

Approved Amendments for the P/FDS and Consolidated Waivers Effective July 22, 2015

KEY – Bold = Recommended additions
Strikethrough= Recommended removal

Appendix	Waiver Section	Current Language	Recommended Revised Language
	Additional Needed Information	<p><i>Appendix C - Performance Measure a.i.c.1- Number and percent of licensed providers that meet training requirements in accordance with state requirements in the approved waiver.</i></p> <p>ODP conducts annual onsite reviews of licensed providers. ODP notes any noncompliance areas, including a provider’s failure to meet training requirements, and specific regulatory references on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP within 10 days of receipt specifying how noncompliance areas have been corrected or plan to be corrected. Providers must also send supporting documentation to ODP to verify that the correction has been made. Repeat noncompliance may affect the provider’s certificate of compliance status. If the LIS is not received within 10 working days, ODP will not issue to the provider a regular or provisional certificate of compliance and will initiate additional sanctions.</p>	<p>Performance Measure a.i.c.1. Number and percent of licensed providers that meet training requirements in accordance with state requirements in the approved Waiver.</p> <p>The Department conducts annual onsite inspections reviews of licensed providers. ODP The Department notes any noncompliance areas regulatory violations, including a provider's failure to meet training requirements, and specific regulatory references documents the findings on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP the Department within 10 calendar days of receipt the date of transmission from the Department. Providers must specify how the noncompliance areas has been corrected or plan to will be corrected.</p> <p>The Department will verify that correction has been made through documentation produced by the provider showing evidence that training has occurred and the date it occurred. The provider must correct the identified violation no more than 90 days from the date the LIS was mailed to the provider.</p> <p>Repeat noncompliance may affect the provider's certificate of compliance license status.</p> <p>If the provider is in compliance as determined by the Department at the time a recommendation for licensure is made (i.e., following verification of compliance as described</p>

			<p>above), a regular license will be issued to the provider. If the provider is not in compliance with applicable regulations as determined by the Department, the Department may issue a provisional license or refuse to issue a license of any kind.</p> <p>If the LIS is not received within 10 working days, ODP will not issue to the provider a regular or provisional certificate of compliance and will initiate additional sanctions.</p>
	<p>Additional Needed Information</p>	<p><i>Appendix G Quality Improvement Performance Measure Remediation Continuation – Performance Measure a.i.16</i></p> <p>ODP conducts annual onsite reviews of licensed providers. ODP notes any noncompliance areas, including a provider’s failure to meet the requirement for waiver participants to receive annual physical examinations, and specific regulatory references on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP within 10 days of receipt specifying how noncompliance areas have been corrected or plan to be corrected. Providers must also send supporting documentation to ODP to verify that the correction has been made. This supporting documentation must be received within 30 but no more than 90 days of the date of discovery. Repeat noncompliance may affect the provider’s certificate of compliance status. If the LIS in not received within 10 working days, ODP will make contact with the provider to resolve the issue. If determined to be warranted, the licensing administrator will not issue a regular or provisional certificate of compliance and will initiate additional sanctions.</p>	<p>The Department conducts annual onsite reviews of licensed providers. ODPThe Department notes any noncompliance areas regulatory violations, including a provider’s failure to meet the requirement for waiver participants to receive annual physical examinations, and specific regulatory references documents the findings on a Licensing Inspection Summary (LIS). The LIS is submitted to the provider who must return the document to ODP the Department within 10 calendar days of receipt the date of transmission from the Department specifying. Providers must specify how the noncompliance areas has been corrected or plan to will be corrected.</p> <p>The Department will verify that correction has been made through documentation produced by the provider showing evidence that the physical exam occurred and the date it occurred. The provider must correct the identified violation no more than 90 days from the date the LIS was mailed to the provider.</p> <p>Repeat noncompliance may affect the provider’s certificate of compliance license status.</p> <p>If the provider is in compliance as determined by the Department at the time a recommendation for licensure is made (i.e., following verification of compliance as described above), a regular license will be issued to the provider. If</p>

			<p>the provider is not in compliance with applicable regulations as determined by the Department, the Department may issue a provisional license or refuse to issue a license of any kind. If the LIS is not received within 10 working days, ODP will not issue to the provider a regular or provisional certificate of compliance and will initiate additional sanctions.</p>
A-6	Waiver Administration and Operation – Assessment Methods and Frequency	ODP requires the AE conduct an Annual Administrative Review every year, using the standardized AE oversight monitoring tool. The AE must establish a review period/cycle each year for their administrative review. The AE must submit a written report of the AE Annual Administrative Review to ODP. ODP provides additional training and technical assistance to support the AE in the completion of the Annual Administrative Review.	<p>If there are recurring and/or significant waiver compliance concerns, ODP may requires that the AE conduct an Annual Administrative Self Review every year, using the standardized AE oversight monitoring tool. The AE must establish a review period/cycle each year for their administrative review. The AE must submit a written report of the AE Annual Administrative Self Review to ODP in accordance with the timeframe established in the Corrective Action Plan. ODP will provides additional training and technical assistance to support the AE in the completion of the Annual Administrative Self Review and any resulting corrective action that is required.</p>
A-6	Waiver Administration and Operation – Assessment Methods and Frequency	With the exception of SCOs, which are monitored directly by ODP on an annual basis, provider monitoring is conducted using standard tools and data collection documents to verify that providers are qualified and services are provided in compliance with the Waiver, federal and state requirements and the ODP Waiver Provider Agreement and OMAP Provider Agreement. All providers, excluding SCOs, self-report to the AE and ODP annually and have an onsite review conducted by the AE every two years.	<p>With the exception of SCOs, which are monitored directly by ODP on an annual basis, provider monitoring is conducted using standard tools and data collection documents to verify that providers are qualified and services are provided in compliance with the Waiver, federal and state requirements and the ODP Waiver Provider Agreement and OMAP Provider Agreement. All providers, excluding SCOs and public transportation providers, send a completed self-assessment self-report to the AE and ODP annually and have an onsite review conducted by the AE every two years at least once during a two year monitoring cycle. The Pennsylvania Public Utilities Commission regulates and oversees public transportation providers.</p>
A-6	Waiver Administration and Operation – Assessment Methods and Frequency	New providers that begin to provide waiver services before July 1st will be included in an onsite review during the fiscal year. New providers that begin to provide services after June 30th will be included in the onsite audits the following fiscal year. New providers also complete an abbreviated provider	<p>New providers that begin to provide waiver services before July 1st will be included in an onsite review during the fiscal year. New providers that begin to provide services after June 30th will be included in the onsite audits the following fiscal year. New providers also complete an abbreviated provider monitoring tool and submit it to the AE prior to being</p>

		<p>monitoring tool and submit it to the AE prior to being authorized to render services to ensure that new providers are oriented to program and Waiver requirements.</p>	<p>authorized to render services to ensure that new providers are oriented to program and Waiver requirements. Providers new to the ODP service system must complete and submit the Provider Monitoring Tool for New Providers with supporting documentation prior to enrollment and service authorization. A new provider that has successfully completed the Provider Monitoring Tool for New Providers shall participate in the Self-Reporting and On-site Review phases during the following fiscal year.</p>
A-6	<p>Waiver Administration and Operation – Assessment Methods and Frequency</p>	<p>There are three phases of provider monitoring. Phase 1 is an ongoing activity throughout the year. In phase 1, the Performance Review phase, reports will be available quarterly to providers in HCSIS. These reports are reviewed by the provider to identify areas where they are performing to the standards and those areas where they may need to focus efforts for remediation and improvement. These reports will also be reviewed by ODP and AEs. ODP or the AE ensure that the provider performs remediation when there are areas identified for improvement or areas of noncompliance. The AE ensures that the provider remediates any identified areas of noncompliance.</p> <p>In phase 2, the Self-Reporting Phase, providers use standardized monitoring tools to self-assess their compliance across a variety of measures derived from the Waiver requirements, ODP Waiver Provider Agreement, OMAP Provider Agreement, and ODP written policies and procedures. This information allows providers to plan their remediation and improvement strategies to enhance the quality of services and prepare for their On-site Audit. The data gathered from this phase also provides ODP with a baseline to track and trend statewide compliance of providers across measures. Providers complete the self-report annually.</p>	<p>There are three two phases of provider monitoring. In Phase 1, an ongoing activity throughout the year. Phase 1, the Performance Review phase, reports will be available quarterly to providers in HCSIS. These reports are reviewed by the provider to identify areas where they are performing to the standards and those areas where they may need to focus efforts for remediation and improvement. These reports will also be reviewed by ODP and AEs. ODP or the AE ensure that the provider performs remediation when there are areas identified for improvement or areas of noncompliance. The AE ensures that the provider remediates any identified areas of noncompliance. In phase 2 1, the Self-Reporting Phase, providers use standardized monitoring tools to self-assess their compliance across a variety of measures derived from 55 Pa. Code Chapter 51, the Waiver requirements, ODP Waiver Provider Agreement, OMAP Provider Agreement, and ODP written policies and procedures. This information allows providers to plan their remediation and improvement strategies to enhance the quality of services and prepare for their On-site Audit Review. The data gathered from this phase also provides ODP with a baseline to track and trend statewide compliance of providers across measures. Providers complete the self-report annually.</p> <p>Phase 3 2 is the On-site Audit Review phase conducted by the AE to validate the self-reported information submitted by the provider. The AE uses the same tool in the On-site Audit Review that was used by the provider in the Self-Reporting</p>

