Services.

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Waiver-funded licensed day habilitation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for Adult Training Facilities follow:**

W7072		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7073		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7074		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7075		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7076		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

**The code and service units for Older Adult Day Services follow:**

W7094		<b>Licensed Day Habilitation Services – Older Adult Day Service (Title 6, Chapter 11)</b>	This service is made available to older individuals with mental retardation in licensed Older Adult Day services. Waiver-funded Older Adult Day services may be provided by Pennsylvania-based providers in contiguous states or by out-of-state providers in contiguous states, with written approval by the ODP Regional Office.	15 minutes
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**Prevocational Service (Title 55, Chapter 2390), Vocational Facilities**

This is a direct service (face-to-face) that must meet contractual conditions and the regulatory requirements of the Pennsylvania Code, Title 55, Public Welfare, Chapter 2390, Vocational Facilities. This service is provided to people to prepare them for paid employment.

Services consist of work experience and other developmental work training activities designed to promote movement into a higher level vocational program. Activities include:

- Training designed to teach job-related skills;
- Personal and work adjustment training designed to develop appropriate worker traits and teach an understanding of the work environment; and
- Assessments of a beneficiary's vocational aptitude and potential.

**Handicapped employment as defined in Title 55, Chapter 2390 may not be funded through the waivers.**

This service may not be funded through either waiver or through base allocation if it is available to individuals through a program funded under Section 110 of the Rehabilitation Act of 1973 as amended, or section 602 (16) and (17) of the Education of the Handicapped Act. Documentation must be maintained in the person’s file to satisfy assurances that the service is not otherwise available through a program funded under the Rehabilitation Act of 1973 as amended and the Individuals with Disabilities Education Act (IDEA).

Waiver-funded prevocational services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for Prevocational Service follow:**

W7087		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:15.	15 minutes
W7088		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:15 to 1:7.5.	15 minutes
W7089		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:7.5 to >1:1.	15 minutes
W7090		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7091		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

**Personal Support Services**

This is a direct and indirect service to meet contractual requirements to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports, and include:

- 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; and

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- Assistance in identifying and developing community resources to preserve the person’s well being in the home and community.

Personal Support Services workers must work collaboratively with the person’s targeted service management (TSM) provider. Mandated TSM functions of locating, coordinating, and monitoring of waiver services are excluded from Federal and State participation under the Waivers. Personal Support Services are different from TSM and no duplicate payments will be made.

Waiver-funded personal support services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for Personal Support Services follow:**

W7096		<b>Personal Support Services</b>	Direct and indirect services to meet contractual requirements to people with mental retardation who are self-directing their services through either employer authority (hiring/managing workers) or budget authority (determining worker salaries, shifting funds between approved services and/or providers). Services are provided to assist people in planning, organizing, and managing community resources and supports.	15 minutes
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**Residential Home and Community Habilitation – Licensed Homes**

These are direct and indirect services to meet regulatory requirements and waiver contract and agreement conditions, provided in licensed residential settings. Services are provided to assist individuals in acquiring, retaining, and improving self-help, socialization, and adaptive skills. Services must meet regulatory requirements of homes licensed under the Pennsylvania Code, Title 55, Public Welfare, Chapters 3800, 5310, 6400, or 6500. Please note that Licensed Residential Home and Community Habilitation may **not** be provided in Domiciliary Care Homes and Personal Care Homes.

Services may not be provided to people who live in licensed residential settings established prior to January 1, 1996, with a licensed capacity to provide services to more than ten unrelated individuals, or in homes established on or after January 1, 1996, with a licensed capacity to provide services to more than four unrelated individuals. Services may be provided to individuals who reside in ICFs/MR of ten beds or less that have been converted to waiver-funded homes. The size limitations do not apply to base-funded residential services.

**Residential Habilitation – Licensed Residential Habilitation services are only available through the Consolidated Waiver and base funds.**

Services consist of support 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. Residential habilitation is provided for 24 hours a day based on the need of the individual receiving services. Included are provider training costs, supervisory costs, purchased personnel costs, and costs of supplies necessary to provide the habilitation service. The difference between unlicensed Home and Community Habilitation and Licensed Residential Habilitation is that a housing component is included in the residential service. **All homes must be integrated and dispersed in the community.**

**Licensed Residential Home and Community Habilitation may only be provided in Pennsylvania.**

**Child Residential Services (The residential section of Title 55, Chapter 3800, Child Residential and Day Treatment Facilities)**

The Title 55, Chapter 3800 services that may be funded through the Consolidated Waiver are limited to residential service settings. Child residential services provided in secure settings, detention centers, and residential treatment facilities accredited by JCAHO may not be funded through the Consolidated Waiver.

