

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 99-98-10	ISSUE DATE: September 11, 1998	EFFECTIVE DATE: Immediately
SUBJECT: The Office of Social Program's (OSP)/Independence Waiver		BY:  Robert S. Zimmerman, Jr., M.P.H. Deputy Secretary for Medical Assistance Programs	

PURPOSE:

To advise providers of the OSP/Independence Waiver, which provides services covered under the Community Services Program for Persons with Physical Disabilities (CSPPD-Provider Type 51).

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program.

BACKGROUND:

In April 1992, the Department implemented the OSP/OBRA Waiver to relocate nursing facility residents with other related conditions to community living. Persons with other related conditions are persons with severe physical disabilities, (e.g., cerebral palsy, spina bifida), or other severe disabilities manifesting at least three functional limitations, prior to age 22, in the following areas: mobility, communication, self-care, learning, self-direction and capacity for independent living. The disability must be expected to continue indefinitely.

DISCUSSION:

Effective May 1, 1997, the Health Care Financing Administration (HCFA) granted approval to the Department to implement a second waiver for persons with other related conditions. This new Waiver, known as OSP/Independence, provides support and services to persons with other related conditions so that they can remain in community settings and avoid nursing facility admission.

To be eligible for OSP/Independence Waiver services, an individual must:

- be a person with an other related condition (ORC),
- be 18 years of age or older,
- be eligible for nursing facility care,
- need more than attendant care services,
- not be ventilator dependent
- be Medicaid eligible, and

- have an approved Personal Support Plan and budget from OSP.

In addition, the costs of services for persons eligible for OSP/Independence cannot exceed the comparable costs of nursing facility services.

APPROVED SERVICES:

The following services are offered in the OSP/Independence Waiver:

1. Service Coordination

Assistance to 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 the ongoing monitoring of the provision of services to which access is gained. Service Coordinators work with and at the direction of consumers to identify, coordinate, and facilitate waiver services. Service coordination includes intake, needs assessment, advocacy for services from local resources, and expertise in coordination of services to achieve maximum consumer empowerment and community support.

2. Daily Living Services

Assistance with eating, bathing, dressing, personal hygiene, and activities of daily living. This service may include assistance with the 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. This service may also include routine wellness to enable: adequate nutrition; exercise; making and keeping of medical appointments; taking medications; bowel and bladder routines; osotmy, catheter and wound care.

NOTE: Payment will not be made for daily living services furnished by a member of the individual's family. A family member is defined as a relative who is one of the following: spouse, parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew or in-law.

3. Respite Services

Temporary services offered to consumers in their homes to relieve family members and other persons who normally provide care. Respite services may be provided in the consumer's home or place of residence, at a Medicaid certified Intermediate Care Facility for Persons with Other Related Conditions (ICF/ORC) or in another community care residential facility approved by the state that is not a private residence. This may include sites maintained by CSPPPD provider agencies.

4. Specialized Medical Equipment and Supplies

Devices, controls, or appliances specified in the Personal Support Plan, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live. This service is limited to \$2,000 per individual unless special approval is authorized by the Office of Social Programs.

5. Personal Emergency Response System (PERS)

An electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once the "help" button is activated.

6. Environmental Accessibility Adaptations

Physical adaptations to the home required by the individual's Personal Support Plan ensuring the health, welfare and safety of the individual, or enabling the individual to function with greater independence in the home without which the individual would require institutionalization. This service is limited to \$3,000 per individual unless special approval is authorized by the Office of Social Programs.

7. Extended State Plan Services

Physical therapy services; occupational therapy services; speech, hearing and language services; and visiting nurse services. These approved State Plan services will be provided, except the limitations on amount, duration, and scope

specified in the State Plan will not apply.

PROCEDURE:

PROVIDER TYPE 51

Effective May 1, 1997, OMAP automatically enrolled all current provider type 51s into the OSP/Independence Waiver Program. A separate bulletin entitled, "Billing Instructions for the Community Services Program for Persons with Physical Disabilities Waivers" will be issued in the near future and will address completion and submission of invoices using assigned procedure codes.

ALL OTHER PROVIDER TYPES

Providers wishing to provide services in the OSP/Independence Waiver Program must meet specific certification standards and complete a CSPPPD MA enrollment application.

To obtain information and required materials, contact the following administrative entities:

1. Northeast and Southeast Regions

Liberty Resources, Inc.
1341 N. Delaware Avenue, Suite 105
Philadelphia, PA 19125
215/634-2000

This agency serves the following counties:

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

2. Central Region

United Cerebral Palsy of Lancaster County
1901 Olde Homestead Lane
Lancaster, PA 17605
717/397-1841

This agency serves the following counties:

Adams	Columbia	Juniata	Northumberland
Bedford	Cumberland	Lancaster	Perry
Blair	Dauphin	Lebanon	Snyder
Cambria	Franklin	Lycoming	Somerset
Centre	Fulton	Mifflin	Union
Clinton	Huntingdon	Montour	York

3. Western Region

Center for Independent Living of Southwestern Pennsylvania
7110 Penn Avenue
Pittsburgh, PA 15208
412/371-7700

This agency serves the following counties:

Allegheny	Clearfield	Greene	Potter
Armstrong	Crawford	Indiana	Venango
Beaver	Elk	Jefferson	Warren
Butler	Erie	Lawrence	Washington
Cameron	Fayette	McKean	Westmoreland
Clarion	Forest	Mercer	

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate administrative entity for your county as listed in this bulletin.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.