		<p>Phase 3 is the On-site Audit phase conducted by the AE to validate the self-reported information submitted by the provider. The AE uses the same tool in the On-site Audit that was used by the provider in the Self-Reporting Phase.</p> <p>For those providers subject to the On-site Audit, the Lead AE will contact the provider to schedule and conduct the On-site Audit, complete the Final Audit reports and conduct an Exit Conference (when requested or appropriate) with the provider to review their findings. Based on the findings of the Final Audit report and optional Exit Conference, the provider will develop and the AE will approve a CAP addressing any identified areas of concern.</p>	<p>Phase.</p> <p>For those providers subject to the On-site Audit Review, the Lead AE will contact the provider to schedule and conduct the On-site Audit Review, complete the Final Audit Review reports and conduct an Exit Conference (when requested or appropriate) with the provider to review their findings. Based on the findings of the Final Audit Review report and optional Exit Conference, the provider will develop and the AE will approve a CAP addressing any identified areas of concern.</p>
A-a-i	Quality Improvement: Administrative Authority of the Single State Medicaid Agency	<p>Performance Measure: a.i.4 Number and percent of eligible applicants having an emergency need (the individual has current needs or anticipated needs within the next six months) who receive preference in waiver enrollment. Percent = number of eligible applicants having an emergency need who receive preference in waiver enrollment/number of eligible applicants.</p>	<p>Performance Measure: a.i.4 Number and percent of eligible applicants having an emergency need (the individual has current needs or anticipated needs within the next six months) or who have been identified as being in reserved capacity status who receive preference in waiver enrollment. Percent = number of eligible applicants having an emergency need or who are in reserved capacity status who receive preference in waiver enrollment/number of eligible applicants.</p>
	Quality Improvement: Administrative Authority of the Single State Medicaid Agency	<p>Performance Measure a.i.4. Number and percent of eligible applicants having an emergency need who receive preference in waiver enrollment.</p> <p>ODP reviews on a bi-weekly basis reports for individuals added to Intent to Enroll status (individuals who are in the process of being enrolled in the Waiver) to ensure that eligible applicants having an emergency need for services receive preference in waiver enrollment. For any individual who does not have emergency status on the waiting list, ODP reviews the record and/or contacts the AE to determine if the eligible applicant meets</p>	<p>Performance Measure a.i.4. Number and percent of eligible applicants having an emergency need or who have been identified as being in reserved capacity status who receive preference in waiver enrollment.</p> <p>ODP reviews on a bi-weekly basis reports for individuals added to Intent to Enroll status (individuals who are in the process of being enrolled in the Waiver) to ensure that eligible applicants having an emergency need for services or who have been identified as being in reserved capacity status receive preference in waiver enrollment. For any individual who does not have emergency status on the waiting list or has not been identified as being in reserved</p>

		<p>emergency criteria. The AE is instructed to update the record as necessary and appropriate. If ODP determines that the individual does not meet emergency status criteria, ODP will provide technical assistance/training to the AE regarding ODP's waiver enrollment policies. An AE that continues to fail to make the required corrections or updates to the record or to violate waiver enrollment policies will be suspended from making waiver enrollment decisions for a period of 90 days unless otherwise sanctioned by ODP. All requests for enrollment during the suspension period will be processed through an ODP Regional Office.</p>	<p>capacity status, ODP reviews the record and/or contacts the AE to determine if the eligible applicant meets emergency criteria or reserved capacity status. The AE is instructed to update the record as necessary and appropriate. If ODP determines that the individual does not meet emergency or reserved capacity status criteria, ODP will provide technical assistance/training to the AE regarding ODP's waiver enrollment policies. An AE that continues to fail to make the required corrections or updates to the record or to violate waiver enrollment policies will be suspended from making waiver enrollment decisions for a period of 90 days unless otherwise sanctioned by ODP. All requests for enrollment during the suspension period will be processed through an ODP Regional Office.</p>
B-3-c	Reserved Waiver Capacity (Consolidated Only)	<p><u>Purpose (describe):</u> ODP will reserve capacity for individuals/participants who are identified as meeting the unanticipated emergency criteria in accordance with ODP's unanticipated emergency policy. All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS. This is evidenced by the Individual Support Plan process that is required for all participants and requires that service options be promoted and fully explored with every individual.</p> <p><u>Describe how the amount of reserved capacity was determined:</u> The amount of reserved capacity is determined by the historical number of unanticipated emergency enrollments in a fiscal year.</p> <p><u>The capacity that the State reserves in each waiver year is specified in the following table:</u> Year 1 – 20</p>	<p><u>Purpose (describe):</u> ODP will reserve capacity for individuals/participants who are identified as meeting the unanticipated emergency criteria in accordance with ODP's unanticipated emergency policy. All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS. This is evidenced by the Individual Support Plan process that is required for all participants and requires that service options be promoted and fully explored with every individual.</p> <p><u>Describe how the amount of reserved capacity was determined:</u> The amount of reserved capacity is determined by the historical number of unanticipated emergency enrollments in a fiscal year.</p> <p>The capacity that the State reserves in each waiver year is specified in the following table: Year 1 – 20 Year 2 – 50 Year 3 – 120</p>

		Year 2 – 50 Year 3 – 120 Year 4 – 20 Year 5 – 20	Year 4 – 20 120 Year 5 – 20
B-5-a	Use of Spousal Impoverishment Rules	N/A	Selected the following mandatory checkbox <input checked="" type="checkbox"/> Spousal impoverishment rules under §1924 of the Act are used to determine the eligibility of individuals with a community spouse for the special home and community-based waiver group. In the case of a participant with a community spouse, the State uses <i>spousal</i> post-eligibility rules under §1924 of the Act.
B-a-i-b-1	Quality Improvement Level Of Care	<i>Performance Measure a.i.b.1</i> a.i.b.1 Number and percent of annual LOC redeterminations completed within 365 days of the prior review. Percent = number of LOC redeterminations completed within 365 days of the prior review/number of redeterminations that are due.	a.i.b.1 Number and percent of annual LOC redeterminations completed within 365 days of the prior review. Percent = number of LOC redeterminations completed within 365 days of the prior review/number of LOC redeterminations that are due reviewed .
B-a-i-b-1	Quality Improvement Level Of Care	<i>Performance Measure a.i.b.1</i> Data Source – Other If ‘Other’ is selected, specify: HCSIS Sampling Approach – 100% Review	Data Source – Other If ‘Other’ is selected, specify: HCSIS AEOMP Sampling Approach – 100% Review Less than 100% Review Specify: Proportionate, representative random sample Confidence interval: +/-5 Confidence level: 95%
B-b-i	Methods for Remediation/Fixing Individual Problems	<i>Performance Measure a.i.b.1</i> Performance Measure a.i.b.1. Number and percent of annual LOC redeterminations that are completed within 365 days of the prior review. On a monthly basis, ODP generates and distributes to the specific AE, HCSIS reports identifying annual LOC redetermination compliance and noncompliance data. The reports include a list of exceptions for that AE (any participant for whom a LOC recertification is not entered into HCSIS within 365 days of the prior certification or recertification). The AE is responsible	Performance Measure a.i.b.1. Number and percent of annual LOC redeterminations that are completed within 365 days of the prior review. On a monthly basis, ODP generates and distributes to the specific AE, HCSIS reports identifying annual LOC redetermination compliance and noncompliance data. The reports include a list of exceptions for that AE (any participant for whom a LOC recertification is not entered into HCSIS within 365 days of the prior certification or recertification). The AE is responsible to review these reports and provide remediation for any situation where a LOC recertification has

		<p>to review these reports and provide remediation for any situation where a LOC recertification has not been completed within 365 days. Remediation will include completion of LOC documents and/or LOC redetermination date entered into HCSIS. In cases in which repeated efforts to secure the supporting information from a waiver participant are unsuccessful, advance notice may be issued to terminate a participant’s enrollment in the waiver. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the AE Operating Agreement.</p>	<p>not been completed within 365 days. Remediation will include completion of LOC documents and/or LOC redetermination date entered into HCSIS. In cases in which repeated efforts to secure the supporting information from a waiver participant are unsuccessful, advance notice may be issued to terminate a participant’s enrollment in the waiver. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the AE Operating Agreement.</p> <p>Through the AEOMP, ODP evaluates whether annual LOC redeterminations are completed within 365 days of the prior review. The AE must locate or complete LOC evaluations using ODP’s standardized forms and process. The AE must enter the LOC redetermination date into HCSIS. In cases in which repeated efforts to secure the supporting information from a waiver participant are unsuccessful, advance notice may be issued to terminate a participant’s enrollment in the waiver as per Appendix F which provides information on the participant’s opportunity to request a fair hearing”. If the participant is found ineligible for waiver services, disenrollment procedures will be initiated, the participant will be referred to other appropriate resources and payment for any waiver services provided during the timeframe the participant was ineligible will be recouped. The AE is expected to document the remediation actions and submit the documentation to ODP within 30 days of notification. The Department will initiate actions as needed to resolve any outstanding issues with AE performance using the methodology outlined in the AE Operating Agreement.</p>
C-1/C-3	Service Specification for ALL SERVICES	<p><i>Provider Qualification – Other Standard</i></p> <p>N/A</p>	<p>The following statement was added as a requirement for all agency and individual providers (with the exception of SSWs and indirect vendors):</p> <ul style="list-style-type: none"> • Have a signed ODP Provider Agreement on file with ODP