**The code and service units for Child Residential Services follow:**

W7097		Eligible	Child residential service costs that are eligible for Consolidated Waiver funding.	½ month
W7098		Ineligible	Child residential service costs that are not eligible for Consolidated Waiver funding.	½ month

**Community Residential Rehabilitation Services for the Mentally III (CRRS), (Title 55, Chapter 5310)**

CRRS are characterized as transitional residential programs in community settings for people with chronic psychiatric disabilities. This service is full-care CRRS for adults with mental retardation and mental illness. Full-care CRRS for adults is a program that provides living accommodations for people who are psychiatrically disabled and display severe community adjustment problems. A full range of personal assistance and psychological rehabilitation is provided for individuals in a structured living environment. **Host homes are excluded.**

**The code and service units for Community Residential Rehabilitation Services for the Mentally Ill follow:**

W7202		Eligible	Community residential rehabilitation service costs that are eligible for Consolidated Waiver funding.	½ month
W7203		Ineligible	Community residential rehabilitation service costs that are not eligible for Consolidated Waiver funding.	½ month

**Family Living Homes (Title 55, Chapter 6500)**

Family Living Homes are somewhat different than other licensed homes as these settings provide for lifesharing arrangements. People live in host family homes and are encouraged to become contributing members of the family unit. Family living arrangements are chosen by people and families in conjunction with host families and in accordance with the person’s needs. Licensed Family Living Homes are limited to homes in which one or two individuals with mental retardation who are not family members or relatives of family members are living. The primary family living provider is eligible for substitute care to provide relief for the provider, based on the needs of the person and the family living provider.

**The code and service units for Family Living Homes follow:**

		<b>Adult Family Living</b>		½ month
W7208		Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	
W7209		Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	
		<b>Child Family Living</b>		½ month
W7214		Eligible	Family living service costs that are eligible for Consolidated Waiver funding.	
W7215		Ineligible	Family living service costs that are not eligible for Consolidated Waiver funding.	

**Community Homes for Individuals with Mental Retardation (Title 55, Chapter 6400)**

A licensed community home is a home licensed under Title 55, Chapter 6400 where services are provided to people with mental retardation. A community home is defined in regulations as, “A building or separate dwelling unit in which residential care is provided to one or more individuals with mental retardation....” The Title 55 PA Code Chapter 6400 services that may be funded through the waiver are limited to licensed settings established on or before January 1, 1996, with a licensed capacity of ten (10) or fewer residents, and to licensed setting established on or after January 1, 1996, with a licensed capacity of four (4) or fewer residents.

**The code and service units for Community Homes for Individuals with Mental Retardation follow:**

W7220		Eligible	Community residential service costs that are eligible for Consolidated Waiver funding.	½ month
W7221		Ineligible	Community residential service costs that are not eligible for Consolidated Waiver funding.	½ month

**Residential Habilitation – Unlicensed Homes**

**Residential Habilitation – Unlicensed Homes is a service that is only available through the Consolidated Waiver and base funds.**

This is a direct service (face-to-face) that must meet contractual conditions. This service is provided to people who live in provider-owned, leased, rented, or family living homes that do not require licensure because they serve three or fewer individuals who are 18 years of age or older and who need a yearly average of 30 hours or less of direct habilitation service per week per home.

Support is provided to assist individuals in acquiring, maintaining, and improving self-help, domestic, socialization, and adaptive skills. The difference between unlicensed Home and Community Habilitation and unlicensed Residential Habilitation is that a housing component is included in the residential services.

**The code and service units for Unlicensed Residential Habilitation follow:**

W7226		Eligible	Unlicensed community residential service costs that are eligible for Consolidated Waiver funding.	½ month
W7227		Ineligible	Unlicensed community residential service costs that are not eligible for Consolidated Waiver funding.	½ month

**Employment Services**

**Supported Employment Services**

Supported employment services are direct and indirect services that must meet contractual conditions and be provided in community employment work sites with co-workers who are not disabled for the purposes of finding and supporting individuals in competitive jobs of their choice. People must receive minimum wage or higher.

Supported employment services consist of paid employment for persons who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment includes activities needed to sustain paid work by

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individuals receiving waiver services, including supervision and training. When supported employment is 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 the 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 rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 as amended, or the Individuals with Disabilities Education Act (IDEA). Documentation must be maintained in the file of each individual receiving these services to satisfy the state assurance that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.

Federal Financial Participation through the waivers may not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:

- a. Incentive payments made to an employer of individuals receiving services to encourage or subsidize the employer's participation in a supported employment program;
- b. Payments that are passed through to individuals receiving supported employment; or
- c. Payments for vocational training that are not directly related to an individual's supported employment program.