C-1/C-3	Service Specification for ALL SERVICES	<i>Provider Qualification – Other Standard</i> Comply with Department standards related to provider qualifications.	Comply with 55 Pa. Code Chapter 51 “Office of Developmental Programs Home and Community-Based Services” and other Department standards related to provider qualifications.
C-1/C-3	Service Specification for ALL SERVICES	<i>Provider Qualification – Other Standard</i> N/A	The following statement was added as a requirement for all agency and individual providers (with the exception of SSWs and indirect vendors):: <ul style="list-style-type: none"> • Complete standard ODP required orientation and training.
C-1/C-3	Service Specification for ALL SERVICES	<i>Provider Qualification – Other Standard</i> Staff working for or contracted with agencies must meet the following standards:	Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:
C-1/C-3	Service Specification for ALL SERVICES	<i>Provider Qualification – Frequency of Verification</i> At least every 2 years and more frequently when deemed necessary by ODP.	At least once during a 2-year monitoring cycle every 2 years and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.
C-1/C-3	Service Specification – Home and Community Habilitation	Home and Community Habilitation may not be provided at the same time as any of the following: Companion Services, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services. Home and Community Habilitation and Companion Services have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone. This service may be provided at the same time as Therapy, Nursing, and Behavioral Support Services. All providers should coordinate schedules and service delivery to ensure consistency in services to participants. As indicated above for participants residing in	Home and Community Habilitation may not be provided at the same time as any of the following: Companion Services, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services. Home and Community Habilitation may be provided at the same time as any other waiver service not included in this list. Home and Community Habilitation and Companion Services have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone. As indicated above for participants residing in residential settings, Home and Community Habilitation Services may be used as an alternative either part-time or full-time for a Licensed Day Habilitation Service or a Prevocational Service.

		<p>residential settings, Home and Community Habilitation Services may be used as an alternative either part-time or full-time for a Licensed Day Habilitation Service or a Prevocational Service. When this occurs the Home and Community Habilitation units are included in the combined unit limit for services that may not exceed 40 hours (160 15-minute units) per participant, per calendar week based on a 52 week year (Transitional Work Services, Supported Employment Services, licensed Day Habilitation Services and Prevocational Services).</p> <p>Home and Community Habilitation Services cannot be provided in a licensed setting or camp. This service is provided in a participant’s private home or other community setting.</p> <p>Home and Community Habilitation Services cannot be provided in a licensed setting or camp. This service is provided in a participant’s private home or other community setting.</p>	<p>When this occurs the Home and Community Habilitation units are included in the combined unit limit for services that may not exceed 40 hours (160 15-minute units) per participant, per calendar week based on a 52 week year (Transitional Work Services, Supported Employment Services, licensed Day Habilitation Services and Prevocational Services).</p> <p>This service may be provided at the same time as Therapy, Nursing, and Behavioral Support Services. All providers should coordinate schedules and service delivery to ensure consistency in services to participants.</p> <p>Home and Community Habilitation Services cannot be provided in a licensed setting, unlicensed residential setting or camp. This service is provided in a participant’s private home or other community setting.</p>
C-1/C-3	Service Specification – Licensed Day Habilitation	<p>This service may be provided in the following settings at the following levels: Adult Training facilities (55 Pa. Code Chapter 2380)</p> <ul style="list-style-type: none"> • Basic Staff Support - The provision of the service at a staff-to-individual ratio of no less than 1:6. • Level 1 - The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5. • Level 2 - The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1. • Level 3 - The provision of the service at a staff-to-individual ratio of 1:1. • Level 3 Enhanced - The provision of the service at a staff-to-individual ratio of 1:1 with a staff member who has at least a 4 year degree or is a licensed nurse. • Level 4 - The provision of the service at a staff-to-individual ratio of 2:1. 	<p>This service may be provided in the following settings at the following levels: Adult Training facilities (55 Pa. Code Chapter 2380)</p> <ul style="list-style-type: none"> • Basic Staff Support - The provision of the service at a staff-to-individual ratio of no less than 1:6. • Level 1 - The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5. • Level 2 - The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1. • Level 3 - The provision of the service at a staff-to-individual ratio of 1:1. • Level 3 Enhanced - The provision of the service at a staff-to-individual ratio of 1:1 with a staff member who has at least a 4 year degree or is a licensed nurse. • Level 4 - The provision of the service at a staff-to-individual ratio of 2:1. • Level 4 Enhanced - The provision of the service at a staff-to-

		<ul style="list-style-type: none"> • Level 4 Enhanced - The provision of the service at a staff-to-individual ratio of 2:1 with staff members who have at least a 4 year degree or who are a licensed nurse Older Adult Daily Living Centers (6 Pa. Code Chapter 11) • Older Adult Day The use of enhanced levels of service is based on the participant's assessed need, not the service worker's personal qualifications. The fact that the service worker possesses a degree is not justification to use the enhanced level of service. 	<p>individual ratio of 2:1 with staff members who have at least a 4 year degree or who are a licensed nurse Older Adult Daily Living Centers (6 Pa. Code Chapter 11)</p> <ul style="list-style-type: none"> • Older Adult Day The use of enhanced levels of service is based on the participant's assessed need, not the service worker's personal qualifications. The fact that the service worker possesses a degree is not justification to use the enhanced level of service. <p>If an individual requires supplemental staffing during the Licensed Day Habilitation Service, the day service provider is responsible to provide the staffing. Needed day staffing may not be provided by the individual's residential habilitation staff, Home and Community Habilitation (Unlicensed) provider, or other non-day habilitation providers, and these types of services may not be used to supplement the Licensed Day Habilitation Service.</p>
C-1/C-3	Service Specification - Prevocational Services	<p>Prevocational Services may not be funded through the Waiver if they are available to participants through program funding under Section 110 of the Rehabilitation Act of 1973, as amended, or section 602 (16) and (17) of the IDEA. Documentation must be maintained in the participant'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 IDEA.</p> <p>When Prevocational Services are provided alone or in conjunction with Licensed Day Habilitation Services, Transitional Work or Supported Employment services, the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 40 hours (160 15-minute units) per participant per calendar week based on a 52-week year.</p>	<p>Prevocational Services may not be funded through the Waiver if they are available to participants through program funding under the IDEA Section 110 of the Rehabilitation Act of 1973, as amended, or section 602 (16) and (17) of the IDEA. Documentation must be maintained in the participant'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 IDEA.</p> <p>Prevocational Services may be provided without referring a participant to OVR unless the participant is under the age of 24. When a participant is under the age of 24, Prevocational Services may only be authorized as a new service in the ISP when documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.</p> <p>When Prevocational Services are provided alone or in conjunction with Licensed Day Habilitation Services, Transitional Work or Supported Employment services, the</p>

		<p>Prevocational Services may not be provided at the same time as any of the following: Companion Services, the direct portion of Supported Employment, Licensed Day Habilitation, Home and Community Habilitation and Transitional Work Services.</p>	<p>total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 40 hours (160 15-minute units) per participant per calendar week based on a 52-week year.</p> <p>Prevocational Services may not be provided at the same time as any of the following: Companion Services, the direct portion of Supported Employment, Licensed Day Habilitation, Home and Community Habilitation and Transitional Work Services.</p>
C-1/C-3	<p>Service Specification - Residential Habilitation (Consolidated Only)</p>	<p>The primary lifesharing host caregiver is able to receive relief based on the needs of the participant.</p>	<p>The primary lifesharing host caregiver is able to receive relief based on the needs of the participant and caregiver.</p>
C-1/C-3	<p>Service Specification - Residential Habilitation (Consolidated Only)</p>	<p>2.The provision of Supplemental Habilitation staffing may be provided as part of the Residential Habilitation Service for participants living in licensed residential habilitation settings , to meet the temporary medical or behavioral needs of the participants when those needs cannot be met as a part of the usual residential habilitation staffing pattern; and/or</p> <p>3.Additional Individualized Staffing may be provided as a part of the Residential Habilitation Service for participants living in licensed residential habilitation settings , to meet the long-term individualized staffing needs of the participant when those needs cannot be met as a part of the usual residential habilitation staffing pattern.</p>	<p>2.The provision of Supplemental Habilitation staffing at a 1:1 or 2:1 staff to participant ratio may be provided as part of the Residential Habilitation Service for participants living in licensed residential habilitation settings , to meet the temporary medical or behavioral needs of the participants when those needs cannot be met as a part of the usual residential habilitation staffing pattern; and/or</p> <p>3.Additional Individualized Staffing at a 1:1 or 2:1 staff to participant ratio may be provided as a part of the Residential Habilitation Service for participants living in licensed residential habilitation settings , to meet the long-term individualized staffing needs of the participant when those needs cannot be met as a part of the usual residential habilitation staffing pattern.</p>
C-1/C-	<p>Service Specification - Residential Habilitation (Consolidated Only)</p>	<p>All residential habilitation settings in which Residential Habilitation Services are provided must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each residential habilitation setting must be separate from any other ODP-funded residential</p>	<p>All residential habilitation settings in which Residential Habilitation Services are provided must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each residential habilitation setting must be separate from any other ODP-funded residential habilitation setting and must be dispersed in the</p>

		habilitation setting and must be dispersed in the community and not surrounded by, other ODP-funded residential habilitation settings. Residential habilitation settings where Residential Habilitation Services are provided should be located in the community and surrounded by the general public.	community and not surrounded by, other ODP-funded residential habilitation settings. Locations that share only one common party wall are not considered contiguous. Residential habilitation settings where Residential Habilitation Services are provided should be located in the community and surrounded by the general public.
C-1/C-3	Service Specification - Residential Habilitation (Consolidated Only)	Residential Enhanced Staffing must be prior authorized by ODP.	Residential Enhanced Staffing Supplemental Habilitation and Additional Individualized Staffing must be prior authorized by ODP.
C-1/C-3	Service Specification – Respite	This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.	This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.
C-1/C-3	Service Specification – Respite	Respite Services may only be provided in the following location(s): <ul style="list-style-type: none"> •Participant's private home or place of residence located in Pennsylvania. •Licensed Family Living Home (55 Pa. Code Chapter 6500) located in Pennsylvania. •Licensed Community Home (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity. ODP may approve the provision of Respite Services above a home's approved program capacity on a case-by-case basis. •Licensed Child Residential Service Home (55 Pa. Code Chapter 3800) located in Pennsylvania. •Licensed Community Residential Rehabilitation Services for the Mentally Ill Home (55 Pa. Code Chapter 5310) located in Pennsylvania. •Unlicensed home of a provider or a private home that is located in Pennsylvania or a contiguous state. •Other community settings such as camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department. 	Respite Services may only be provided in the following location(s): <ul style="list-style-type: none"> •Participant's private home or place of residence located in Pennsylvania. •Licensed Family Living Home (55 Pa. Code Chapter 6500) located in Pennsylvania. •Licensed Community Home (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity. ODP may approve the provision of Respite Services above a home's approved program capacity on a case-by-case basis. •Licensed Child Residential Service Home (55 Pa. Code Chapter 3800) located in Pennsylvania. •Licensed Community Residential Rehabilitation Services for the Mentally Ill Home (55 Pa. Code Chapter 5310) located in Pennsylvania. •Unlicensed home of a provider or a private home that is located in Pennsylvania or a contiguous state. •Other community settings such as camp where the setting meets applicable state or local codes and the provider of service meets the provider qualifications established by the Department.

			<p>When respite is provided in a licensed residential setting, the settings must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. Exceptions to these criteria can be requested in accordance with ODP policy.</p>
C-1/C-3	<p>Service Specification – Supported Employment – Job Finding and Job Support</p>	<p>Supported Employment Services are direct and indirect services that are provided in a variety of community employment work sites with co-workers who do not have disabilities for the purposes of finding and supporting participants in competitive jobs of their choice. Supported Employment Services enable participants to receive paid employment at minimum wage or higher from the employer. This service is provided to participants who, because of their disabilities, need additional support to perform in a work setting. Supported Employment Services include activities such as supervision and training needed by the participant in order to obtain and sustain paid work. Payment will be made only for the supervision, and training required by the participants 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.</p> <p>Federal Financial Participation through the Waiver may not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:</p> <ul style="list-style-type: none"> • Incentive payments made to an employer of participants receiving services to encourage or subsidize the employer's participation in a supported employment program; • Payments that are passed through to participants receiving supported employment; or 	<p>Supported Employment Services are direct and indirect services that are provided in a variety of community employment work sites settings with co-workers who do not have disabilities for the purposes of finding and supporting participants in obtaining and sustaining competitive jobs of their choice integrated employment. Competitive integrated employment refers to full or part-time work at minimum wage or higher, with wages and benefits similar to those without disabilities performing the same work, and fully integrated with co-workers without disabilities. Supported Employment Services enable participants to receive paid employment at minimum wage or higher from the employer.</p> <p>This service is provided to participants who, because of their disabilities, need additional support to perform in a competitive, integrated work setting. Supported Employment Services include activities such as supervision and training and additional supports including worksite orientation, job aide development, coordination of accommodations and ensuring assistive technology that may be needed by the participant in order to obtain and sustain competitive integrated employment is utilized as specified in the plan. needed by the participant in order to obtain and sustain paid work. Payment will be made only for the supervision, and training and supports required by the participant 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 employment setting. Supported Employment services do not include facility based, or other similar types of</p>

	<p>•Payments for vocational training that are not directly related to a participant's supported employment program.</p> <p>Supported Employment Services consist of two components: job finding and job support. Job finding may include 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; job analysis; support to learn job tasks; consultation with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, and provider networks under Ticket to Work on behalf of a participant; assistance in beginning a business; and outreach with prospective employers on behalf of the participant including consultation on tax advantages and other benefits.</p> <p>Job support consists of training the participant receiving the service on job assignments, periodic follow-up and/or ongoing support with participants and their employers. The service must be necessary for participants 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, direct intervention with an employer, employment related personal skills instruction, support to relearn job tasks, training to assist participants in using transportation to and from work, maintenance of appropriate work and interpersonal behaviors on the</p>	<p>vocational services furnished in specialized facilities that are not integrated or part of the general workforce.</p> <p>Supported Employment services can be provided for two different purposes:</p> <ol style="list-style-type: none"> 1. Vocational Skill Development which includes assisting participants in acquiring, maintaining or improving job skills; and 2. Rehabilitation which includes assisting participants in regaining lost skills or functioning due to illness or injury. <p>Federal Financial Participation through the Waiver may not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:</p> <ul style="list-style-type: none"> •Incentive payments made to an employer of participants receiving services to encourage or subsidize the employer's participation in a supported employment program; •Payments that are passed through to participants receiving Supported Employment; or •Payments for vocational training that are not directly related to a participant's Supported Employment program. <p>Supported Employment Services consist of two components: job finding and job support. Job finding may include 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; job analysis; support to learn job tasks; consultation with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, and provider networks under Ticket to Work on behalf of a participant; assistance in beginning a business; and outreach with prospective employers on behalf of the participant including consultation on tax advantages and other benefits.</p>
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	<p>job, follow- along services at the work site after OVR funded services are discontinued, and technical assistance and instruction for the participant’s co-workers that will enable peer support.</p> <p>Ongoing use of the service is limited to support for participants 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. The provision of job finding services must be evaluated at least once every six calendar months by the ISP team, to assess whether the service is assisting the participant with the outcome of finding community employment. If the service is not assisting the participant with this outcome, the ISP team must identify changes to the Supported Employment Service to realize this outcome or other service options to meet the participant’s needs. The provision of job support services must be evaluated at least annually, as part of the ISP process, to determine whether the participant continues to require the current level of authorized services. The ISP must be updated, if necessary, to reflect the team’s determination.</p> <p>This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. Refer to the Provider Specification section below for criteria on provider requirements.</p> <p>When Supported Employment Services are provided alone or in conjunction with Prevocational, Transitional Work or Licensed Day Habilitation services, the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 40 hours (160 15-minute units) per participant per calendar week based on a 52-week</p>	<p>Job support consists of training the participant receiving the service on job assignments, periodic follow-up or ongoing support with participants and their employers. The service must be necessary for participants 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, direct intervention with an employer, employment related personal skills instruction, support to relearn job tasks, training to assist participants in using transportation to and from work, worksite orientation, job aide development, coordination of accommodations, ensuring assistive technology is utilized as specified in the plan, maintenance of appropriate work and interpersonal behaviors on the job, follow- along services at the work site after OVR funded services are discontinued, and technical assistance and instruction for the participant’s co-workers that will enable peer support.</p> <p>Ongoing use of the service is limited to support for participants that cannot be provided by the employer through regular supervisory channels, natural supports and/or on-the-job resources that are available to employees who are non-disabled. The provision of job finding services must be evaluated at least once every six calendar months by the ISP team, or more frequently as needed to assess the continued need for the service and whether the service is assisting the participant with the outcome of finding community employment. If the service is not assisting the participant with this outcome, the ISP team must identify changes to the Supported Employment Service to realize this outcome or other service options to meet the participant’s needs. The provision of job support services must be evaluated at least annually, as part of the ISP process, to determine whether the participant continues to require the current level of authorized services. The ISP must be updated,</p>
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		<p>year.</p> <p>The direct portion of Supported Employment may not be provided at the same time as any of the following: Companion Services, Home and Community Habilitation, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p> <p>This service may not occur in a 55 Pa. Code Chapter 2390 (licensed prevocational) facility or setting.</p> <p>Supported Employment Services may not be rendered under the Waiver until it has been verified that the services are not available to the participant under a program funded by either the Rehabilitation Act of 1973 as amended, or IDEA. Documentation must be maintained in the file of each participant receiving Supported Employment Services to satisfy the state assurance that the service is not otherwise available to the participant under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.</p>	<p>if necessary, to reflect the team’s determination.</p> <p>This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. Refer to the Provider Specification section below for criteria on provider requirements.</p> <p>When Supported Employment Services are provided alone or in conjunction with Prevocational, Transitional Work or Licensed Day Habilitation services, the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 40 hours (160 15-minute units) per participant per calendar week based on a 52-week year.</p> <p>The direct portion of Supported Employment may not be provided at the same time as any of the following: Companion Services, Home and Community Habilitation, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p> <p>This service may not occur in a 55 Pa. Code Chapter 2390 (licensed prevocational) facility or setting.</p> <p>Supported Employment Services may not be rendered under the Waiver until it has been verified that the services are not available in the student’s complete and approved Individualized Education Program (IEP) developed pursuant to IDEA. to the participant under a program funded by either the Rehabilitation Act of 1973 as amended, or IDEA. Documentation must be maintained in the file of each participant receiving Supported Employment Services to satisfy the state assurance that the service is not otherwise available to the participant under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.</p> <p>Before an individual makes a choice on whether to be referred to OVR, he or she shall be given information on the</p>
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C-1/C-3	Service Specification – Supports Coordination	<p><i>Service Definition</i></p> <p>In addition to locating, coordinating, and monitoring, Supports Coordination also includes providing information and assistance in order to help participants transition to the community or, in accordance with Appendix E, decide whether to select participant direction of services, and assistance for participants who opt to direct services.</p>	<p>In addition to locating, coordinating, and monitoring, Supports Coordination also includes providing information and assistance in order to help participants transition to the engage in the community or, in accordance with Appendix E, decide whether to select participant direction of services, and assistance for participants who opt to direct services.</p>