Supported employment services consist of two components: job finding and job support. Job finding may include but is not limited to interview assistance, employer outreach and orientation, resume preparation, job searching, and preparation for job tasks. Other examples of activities that may be associated with job finding include participation in individual planning for employment, development of job seeking skills, development of customer-specific job skills, direct intervention with an employer, job analysis, support to learn and relearn job tasks, and consultation with the OVR, benefits counseling agencies, and provider networks under Ticket to Work on behalf of an individual.

Job support consists of training individuals in job assignments, periodic follow-up and/or ongoing support with individuals and their employers. The service must be necessary for individuals to maintain acceptable job performance and work habits including assistance in learning new work assignments, maintaining job skills, and achieving performance expectations of the employer. Other examples of activities that may be associated with job support include participation in individual planning for employment, job analysis, employment related personal skills instruction, coordination of financial issues, training to assist individuals in using transportation to and from work, maintenance of appropriate work and interpersonal behaviors on the job, follow-along services at the work site after

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OVR funded services are discontinued, technical assistance and instruction for the individual's co-workers that will enable peer support, and outreach with prospective employers on behalf of the individual including consultation on tax advantages and other benefits.

Ongoing use of the service is limited to support for individuals that cannot be provided by the employer through regular supervisory channels and/or on-the-job resources that are available to employees who are non-disabled.

Waiver-funded supported employment services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for Supported Employment follow:**

W7235		<b>Job Finding/Job Support</b>	Services directed towards supporting individuals in transition to integrated competitive employment through work that occurs in a location other than a facility subject to Title 55, Chapter 2390. The provision of the service is at a maximum staff to individual ratio of 1:20.	15 minutes
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**Transitional Work Service**

Transitional Work Services consist of supporting individuals in transition to integrated, competitive employment through work that occurs in a location other than a facility subject to Title 55, Chapter 2380 or Chapter 2390 regulations. Transitional work service options include, but are not limited to, mobile work force, work station in industry, affirmative industry, and enclave. A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider. A Work Station in Industry involves individual or group training of individuals at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the individual(s) demonstrates job expertise and meets established production rates. Affirmative Industry is operated as an integrated business, where disabled and non-disabled employees work together to carry out the job functions of the business. Enclave is a business model where disabled individuals are employed by a business/industry to perform specific job functions while working alongside non-disabled workers.

This service may not be funded through either waiver or through base allocation if it is available to individuals under a program funded under section 110 of the

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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)).

Waiver-funded transitional work services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

### **The code and service units for Transitional Work Service follow:**

W7237		Base Staff Support	The provision of the service at a staff-to-individual ratio range of <1:10 to >1:6.	15 minutes
W7239		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7241		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7243		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7245		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

### **Specialized Therapies and Nursing Services**

This category of services includes therapies and nursing service. The therapy services include Physical Therapy, Occupational Therapy, Speech and Language Therapy, Behavior Therapy, and Visual/Mobility Therapy. These therapies are limited to the codes, services and units specified. **Services similar to behavior support can be provided under Home and Community Habilitation utilizing a minimum of staff support level two (W7059, W7060, or W7061). Services similar to Nutritional Consultation may be provided by a nurse, but cannot be provided by a dietician.**

**Physical Therapy, Occupational Therapy, Speech and Language Therapy, Nursing Services and the Behavior Therapies are State Medical Assistance Plan services and may only be funded through the waiver or base allocation when the “State Plan” limitations have been reached, or when the service is not covered under the “State Plan”. A denial letter from medical assistance fee-for-service or managed care and any other third party insurance must be received prior to any healthcare related services being provided.**

All specialized supports must meet applicable regulations and contractual conditions.

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Waiver-funded therapy and nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.

### Physical Therapy

Act 110 of 1975, The Physical Therapy Practice Act, as amended December 1985 defines physical therapy as follows: "...means the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function."

#### The code and service units for Physical Therapy follow:

T2025	GP	<b>Physical Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient physical therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
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### Occupational Therapy

The Occupational Therapy Practice Act 140 of 1982 defines occupational therapy as follows: "The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual's stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in

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the use of such devices and equipment. (4) Analyzing, selecting and adapting activities to maintain the individual's optimal performance of tasks to prevent disability.”

**The code and service units for Occupational Therapy follow:**

T2025	GO	<b>Occupational Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient occupational therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
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**Speech and Language Therapy**

The Commonwealth of Pennsylvania, Pennsylvania Code, Title 49, Professional and Vocational Standards, Department of State, Chapter 45, State Board of Examiners in Speech-Language and Hearing provides the following service descriptions:

“Practice of audiology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communication disorders center in whole or in part in the hearing function, including the prevention, identification, examination, diagnosis and treatment of conditions of the human auditory system, and including the examination for, and adapting of amplification or assistive devices.”

“Practice of speech-language pathology – The evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech-language system, and including the examination for, and adapting and use of assistive devices.”