C-1/C-3	Service Specification – Supports Coordination	<p><i>Provider Qualifications – Other Standard – Supports Coordination Organization</i></p> <p>6. Conduct a standard ODP customer satisfaction survey with a representative sample of participants as specified by ODP and take corrective action based on results.</p>	N/A - Number 6 was deleted as a requirement.
C-1/C-3	Service Specification – Supports Coordination	<p><i>Provider Qualifications – Other Standard – Supports Coordination Organization</i></p> <p>7. Have an agreement with the local intake entity to ensure consistent referrals of eligible individuals and a smooth transition to the SCO, unless this function is provided by a unit of the SCO as a noncovered service.</p>	N/A – Number 7 was deleted as a requirement.
C-1/C-3	Service Specification – Supports Coordination	<p><i>Provider Qualifications – Other Standard – Minimum Qualification for SCs and SC Supervisors Who Have a Caseload</i></p> <p>7. Meet the following minimum educational and experience requirements:</p> <ul style="list-style-type: none"> -A bachelor’s degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or -Two years’ experience as a County Social Service Aide 3* and two years of college level course work, which include at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service; or -Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case 	<p>7. Meet the following minimum educational and experience requirements:</p> <ul style="list-style-type: none"> -A bachelor’s degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science*; or -Two years’ experience as a County Social Service Aide 3** and two years of college level course work, which include at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service*; or -Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service* and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions. <p>* Other related social science credits or social service experience includes the following areas: Anthropology, counseling, criminology, gerontology, human behavior, psychology, social work, sociology, special education,</p>

		<p>management functions.</p> <p>*The nature of the work and job requirements for County Social Service Aide 3 positions can be found at www.scsc.state.pa.us</p>	<p>administration of justice, criminal justice, economics, geography, history, political science, human services or human development.</p> <p>**The nature of the work and job requirements for County Social Service Aide 3 positions can be found at www.scsc.state.pa.us</p>
C-1/C-3	Service Specification – Nursing	<p>Nursing Services may only be funded through the Waiver if there is documentation that the service is medically necessary and not covered through the Medical Assistance (MA) State Plan which includes Early Periodic Screening and Diagnostic Testing (EPSDT), Medicare and/or private insurance. Nursing Services must be provided under the MA State Plan including EPSDT, Medicare and/or private insurance plans until the plan limitations have been reached and documentation is secured by the Supports Coordinator.</p>	<p>Extended state plan nursing services can only be provided to adult waiver participants (participants age 21 and older). Nursing Services may only be funded for adult participants through the Waiver if there is documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant’s insurance or insurance limitations have been reached. A participant’s insurance includes Medical Assistance (MA), Medicare and/or private insurance. which includes Early Periodic Screening and Diagnostic Testing Treatment (EPSDT), Medicare and/or private insurance. Nursing Services must be provided under the MA State Plan, including EPSDT, Medicare and/or private insurance plans until the plan limitations have been reached and documentation is secured by the Supports Coordinator.</p>
C-1/C-3	Service Specification – Therapy Services	<p>Therapy Services may only be funded through the Waiver if there is documentation that the service is medically necessary and not covered through the MA State Plan which includes EPSDT, Medicare and/or private insurance. Therapy Services must be provided under the MA State Plan including EPSDT, Medicare and/or private insurance plans until the plan limitations have been reached and documentation is secured by the Supports Coordinator.</p>	<p>Extended state plan therapy services can only be provided to adult waiver participants (participants age 21 and older). Therapy Services may only be funded for adult participants through the Waiver if there is documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant’s insurance or insurance limitations have been reached. A participant’s insurance includes Medical Assistance (MA), Medicare and/or private insurance. which includes Early Periodic Screening and Diagnostic Testing Treatment (EPSDT), Medicare and/or private insurance. Nursing Services must be provided under the MA State Plan, including EPSDT, Medicare and/or private insurance plans until the plan limitations have been reached and documentation is secured by the Supports Coordinator.</p>

C-1/C-3	Service Specification – Supports Broker Services Provider Qualifications	Have received training in basic employment law, have one year of experience working in human resources, have one year of experience in a management position with human resource responsibilities, or have a degree in human resources.	Have one of the following : -Received training in basic employment law (this training should include the following topical areas: discrimination law, wage and hour law, confidentiality and workplace safety), -One (1) year of experience working in human resources (this should include experience recruiting, screening, interviewing and managing employees), -One (1) year of experience in a management position with human resource responsibilities, OR -A certificate or degree in human resources from an accredited post-secondary academic institution.
C-1/C-3	Service Specification – Assistive Technology	An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant’s functioning. Assistive technology services include direct support to a participant in the selection, acquisition, or use of an assistive technology device, limited to: •Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant; •Selecting, fitting, customizing, adapting, maintaining, repairing, or replacing assistive technology devices; • Training for the participant, or where appropriate, the participant’s family members, guardian, advocate, staff, or authorized representative on how to use and/or care for the assistive technology; • Extended warranties; and • Ancillary supplies, software, and equipment necessary for the proper functioning of assistive technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices not available through the Waiver that assist participants with a need identified through the evaluation	An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant’s functioning. Assistive technology services include direct support to a participant in the selection, acquisition, or use of an assistive technology device, limited to: •Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant; •Selecting, fitting, customizing, adapting, installing , maintaining, repairing, or replacing assistive technology devices. Repairs are only covered when it is more cost effective than purchasing a new device and are not covered by a warranty ; • Training for the participant, or where appropriate, the participant’s family members, guardian, advocate, staff, or authorized representative on how to use and/or care for the assistive technology; • Extended warranties; and • Ancillary supplies, software, and equipment necessary for the proper functioning of assistive technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices not available through the Waiver that assist participants with a need identified through the evaluation described below.

	<p>described below.</p> <p>All items shall meet the applicable standards of manufacture, design, and installation. Items shall be specific to the participant’s needs and not be a device or equipment that benefits the public at large, staff, significant others, or family members. Although Waiver funds cannot be used to purchase items such as iPads, iPods or personal computers, applications to such items that assist participants with a need identified through the evaluation described below are eligible for Waiver funding through this service. Items reimbursed with Waiver funds shall be in addition to any medical supplies provided under the MA State Plan and shall exclude those items not of direct medical or remedial benefit to the participant. If the participant receives Behavioral Therapy or Behavioral Support Services, the assistive technology must be consistent with the participant’s behavior support plan.</p> <p>Assistive technology devices must be recommended by an independent evaluation of the participant’s assistive technology needs. The organization or professional providing the evaluation shall be credentialed, licensed, or certified in an area related to the specific type of technology needed, and may not have a fiduciary relationship with the assistive technology provider.</p> <p>Refer to the Provider Specification section below for criteria on provider requirements.</p> <p>Assistive technology may only be funded through the Waiver if there is documentation that the service is medically necessary and not covered through the MA State Plan which includes EPSDT, Medicare and/or</p>	<p>Assistive Technology includes independent living technology or smart home technology devices that promote the independence of participants and decrease their need for assistance from others such as; medication dispensers, electric stove sensors, water sensors, and panic pendants. This list is instructive and not intended to be an all-inclusive description of allowable items, devices or services. Documentation of the participant’s informed consent must be obtained prior to authorization of these devices. The monthly monitoring fees for these devices are also covered under Assistive Technology.</p> <p>Electronic devices are included under Assistive Technology when there is documentation that the device is a cost effective alternative to a service or piece of equipment. The device must be the least expensive and most effective device to meet the participant’s need as documented by the evaluation. Assistive Technology also includes applications for electronic devices that assist participants with a need identified through the evaluation described below.</p> <p>Generators are covered for participants residing in private homes when the following has been documented:</p> <ul style="list-style-type: none"> • The generator purchased is the most cost-effective to ensure the health and safety of the participant; <p>AND</p> <ul style="list-style-type: none"> • The neighborhood has a history of unreliable power as documented in a letter from the power company; <p>OR</p> <ul style="list-style-type: none"> • The participant’s health and safety is dependent upon electricity as documented by a physician. <p>All items shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant,</p>
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		<p>private insurance. Assistive Technology must be provided under the MA State Plan including EPSDT, Medicare and/or private insurance plans until the plan limitations have been reached and documentation is secured by the Supports Coordinator. Assistive technology has a lifetime limit of \$10,000.00 per participant except when the limit is extended by ODP using the standard ODP exception process.</p> <p>Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan, is excluded.</p>	<p>or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant. shall be specific to the participant's needs and not be a device or equipment that benefits the public at large, staff, significant others, or family members. Although Waiver funds cannot be used to purchase items such as iPads, iPods or personal computers, applications to such items that assist participants with a need identified through the evaluation described below are eligible for Waiver funding through this service. Items reimbursed with Waiver funds shall be in addition to any medical supplies provided under the MA State Plan and shall exclude those items not of direct medical or remedial benefit to the participant. If the participant receives Behavioral Therapy or Behavioral Support Services, the assistive technology must be consistent with the participant's behavior support plan.</p> <p>Assistive technology devices must be recommended by an independent evaluation of the participant's assistive technology needs. The organization or professional providing the evaluation shall be credentialed, licensed, or certified in an area related to the specific type of technology needed, and may not have a fiduciary relationship with the assistive technology provider. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the ISP.</p> <p>Refer to the Provider Specification section below for criteria on provider requirements.</p> <p>When Assistive Technology is utilized to meet a medical need, documentation must be obtained stating that the service is medically necessary and not covered through the</p>
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C-1/C-3	Service Specification – Behavioral Support	This is a service that includes functional assessment; the development of strategies to support the	This is a service that includes functional assessment; the development of strategies to support the participant based