**The code and service units for Speech and Language Therapy follow:**

T2025	GN	<b>Speech and Language Therapy</b>	Waiver service not otherwise specified. Service delivered under an outpatient speech/language therapy plan of care. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded therapy services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
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**Nursing Services**

The Pennsylvania Code, Title 49, Professional & Vocational Standards, Department of State, Chapter 21, State Board of Nursing provides the following service definition:

“Practice of professional nursing – Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board.”

**The code, service units and modifiers for Nursing Services follow:**

T2025	TD	<b>Nursing Service – RN</b>	Waiver service not otherwise specified. This service consists of consultation and training within scope of practice. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
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T2025	TE	<b>Nursing Service – LPN</b>	Waiver service not otherwise specified. This service consists of consultation and training within scope of practice. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
T2025	UF (6 hours) and TD	<b>Nursing Service</b>	RN Morning. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
T2025	UG (6 hours) and TD	<b>Nursing Service</b>	RN Afternoon. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
T2025	UH (6 hours) and TD	<b>Nursing Service</b>	RN Evening. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours

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T2025	UJ (6 hours) and TD	<b>Nursing Service</b>	RN Night. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
T2025	UF (6 hours) and TE	<b>Nursing Service</b>	LPN Morning. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
T2025	UG (6 hours) and TE	<b>Nursing Service</b>	LPN Afternoon. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
T2025	UH (6 hours) and TE	<b>Nursing Service</b>	LPN Evening. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours

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T2025	UJ (6 hours) and TE	<b>Nursing Service</b>	LPN Night. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided. Waiver-funded nursing services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	6 hours
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**Behavior Therapy**

The treatment, by psychological means, of the problem of an emotional nature in which a trained person deliberately establishes a professional relationship with an individual, in an attempt to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and promote positive personality growth and development. A denial letter from medical assistance fee-for-service or managed care must be received prior to any healthcare related service being provided.

Waiver-funded therapy services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.

**The code and service units for Individual and Group Behavior Therapy follow:**

T2025	HE		Individual therapy which consists of insight-oriented, behavior modifying and/or support in an office or outpatient facility. The service consists of 20 to 30 minutes of face-to-face contact with the person with mental retardation.	15 minutes
T2025	HE, HQ		Interactive group psychotherapy. A denial letter from medical assistance fee-for-service or managed care, or other third party insurance must be received prior to any healthcare service being provided.	15 minutes

**Visual/Mobility Therapy**

This therapy is for individuals who are blind or have visual impairments. The provision of therapy is for the purpose of increasing individuals' travel skills and/or access to items used in activities of daily living.

This service may include evaluation and assessment of individuals and the environments in which they interact, direct service (face-to-face) to individuals,

and training of support individuals. The provision of this service may result in recommendations for adapting environments or purchasing adaptive appliances.

**The code and service units for Visual/Mobility Therapy follow:**

W7246		<b>Visual/Mobility Therapy</b>	Evaluation and consultation for people with mental retardation who are blind or have visual impairments. Waiver-funded therapy services may be provided by out-of-state providers in contiguous states, with written approval by the ODP Regional Office, if the out-of-state provider is enrolled in Pennsylvania as a Medical Assistance provider.	15 minutes
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**Respite Services**

Respite services are direct services to meet regulatory and/or contractual requirements that are provided to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Respite services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work. Services are limited to people residing in their own (unlicensed) home; the (unlicensed) home of a relative, friend, or other family; or family living homes. Individuals can receive two categories of respite services: 24-hour overnight respite and temporary respite. 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 overnight basis. Overnight respite is limited to 4 weeks (28 days) per individual per fiscal year, except when extended by an ODP Regional Office waiver. Temporary respite is recommended at a maximum of four sessions per month, but this limit may be adjusted by the AE based on individual needs.

When there is an ongoing and regular need for the relief of caregivers, the more appropriate service is Home and Community Habilitation where there is the expectation that individuals will receive a service that is of greater benefit to them than basic care and supervision.

Federal and State financial participation through the waivers is limited to:

1. Services provided for individuals residing in their own unlicensed home or the unlicensed home of relative, friend, or other family. Respite services are not available for individuals who reside in agency-operated homes.
2. Four weeks of overnight respite per individual in a period of one fiscal year except when extended by an ODP Regional Office waiver pursuant to Family Resource Services Regulations, Title 55 PA Code Chapter 6350.16.

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3. Temporary respite up to a recommended maximum of four times per month, but this limit may be adjusted by the AE based on individual needs.

Respite services may only be provided in the following location(s):

- Recipient's home or place of residence located in Pennsylvania.
- Licensed or approved foster family home located in Pennsylvania.
- Licensed community or family living home located in Pennsylvania.
- Unlicensed home of a provider meeting the qualifications.
- Other community settings such as summer camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department.

Respite billed under the following codes may **not** be provided in Nursing Homes, Hospitals, or ICFs/MR. Respite may be provided in hospitals and nursing homes through base funding under Respite Care (Medical Environment).

Waiver-funded respite services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**The code and service units for In-Home Respite – 24 Hours follow:**

This service is provided in segments of 24-hour units and includes overnight care. This service is provided in the private homes of people with mental retardation or the private homes of their family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families and subject to provider qualification criteria.

W7247		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7248		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7249		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7250		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

**The code and service units for In-Home Respite – 15 Minutes follow:**

This service is provided in segments of less than 24 hours in individuals' private homes or in the private homes of family or friends. The service may also be provided in other unlicensed homes acceptable to individuals/families. This does

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not prohibit supporting individuals' participation in activities in the community during the period of respite.

There is no requirement for the regular caregiver to be absent from the setting in which respite is provided.

W7255		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7256		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7257		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7258		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

**Respite – Out of Home, 24 Hours**

This service is provided in 24-hour segments in licensed (3800, 5310, 6400 and 6500) homes. There is no prohibition of the support of individuals' participation in activities in the community during the period of respite.

**The code and service units for Out of Home Respite – 24 Hours follow:**

W7259		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7260		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7261		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7262		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

**Respite – Out of Home, 15 minutes**

This service is provided on a less than 24-hour overnight basis in licensed (3800, 5310, 6400, 6500) residential homes.

**The code and service units for Out of Home Respite – 15 minutes follow:**

W7267		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7268		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7269		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7270		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

**Respite – Overnight Camp**

Overnight Camp respite services are direct services to meet contractual requirements that are provided in overnight camp settings to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care.

**The code and service units for Respite – Overnight Camp follow:**

W7285		<b>Respite – Overnight Camp</b>	This service is provided in 24-hour segments in residential camp settings. Respite in overnight camps is not contingent upon an emergency situation. This service is limited to 4 weeks of 24-hour overnight respite per individual in a period of one fiscal year except when extended by an ODP Regional Office waiver pursuant to Family Resource Services Regulations.	Day
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**Respite – Day Camp**

Day camp services are direct services to meet contractual requirements that are provided in day camp settings to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care.

**The code and service units for Respite – Day Camp follow:**

W7286		<b>Respite – Day Camp</b>	This service is provided in segments of less than 24-hours in day camp settings. Respite in day camps is not contingent upon an emergency situation. This service is limited to 4 sessions per individual per month, but this limit may be adjusted by the Administrative Entity based on individual needs.	15 minutes
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**Transportation Service**

Direct services to meet regulatory and/or contractual requirements to provide transportation to people with mental retardation. The purpose of transportation services is to enable people to access services and activities in accordance with their approved individual support plans.

This includes transportation that is provided by Adult Training Facilities, Prevocational Service and Transitional Work Service providers who transport people to and from their homes and provider sites. It is **not** transportation that is an integral part of the provision of activities within Habilitation service settings nor is it transportation associated with Residential Habilitation services, as transportation in these situations is built into the rate for the habilitation service.

Waiver-funded transportation services may be provided by qualified Pennsylvania-based providers in contiguous states or by qualified out-of-state providers in contiguous states, with written approval by the ODP Regional Office.

**Transportation (Mile)**

This transportation service is provided by family, friends, and other licensed drivers for using non-agency vehicles to transport the person to services and activities specified in the person’s ISP. The unit of service is one mile. The rate may not exceed the current state rate for mileage reimbursement.

When transportation is provided to more than one individual at a time, the total number of units of service that are to be provided are equitably divided among the individuals for whom transportation is provided.

**The code and service units for Transportation (Mile) follow:**

W7271		<b>Transportation (Mile)</b>	Transportation by providers, family members, and other licensed drivers for using vehicles to transport the person to services or activities specified in the person’s approved individual support plan. The reimbursement rate may not exceed the mileage reimbursement rate established by the Department of Public Welfare for its employees. When transportation is provided to more than one person at a time, the total number of units of service provided are equitably divided among the people for whom transportation is being provided. Mileage reimbursement to providers is limited to situations where transportation costs are not included in the provider’s rate for other services.	Per mile
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**Public Transportation**

Public transportation services are provided to individuals to enable them to gain access to services and activities specified in their ISPs. The utilization of public transportation promotes self-determination and is made available to individuals as a cost-effective means of accessing services and activities.

Public transportation tokens and transit passes may be purchased by the AE, Supports Coordination entities, AE contracted payment agents, Intermediary Service Organizations, or providers of service.

Tokens/passes that are purchased for a person may be provided to the person on a daily, weekly or monthly basis.