		participant based upon assessment; and the provision of training to participants, staff, parents and caregivers. Services must be required to meet the current needs of the participant, as documented and authorized in the ISP.	upon assessment; and the provision of interventions and training to participants, staff, parents and caregivers. Services must be required to meet the current needs of the participant, as documented and authorized in the ISP.
C-1/C-3	Service Specification – Behavioral Support	<p>The service is performed by an individual with a Masters Degree in Human Services (or a closely related field) or an individual under the supervision of a professional who is licensed or has a Masters Degree in Human Services (or a closely related field), and is limited to the following:</p> <ul style="list-style-type: none"> • Implementation of activities and strategies identified in the participant’s behavior support plan, 	<p>The service is performed by an individual with a Master’s Degree in Human Services (or a closely related field) or an individual under the supervision of a professional who is licensed or has a Master’s Degree in Human Services (or a closely related field), and is limited to the following:</p> <ul style="list-style-type: none"> • Implementation of activities and strategies identified in the participant’s behavior support plan, which may include educating and/or counseling the participant and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions;
C-1/C-3	Service Specification – Companion (Consolidated Only)	<p>Companion Services are not available for participants residing in agency-owned, rented/leased, or operated homes. This service may not be provided at the same time as any other direct waiver service (with the exception of Supports Coordination).</p> <p>Companion Services and Home and Community Habilitation have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone.</p> <p>Companion Services may not be provided at the same time as any of the following: Home and Community Habilitation, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p>	<p>Companion Services are may not available for participants residing in agency-owned, rented/leased, or operated homes be authorized for participants who receive Residential Habilitation Services. This service may not be provided at the same time as any other direct waiver service (with the exception of Supports Coordination).</p> <p>Companion Services and Home and Community Habilitation have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone.</p> <p>Companion Services may not be provided at the same time as any of the following: Home and Community Habilitation, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p>

C-1/C-3	Service Specification – Companion (P/FDS Only)	<p>Companion Services are not available for participants residing in agency-owned, rented/leased, or operated homes. This service may not be provided at the same time as any other direct waiver service (with the exception of Supports Coordination).</p> <p>Companion Services and Home and Community Habilitation have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone.</p> <p>Companion Services may not be provided at the same time as any of the following: Home and Community Habilitation, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p>	<p>Companion Services are not available for participants residing in agency-owned, rented/leased, or operated homes. This service may not be provided at the same time as any other direct waiver service (with the exception of Supports Coordination).</p> <p>Companion Services and Home and Community Habilitation have a maximum limit of 24 hours (96 15-minute units) per participant per calendar day whether used in combination or alone.</p> <p>Companion Services may not be provided at the same time as any of the following: Home and Community Habilitation, the direct portion of Supported Employment, Licensed Day Habilitation, Prevocational Services and Transitional Work Services.</p>
C-1/C-3	Service Specification- Home Accessibility Adaptations	<p>Maximum state and federal funding participation is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Home Accessibility Adaptations. A new \$20,000 limit can be applied when the participant moves to a new home.</p>	<p>Maximum state and federal funding participation is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Home Accessibility Adaptations. A new \$20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires.</p>
C-1/C-3	Service Specification – Home Accessibility Adaptations	<p><i>Provider Qualifications – License</i> Providers with a waiver service location in Pennsylvania must have a Pennsylvania contractor’s license.</p> <p>Providers with a waiver service location in states contiguous to Pennsylvania must have a comparable license.</p>	<p>Contractor’s license for the state of Pennsylvania, if required by trade.</p>
C-1/C-3	Service Specification – Transitional Work Services	<p><u><i>Specify applicable (if any) limits on the amount, frequency or duration of this service:</i></u></p> <p>Transitional Work Services may not be rendered under the Waiver until it has been verified that the</p>	<p><u><i>Specify applicable (if any) limits on the amount, frequency or duration of this service:</i></u></p> <p>Transitional Work Services may not be rendered under the Waiver until it has been verified that the services are not</p>

		services are not available to the participant under a program funded by either the Rehabilitation Act of 1973 as amended, or IDEA. Documentation must be maintained in the file of each participant receiving Transitional Work Services to satisfy the state assurance that the service is not otherwise available to the participant under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.	available to the participant under a program funded by either the Rehabilitation Act of 1973 as amended, or IDEA. Documentation must be maintained in the file of each participant receiving Transitional Work Services to satisfy the state assurance that the service is not otherwise available to the participant under a program funded under the Rehabilitation Act of 1973 as amended or IDEA.
C-1/C-3	Service Specification – Transportation	<i>Transportation- Trip</i> A trip is either transportation to a service from a participant’s private home or from the service to the participant’s home. Taking a participant to a service and returning the participant to his/her home is considered two trips or two units of service.	A trip is defined as either transportation to a waiver service from a participant’s private home, from the waiver service to the participant’s home, or from one waiver service to another waiver service. Taking a participant to a waiver service and returning the participant to his/her home is considered two trips or two units of service.
C-1/C-3	Service Specification – Transportation	<i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i>	<i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i> Waiver transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42 CFR §431.53 regarding transportation to and from providers of Medical Assistance services. Waiver transportation services may not be authorized for participants who receive Residential Habilitation services. (This statement will only apply to the Consolidated Waiver.)
C-2-a	Criminal History and/or Background Investigations	ODP requires criminal background checks for all employees/workers that come in contact with any waiver participant; and child abuse clearances on all employees that come in contact with waiver participants who are under the age of 18. Specific requirements for criminal background checks are included in 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 (Older Adult Protective Services Act, OAPSA). OAPSA requires that criminal background checks are requested from the Pennsylvania State Police prior to the applicant’s date of hire. If the applicant has not been a resident of the Commonwealth for the two years immediately	The Office of Developmental Programs (ODP) requires background clearances for all staff and volunteers who serve adults and persons under 18 years of age. The background clearance requirements differ between staff and volunteers who serve adults and those who serve persons under age 18. Listed first are the requirements for staff and volunteers serving adults followed by the requirements for staff (employees) and volunteers serving persons under age 18. ODP requires criminal background checks for all staff (which includes contractors or consultants) and volunteers who provide a waiver service through direct contact with a