**The code and service units for Public Transportation follow:**

W7272		<b>Public Transportation</b>	Public transportation costs to enable people with mental retardation in accessing services and activities specified in the person's approved individual support plan.	Outcome based
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**Transportation – Per Diem**

This is transportation provided to a person by provider agencies for non-emergency purposes. The service is designed to provide people with access to services and activities specified in the person's ISP.

**The code and service units for Transportation – Per Diem follow:**

W7273		<b>Transportation (per diem)</b>	Non-emergency transportation provided to people with mental retardation by provider agencies, in order to enable people to access services and activities specified in the person's approved individual support plan. These costs are prorated by the usage for people receiving waiver services when vehicles are also used for accessing services and activities for people who are not waiver participants.	Day
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**Transportation – Trip**

Transportation provided to people (excluding transportation included in the rate for habilitation services) for which costs are determined on a per trip basis. A trip is either transportation to a service/activity from a person's home or from the service/activity to the person's home. Taking a person to a service/activity and returning the person to his/her home is considered two trips or two units of service.

**The code and service units for Transportation – Trip follow:**

W7274		Zone 1	A defined geographical area that is the shortest distance from the service site.	Per trip
W7275		Zone 2	A defined geographical area that represents a middle distance from the service site.	Per trip
W7276		Zone 3	A defined geographical area that is the longest distance from the service site.	Per trip

**Home Finding Services**

Direct services provided in accordance with contractual requirements to assist a person with mental retardation to locate and maintain a home, such as assistance in financial planning, arranging for or moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and purchasing home security devices such as beepers which are necessary to ensure the individual’s health and well-being.

Financial support that constitutes a room and board expense is excluded from federal financial participation in the waivers.

**Home Finding Services are only eligible through Consolidated Waiver and base funding.**

**The code and service units for Home Finding follow:**

W7277		<b>Home Finding</b>	Direct services provided in accordance with contractual requirements to assist a person with mental retardation to locate and maintain a home, such as assistance in financial planning, arranging for or moving utility hook-ups, managing home responsibilities, arranging for home modifications and repairs, making monthly payments, and purchasing home security devices such as beepers which are necessary to ensure the individual’s health and well-being.	15 minutes
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**Environmental Accessibility Adaptations**

Environmental accessibility adaptations consist of certain modifications to the home or personal vehicle(s) of the person (including homes and vehicles owned by parents/relatives with which the person resides) which are necessary due to the person’s disability. Home modifications consist of installation, repair and when necessary to comply with rental/lease agreements, return of the property to its original condition. Adaptations that add to the total square footage of the home are excluded from this benefit, except adaptations to bathrooms that are

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necessary to complete the adaptation (e.g., necessary to configure a bathroom to accommodate a wheelchair). Durable medical equipment is excluded.

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.

The waiver cannot be used to purchase vehicles for waiver recipients, their families or legal guardians; however, environmental accessibility adaptations to household vehicles can be included as a part of the vehicle purchase price.

**These adaptations funded through the waivers are limited to the following:**

- Vehicular lifts.
- Interior alterations such as seats, head and leg rests, and belts.
- Customized devices necessary for the individual to be transported safely in the community, including driver control devices.

All adaptations to vehicles will be provided by qualified individuals.

**The code and service units for Vehicle Accessibility Adaptations follow:**

W7278		<b>Environmental Accessibility Adaptations (Vehicles)</b>	Adaptations to vehicles for improved access and/or safety for people with mental retardation. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	Outcome based
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**Modifications to a household subject to funding under the waivers 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 other cabinet modifications.
- Bathroom modifications for bathing, showering, toileting and personal care needs.
- Bedroom modifications of bed, wardrobe, desks, shelving, and dressers.
- Stair gliders.
- Workroom modifications to desks and other working areas.

All adaptations to the household shall be provided in accordance with applicable building codes.

**The code and service units for Home Accessibility Adaptations follow:**

W7279		<b>Environmental Accessibility Adaptations (Homes)</b>	Adaptations to homes for improved access and/or safety for people with mental retardation. Maximum state participation for vehicle and home adaptations is limited to \$20,000 per household.	Outcome based
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**Adaptive Appliances/Equipment**

**Adaptive Appliances/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 are limited to adaptive eating utensils, cooking and cleaning devices, personal care items not defined as durable medical equipment, and communication devices.

All devices and appliances must be recommended by a qualified mental retardation professional or health care provider. Instruction in the use of the device or appliance must be assured. Cost of the repair of the adaptive appliance or device is included as an allowable expense reimbursable through the waiver.

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

- Instructional supplies, workbooks, and material used as a habilitation or training aid to the provider;
- Durable medical equipment; and
- Home modifications and adaptations that are affixed to the individual's home.

**The code and service units for Adaptive Appliances/Equipment follow:**

W7280		<b>Adaptive Appliances/ Equipment</b>	The purchase or modification of adaptive appliances or equipment for increased functional involvement of people with mental retardation in their activities of daily living.	Outcome based
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## **Permanency Planning Services**

### **Permanency Planning Services**

Permanency planning services are a set of activities specified in the individual support plan which are designed to assist children 18 years of age and younger to live in families that offer continuity of relationships with nurturing parents and caregivers and the opportunity to maintain lifelong relationships.

Permanency planning activities consist of:

- Identification of minor children in ICFs/MR, other residential settings, and living with their family who are lacking a permanent family relationship or who are at risk of ICF/MR placement.
- Assessment of children and families to determine the conditions, if any, under which family reunification and permanency can occur.
- Development of a permanency plan with the birth family, or if this is not possible and in the best interest of the child, with extended family, an adoptive family, or a host family.
- Preparation of families and the child for permanency, including a home study.
- Liaison with local agencies, the school system, and the court to arrange adoptions or other permanency arrangements.
- Post adoption or permanency support for up to one year after an adoption or other permanency arrangement is made.

Federal financial participation is excluded under the waivers when services are available under Title IV-E of the Subsidized Adoption Act.

**Permanency Planning Services are only eligible through Consolidated Waiver and base funding.**

**The code and service units for Permanency Planning Services follow:**

W7281		<b>Permanency Planning Services</b>	Direct and indirect services that meet regulatory and contractual requirements to assist children (18 years of age or younger) with mental retardation to live in families that offer continuity of relationships. <b>This service is not eligible in the P/FDS Waiver.</b>	15 minutes
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**Homemaker/Chore Services**

Homemaker services consist of services to enable the individual or the family with whom the individual resides to maintain their private residence. This service can only be provided when a household member is temporarily absent or unable to manage the home, or when no landlord or provider agency staff is responsible to perform the homemaker activities. Services must be provided by a trained homemaker and may include cleaning and laundry, meal preparation, and other general household care.

Chore services consist of services needed to maintain the home in a clean, sanitary, and safe condition. This service can only be provided in the following situations:

- Neither the individual, nor anyone else in the household, is capable of performing or financially providing for the function; and
- No other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.

Chore services consist of heavy household activities 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; ice, snow, and/or leaf removal; and yard maintenance. 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. Maintenance in the form of upkeep and improvements to the individual’s residence is excluded from federal financial participation.

**The code and service units for Homemaker/Chore follow:**

W7283		<b>Homemaker/ Chore</b>	Indirect services including household cleaning and maintenance and homemaker activities. This service may only be provided when the person, or anyone else in the household, is incapable of performing or financially providing for the function; and no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision. This service is limited to \$2,000 per person per fiscal year.	Hour
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**Education Support Services**

**Education Support Services**

Education support services consist of special education and related services as defined in Sections (15) and (17) of the Individuals with Disabilities Education Act

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(IDEA) to the extent that they are not available under a program funded by IDEA. Educational support services may consist of general adult educational services including community college, university or other college-level courses, classes, and/or tutoring to receive a General Educational Development (GED) degree.

**Education Support Services are only eligible through Consolidated Waiver and base funding.**

**The code and service units for Education Support Services follow:**

W7284		<b>Education Support Services</b>	Support, in the form of payment, for education courses and training to the extent that they are not available under a program funded by the Individuals with Disabilities Education Act (IDEA).	Outcome based
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**Intermediary Service Organization (ISO)**

**Payment for ISO services must be made using administrative dollars, not waiver service dollars.**

An Intermediary Service Organization (ISO) provides an indirect service that must meet contractual conditions and federal and state requirements. The service assists individuals/representatives in the employment and management of support service workers and vendors.

**Intermediary Service Organization (ISO) Vendor Fiscal/Employer Agent**

Under the Vendor Fiscal/Employer Agent ISO model, the person or their representative is the “Employer of Record” by IRS standards. The ISO functions as an employer agent on behalf of the person/representative individuals and their representatives, the common law employer, for the purpose of withholding, filing and paying federal employment taxes and income taxes, as required for a person’s qualified support services workers.

**The code and service units for Intermediary Service Organization (ISO) Vendor Fiscal/Employer Agent follow:**

W7318		<b>Intermediary Service Organization (ISO), Vendor Fiscal/Employer Agent</b>	An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the direct employment and management of qualified support service workers and vendors of their choice. This service may be provided by Vendor Fiscal/Employer Agent ISO’s on contract with Administrative Entities until March 31, 2008.	Per month
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**Intermediary Service Organization (ISO) Agency with Choice ISO**

Under the Agency with Choice ISO model, the ISO is the “Employer of Record” by IRS standards and functions as the co-employer with the person or their representative. Under this model the ISO and the person/representative work together to perform many employer-related functions such as hiring workers, developing worker schedules, managing day-to-day responsibilities of workers, providing orientation and training to workers, and disciplining and firing workers when necessary. The ISO is responsible for invoicing for services rendered, processing employment documents, paying workers, and providing worker compensation for workers.