	<p>preceding the date of application, a report of Federal criminal history record must be requested from the Federal Bureau of Investigation (FBI) in addition to a criminal history record from the Pennsylvania State Police.</p> <p>ODP requires child abuse clearances and FBI checks on all employees that come in contact with waiver participants who are under the age of 18. Specific requirements for these clearances are included in 23 Pa. C.S. Chapter 63.</p> <p>An agency may provisionally hire an employee pending receipt of a criminal history check, as applicable, if the following conditions are met:</p> <ul style="list-style-type: none"> •A provisionally-hired employee shall have applied for a criminal history check, as required, and give the provider a copy of the completed criminal history request form and child abuse form. •A provider may not hire a person provisionally if the provider has knowledge that the person would be disqualified for employment under 18 Pa. C.S. § 4911 (relating to tampering with public record information). •A provisionally-hired employee shall swear or affirm in writing that he has not been disqualified from employment or referral under this chapter. •A provider shall not permit the provisionally-hired employee awaiting a criminal history background check or child abuse check to work alone with a participant. •A provider shall monitor a provisionally-hired employee awaiting a criminal history check or child abuse check through random, direct observation and participant feedback. The results of monitoring shall be documented in the prospective employee’s file. •The period of provisional hire of an employee who is and has been, for a period of two years or more, a 	<p>participant who is an adult age 18 and older or are responsible for the provision of the service for adults age 18 and older. A Volunteer is defined as a person who:</p> <ol style="list-style-type: none"> 1) Provides one or more direct waiver services to a participant as authorized in the ISP, 2) Has unsupervised contact with the participant when providing the service(s), i.e. is alone with the participant, 3) Has freely chosen not to receive monetary compensation for provision of the service(s), and 4) Provides the service(s) on behalf of a qualified provider that has been authorized in an ISP to receive reimbursement for the service(s). <p>criminal background checks for all employees/workers that come in contact with any waiver participant; and child abuse clearances on all employees that come in contact with waiver participants who are under the age of 18. Specific requirements for criminal background checks are included in 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 (Older Adult Protective Services Act, OAPSA) and 55 Pa. Code Chapter 51. OAPSA and 55 Pa. Code Chapter 51 require that criminal background checks are requested from the Pennsylvania State Police prior to the applicant's date of hire. If the applicant has not been a resident of the Commonwealth for the two years immediately preceding the date of application, a report of Federal criminal history record must be requested from the Federal Bureau of Investigation (FBI) in addition to a criminal history record from the Pennsylvania State Police.</p> <p>ODP requires child abuse clearances and FBI checks on all employees that come in contact with waiver participants who are under the age of 18. Specific requirements for these clearances are included in 23 Pa. C.S. Chapter 63.</p> <p>An agency may provisionally hire an employee staff pending receipt of a criminal history check, as applicable, if the</p>
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		<p>resident of this Commonwealth, may not exceed 30 days. The period of provisional hire of an employee who has not been a resident of this Commonwealth for two years or more may not exceed 90 days. Compliance with background check requirements is verified through initial and ongoing provider qualification reviews, as well as provider monitoring conducted by ODP or the ODP Designee. For licensed providers, compliance with the Pennsylvania Code is also verified through annual licensing inspections.</p>	<p>following conditions are met:</p> <ol style="list-style-type: none"> 1) A provisionally-hired employee staff person shall have applied for a criminal history check and child abuse clearance, as required under 55 Pa. Code §§ 51.20 and 51.21 (relating to criminal history checks and child abuse clearances), and give the provider a copy of the completed criminal history request form and child abuse form. 2) A provider may not hire a person provisionally if the provider has knowledge that the person would be disqualified for employment under 18 Pa. C.S. § 4911 (relating to tampering with public record information). 3) A provisionally-hired employee staff person shall swear or affirm in writing that he has not been disqualified from employment or referral under 55 Pa. Code Chapter 51 or 23 Pa. C.S. 6344 (c) (2).this chapter. 4) A provider shall may not permit the provisionally-hired employee staff person awaiting a criminal history background check or child abuse check clearance to work alone with a participant. 5) A provider shall monitor a provisionally-hired employee staff person awaiting a criminal history check or child abuse check clearance through random, direct observation and participant feedback. The results of monitoring shall be documented in the prospective employee's provisionally-hired staff person's file. 6) The period of provisional hire of a staff person an employee that is and has been, for a period of two years or more, a resident of this Commonwealth, may not exceed 30 days. The period of provisional hire of a staff person an employee who has not been a resident of this Commonwealth for two years or more may not exceed 90 days. 7) Provisional hiring is not allowed for SSWs in the VF/EA FMS model.
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			<p>Requirements for employees and volunteers who are responsible for the welfare of or have direct contact with participants who are under age 18:</p> <p>Before beginning employment, employees who are either “responsible for the welfare of” or have “direct contact with a child” must obtain a state criminal history clearance, federal criminal history clearance, and a state child abuse clearance. Employees are also required to renew these clearances every 36 months. For further specific requirements regarding employees please refer to 23 Pa C.S. §§ 6303, 6344, and 6344.4.</p> <p>A person responsible for the welfare of a child is someone acting in lieu of a parent. Direct contact with children is providing care, supervision, guidance or control of children or having routine interaction with children. Routine interaction with children is seen as regular, ongoing contact with children that is integral to his or her day to day job responsibilities.</p> <p>An agency may provisionally hire an employee pending the receipt of the background clearances as required under 23 Pa C.S. § 6344 (m). Persons responsible for employment decisions may employ applicants on a provisional basis for up to 90 days, if the following conditions are met:</p> <ol style="list-style-type: none">1) The applicant has applied for the required clearances and provides copies of the request forms to the employer.2) The employer has no knowledge of information regarding the applicant that would disqualify him pursuant to 23 Pa. C.S § 6344 (c) (grounds for denying employment or participation in program, activity or service).3) The applicant swears in writing he is not disqualified pursuant to 23 Pa C.S. § 6344 (c) (grounds for denying employment or participation in program,
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			<p>activity or service).</p> <ol style="list-style-type: none"> 4) If information obtained as a result of the clearance requests disqualify the applicant, the employer will immediately dismiss the applicant. 5) During provisional employment, the applicant is not permitted to work alone with children and must work in the immediate vicinity of a permanent employee. <p>Before beginning service, adult volunteers who are either responsible for the welfare of or have direct contact with a child must obtain a state criminal history clearance and a state child abuse clearance. A volunteer is relieved of the requirement to obtain the federal criminal history clearance if:</p> <ol style="list-style-type: none"> 1) The position the volunteer is applying for is unpaid. 2) The volunteer has been a resident of Pennsylvania for the entirety of the previous ten-year period. 3) The volunteer swears in writing that they are not disqualified from service as required under 23 Pa C.S. § 6344 (c) (grounds for denying employment or participation in program, activity or service). <p>Volunteers are also required to renew these clearances every 36 months. The definitions for “responsible for the welfare of a child” and “direct contact with a child” are the same as described above for employees. For further specific requirements regarding volunteers please refer to 23 Pa C.S. §§ 6344, 6344.2, and 6344.4.</p> <p>Volunteers who have residency in another state or country may begin serving provisionally for a single period not to exceed 30 days if the volunteer has clearances from their home state or country. For specific requirements please see 23 Pa C.S. §6344.2 (f).</p> <p>Compliance with background check requirements is verified through initial and ongoing provider qualification reviews, as</p>
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			well as provider monitoring conducted by ODP or the ODP Designee. For licensed providers, compliance with the Pennsylvania Code is also verified through annual licensing inspections.
D-1-d (A)	Participant-Centered Planning and Service Delivery - Who Develops The Plan, Who Participates In The Process, And The Timing Of The Plan	The team consists of the participant, the participant's family/surrogate, the Supports Coordinator, providers of service, and other people who are important in the participant's life and who the participant chooses to include.	The team consists of the participant, the participant's family/surrogate, the Supports Coordinator, the common law employer or managing employer , providers of service, and other people who are important in the participant's life and who the participant chooses to include.
D-1-d (A)	Participant-Centered Planning and Service Delivery - Who Develops The Plan, Who Participates In The Process, And The Timing Of The Plan	The Supports Coordinator is responsible for developing ISPs by performing the following activities in accordance with specific requirements and timeframes as established by ODP:... <ul style="list-style-type: none"> •Distributing invitations to team members at least 30 calendar days before the ISP meeting is held. 	The Supports Coordinator is responsible for developing ISPs by performing the following activities in accordance with specific requirements and timeframes as established by ODP:... <ul style="list-style-type: none"> •Distributing invitations to team members at least 30 calendar days before the ISP meeting is held. It is not necessary to provide at least 30 calendar days advance notice in emergency situations for new enrollees or current participants that require ISP meetings to be held more quickly to meet health and safety assurances.

D-1-d (B)	Service Plan Development	<p>In order to receive services and to ensure that services provided can meet the needs of the participant to ensure health and welfare, all waiver participants as well as those entering the waiver must have a statewide standardized needs assessment completed once every three years. If a major change in the participant’s life occurs that has a lasting impact on his or her support needs, is anticipated to last more than six months, and makes his or her standardized assessment inaccurate and no longer current, then a new assessment should be requested.</p>	<p>In order to receive services and to ensure that services provided can meet the needs of the participant to ensure health and welfare, all waiver participants as well as those entering the waiver must have a statewide standardized needs assessment completed once every three years. If a SIS cannot be completed prior to enrollment because the individual requires the immediate initiation of waiver services to ensure health and welfare, the appropriate Regional Office of ODP must be notified. Once approved, a SIS must then be scheduled within 30 days of enrollment in the Waiver. If a major change in the participant’s life occurs that has a lasting impact on his or her support needs, is anticipated to last more than six months, and makes his or her standardized assessment inaccurate and no longer current, then a new assessment should be requested.</p>
D-1-d (F)	Service Plan Development	<p>The Supports Coordinator is responsible to monitor and verify that participants receive services in the type, amount, duration and frequency specified in the service plan. To ensure that this process and related Supports Coordinator functions are performed in accordance with all applicable rules and guidelines, ODP conducts a 3-phase annual SCO monitoring process. There are three phases of the SCO monitoring. Phase 1 is an ongoing activity throughout the year. In phase 1, the Performance Review phase, reports are available quarterly to providers and SCOs in HCSIS. In phase 2, the Self-Reporting phase, SCOs use standardized monitoring tools to self-assess their compliance level across a variety of measures, including service plan development activity. This information allows SCOs to plan their improvement strategies to enhance the quality of services and prepare for their on-site audit. The data gathered from this phase also provides ODP with a baseline to track and trend statewide compliance of SCOs across measures. SCOs complete the self-report annually. Phase 3, the On-site Audit</p>	<p>The Supports Coordinator is responsible to monitor and verify that participants receive services in the type, amount, duration and frequency specified in the service plan. To ensure that this process and related Supports Coordinator functions are performed in accordance with all applicable rules and guidelines, ODP conducts a 3 2-phase annual SCO monitoring process. There are three two phases of the SCO monitoring. Phase 1 is an ongoing activity throughout the year. In phase 1, the Performance Review phase, reports are available quarterly to providers and SCOs in HCSIS. In phase 2 1, the Self-Reporting phase, SCOs use standardized monitoring tools to self-assess their compliance level across a variety of measures, including service plan development activity. This information allows SCOs to plan their improvement strategies to enhance the quality of services and prepare for their on-site audit review. The data gathered from this phase also provides ODP with a baseline to track and trend statewide compliance of SCOs across measures. SCOs complete the self-report annually. Phase 3 2, the On-site Audit Review phase, is the validation of the self-reporting information conducted by ODP. ODP uses the same tool in the On-site Audit Review that was used by the provider or</p>