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**The code and service units for Intermediary Service Organization (ISO)  
Agency with Choice ISO follow:**

W7319		<b>Intermediary Service Organization (ISO), Agency with Choice</b>	An indirect service that must meet policy and contractual requirements that facilitates people with mental retardation and/or their representatives in the employment and management of qualified support service workers and vendors of their choice.	Per month
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**Family Driven – Family Support Services**

**The services included in the remainder of this narrative are designated as FD-FSS, and are limited to non-waiver funding only.**

Family Driven-Family Support Services (FD-FSS) are designed to offer a variety of services to the person with mental retardation or their family for the purpose of enabling the person to remain with his/her family in a community setting or to maintain independence in a community setting.

**Respite Care (Medical Environment)**

**These services may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator or Director approves the habilitation in a medical facility.**

**Respite Care – Out of Home, 24 Hours (Medical Environment)**

The following codes are for direct services that are provided in 24-hour segments to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the home of a relative, friend, or other family. Overnight respite is limited to 4 weeks per person per fiscal year, except when extended by an ODP Regional Office waiver.

**The code and service units for Out of Home Respite Care – 24 Hours (Medical Environment) follow:**

W7287		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	Day
W7288		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	Day
W7289		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	Day
W7290		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	Day

**Respite Care – Out of Home, 15 minutes (Medical Environment)**

Out of Home respite care are direct services that are provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. Services are limited to people residing in their own home or the

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home of a relative, friend or other family. Temporary respite is limited to a recommended four sessions per month, but this limit may be adjusted by the Administrative Entity based on individual needs.

**The code and service units for Out of Home Respite Care – 15 Minutes (Medical Environment) follow:**

W7301		Base Staff Support	The provision of the service at a staff-to-individual ratio range of 1:4.	15 minutes
W7302		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:4 to >1:1.	15 minutes
W7303		Staff Support Level 2	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7304		Staff Support Level 2 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of the person. This also includes service at a staff to individual ratio of 2:1.	15 minutes

**Support (Medical Environment)**

**This service may be provided in general hospital or nursing home settings, when there is a documented medical need and the Administrative Entity Administrator or Director approves the support in a medical facility.**

**The code and service units for Support (Medical Environment) follow:**

W7305		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7306		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7307		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7308		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7309		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

**Family Aide**

Family aide services are direct services provided in segments of less than 24 hours to supervise/support people with mental retardation on a short-term basis due to the absence or need for relief of those persons normally providing care. The family aide may also be responsible for the care and supervision of family members other than the family member with mental retardation.

**The code and service units for Family Aide follow:**

W7310		Base Staff Support	The provision of the service at a staff-to-individual ratio of no less than 1:6.	15 minutes
W7311		Staff Support Level 1	The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.	15 minutes
W7312		Staff Support Level 2	The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.	15 minutes
W7313		Staff Support Level 3	The provision of the service at a staff-to-individual ratio of 1:1.	15 minutes
W7314		Level 3 Enhanced	The provision of the service with a staff member who has had the training and experience to appropriately address the exceptional needs of an individual. This also includes service at a staff-to-individual ratio of 2:1.	15 minutes

**Special Diet Preparation**

This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.

**The code and service units for Special Diet Preparation follow:**

W7315		<b>Special Diet Preparation</b>	This service provides people with mental retardation with assistance in the planning or preparation of meals when needed due to a significant modification to a routine diet.	Outcome based
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**Recreation/Leisure Time Activities**

This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature. Participation in activities with non-related people, within the community, is encouraged. Entrance and membership fees may be included in the cost of recreation/leisure time activities.

**The code and service units for Recreation/Leisure Time Activities follow:**

W7316		<b>Recreation/ Leisure Time Activities</b>	This service is provided to enable people with mental retardation to participate in regular community activities that are recreational or leisure in nature.	Outcome based
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**Home Rehabilitation**

The home rehabilitation service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home.

**The code and service units for Home Rehabilitation follow:**

W7317		<b>Home Rehabilitation</b>	This service provides for minor renovations to a person's or family's home to enable the continued care and support of the person with mental retardation in the home.	Outcome based
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**FSS/Consumer Payment**

FSS/Consumer Payment provides an indirect service that must meet contractual conditions facilitating individuals in the employment and management of individual providers of the non-waiver service of their choice.

**The code and service units for FSS/Consumer Payment follow:**

W7320		<b>FSS/Consumer Payment</b>	This is an indirect service to allow cash and/or voucher payments to individuals and families for Family Supports Services.	Dollar
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