		phase, is the validation of the self-reporting information conducted by ODP. ODP uses the same tool in the On-site Audit that was used by the provider or SCO in the Self-Reporting phase. Based on the findings of the Final Audit report and Exit Conference, the SCO and ODP will develop a corrective action plan addressing any identified areas of concern.	SCO in the Self-Reporting phase. Based on the findings of the Final Audit Audit Monitoring report and Exit Conference, the SCO and ODP will develop a corrective action plan addressing any identified areas of concern.
D-1-e	Risk Assessment and Mitigation	Each ISP contains detailed information on supports and strategies designed to mitigate risk to the participant which includes a back-up plan specific to the participant. The provider develops a back-up plan that outlines how the provider will provide the authorized service(s). The back-up plan must then be shared with the Supports Coordinator, the participant and the team. These back-up plans are developed with the unique needs and risk factors of the participant in mind and are incorporated into the ISP by the Supports Coordinator to ensure that the entire team is aware of the strategies necessary to reduce and, when needed, address risks. The strategies identified to both mitigate and deal with risks reflect the underlying person centered principles of the process and are structured in a manner that reflects and supports participant preferences and goals.	Each ISP contains detailed information on supports and strategies designed to mitigate risk to the participant which includes a back-up plan specific to the participant. A back-up plan is the strategy developed by a provider to ensure the services the provider is authorized to provide is delivered in the amount, frequency, and duration as referenced in the individual's ISP. These back-up plans are developed with the unique needs and risk factors of the participant in mind and discussed and shared with the individual and team. A back-up plan is required for individuals supported in their own private residence or other settings where staff might not be continuously available. The provider develops a back-up plan that outlines how the provider will provide the authorized service(s). The back-up plan must then be shared with the Supports Coordinator, the participant and the team. These back-up plans are incorporated into the ISP by the Supports Coordinator to ensure that the entire team is aware of the strategies necessary to reduce and, when needed, address risks. The ISP should include a backup plan to address contingencies such as emergencies, including the failure of a direct care support worker to appear when scheduled to provide necessary services when the absence of the service presents a risk to the participant's health and welfare. The strategies identified to both mitigate and deal with risks reflect the underlying person centered principles of the process and are structured in a manner that reflects and supports participant preferences and goals. Back-up plans are reviewed at the annual plan meeting and revised as needed throughout the year. Supports Coordinators should

			monitor that the individual is receiving the appropriate type, amount, duration and frequency of services to address the individual's assessed needs and desired outcomes as documented in the approved and authorized ISP.
D-2-a	Service Plan Implementation and Monitoring (P/FDS Only)	<p>*For waiver participants living with a family member, the supports coordinator shall contact the waiver participant at least once every three (3) calendar months and shall conduct a face-to-face monitoring at least once every six (6) calendar months. At least one face-to-face monitoring per calendar year must take place in the participant's home.</p> <p>*For waiver participants in any other living arrangement, including but not limited to their own home, Personal Care Homes, or Domiciliary Care Homes, the supports coordinator shall conduct a face-to-face monitoring at least once every three calendar months and shall contact the waiver participant at least once every calendar month. At least one of the face-to-face monitoring visits every six calendar months must take place in the waiver participant's home.</p> <p>For PFDS waiver participants who do NOT receive at least one Waiver service each calendar month, ODP requires the following monitoring frequency by the Supports Coordinator, regardless of the participant's living arrangement:</p> <ul style="list-style-type: none"> * Contact at least once every calendar month; and *A face-to-face monitoring contact at least once every three calendar months. At least two of the face-to-face visits per calendar year must take place in the participant's home. 	<p>*For waiver participants living with a family member, the supports coordinator shall contact conduct a phone monitoring with the waiver participant at least once every three (3) calendar months at a minimum and shall conduct a face-to-face monitoring at least once every six (6) calendar months at a minimum. At least one face-to-face monitoring per calendar year must take place in the participant's home.</p> <p>*For waiver participants in any other living arrangement, including but not limited to their own home, Personal Care Homes, or Domiciliary Care Homes, the supports coordinator shall conduct a phone monitoring with the waiver participant at least once every calendar month at a minimum and shall conduct a face-to-face monitoring at least once every three calendar months at a minimum . At least one of the face-to-face monitoring visits every six calendar months must take place in the waiver participant's home.</p> <p>For P/FDS waiver participants who do NOT receive at least one Waiver service each calendar month, ODP requires the following monitoring frequency by the Supports Coordinator, regardless of the participant's living arrangement:</p> <ul style="list-style-type: none"> * Contact Phone monitoring at least once every calendar month at a minimum; and *A face-to-face monitoring contact at least once every three calendar months at a minimum. At least two of the face-to-face visits per calendar year must take place in the participant's home.
D-2-a (B)	Service Plan Implementation and Monitoring	Emergency back up plans, detailed in each participants' ISP which ensure the continuity of services, and participant health and welfare assurances are included in the monitoring process.	Emergency back up plans, detailed in each participant's ISP who is supported in their own private residence or other settings where staff might not be continuously available which ensure the continuity of services, and participant health and welfare assurances are included in the monitoring

			process.
D-2-a-(C)	Service Plan Implementation and Monitoring	AEs monitor implementation of the ISP on a periodic basis through the approval of ISPs and authorizations of services as initially developed and as revisions are made to address changing needs of the participants. This information is collected and recorded in HCSIS and is reviewed by ODP through oversight monitoring of the AEs. AEs also monitor the implementation of the service plan bi-annually through Provider Monitoring process.	AEs monitor implementation of the ISP on a periodic basis through the approval of ISPs and authorizations of services as initially developed and as revisions are made to address changing needs of the participants. This information is collected and recorded in HCSIS and is reviewed by ODP through oversight monitoring of the AEs. AEs also monitor the implementation of the service plan bi-annually biennially through Provider Monitoring process.
E-1-i-ii	Payment for FMS	After a date specified by ODP, a one-time start-up administrative fee is available to be authorized for each participant for required activities related to the participant's enrollment with the statewide VF/EA FMS. The start-up administrative fee is authorized for each participant in the month prior to authorization of the ongoing monthly per participant administrative fee. The one-time start-up administrative fee is established by ODP.	After a date specified by ODP A one-time start-up administrative fee is available to be authorized for each participant for required activities related to the participant's enrollment with the statewide VF/EA FMS. The start-up administrative fee is authorized for each participant in the month prior to authorization of the ongoing monthly per participant administrative fee. also includes the monthly administrative fee for the first month and as such should be authorized for each participant in the first month that VF/EA services will begin. The monthly administrative fee will then be authorized for the subsequent months. The one-time start-up administrative fee is established by ODP.
G-2-b-i	Safeguards Concerning the Use of Restrictive Interventions	<p>PROTOCOLS FOR AUTHORIZING THE USE OF RESTRICTIVE INTERVENTIONS, INCLUDING TREATMENT PLANNING AND REVIEW/AUTHORIZING PROCEDURES</p> <p>Prior to a restrictive procedure being employed a restrictive procedure review committee must approve the use. The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the participant and is convened by the provider. The committee establishes time frames for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews. The committee will ensure that the restrictive procedure plan includes the types of</p>	<p>PROTOCOLS FOR AUTHORIZING THE USE OF RESTRICTIVE INTERVENTIONS, INCLUDING TREATMENT PLANNING AND REVIEW/AUTHORIZING PROCEDURES</p> <p>Prior to a restrictive procedure being employed a restrictive procedure review committee must approve the use. The restrictive procedure review committee shall include a majority of persons who do not provide direct services to the participant and is convened by the provider. The committee establishes time frames for review and revision of the restrictive procedure plan, not to exceed 6 months between reviews. The committee will ensure that the restrictive procedure plan includes the types of restrictive procedures that may be used and the circumstances under which the procedures may be used, the specific behavior to be</p>

		<p>restrictive procedures that may be used and the circumstances under which the procedures may be used, the specific behavior to be addressed and the suspected antecedent or reason for the behavior, and outcome desired stated in measurable terms. Methods for modifying or eliminating the behavior, such as changes in the participant’s physical and social environment, changes in the participant’s routine, improving communications, teaching skills and reinforcing appropriate behavior will also be included in the plan and reviewed by the committee.</p>	<p>addressed and the suspected antecedent or reason for the behavior, and outcome desired stated in measurable terms. Methods for modifying or eliminating the behavior, such as changes in the participant’s physical and social environment, changes in the participant’s routine, improving communications, teaching skills and reinforcing appropriate behavior will also be included in the plan and reviewed by the committee.</p> <p>ODP utilizes a person-centered planning model for all activities associated with provider training for restrictive interventions. Training and education surrounding restrictive interventions are based on the unique needs of the individual as outlined in the restrictive intervention plan. The curriculum is based on the specific techniques outlined in the person centered plan that includes the use of restrictive interventions. ODP requires that staff associated with waiver services that may need to employ a restrictive intervention “Be trained to meet the unique needs of the participant which includes but is not limited to communication, mobility and behavioral needs (these education and training requirements are outlined in Appendix C: Participant Services C-1/C-3: Service Specification).”</p> <p>Training curricula and frequency is directly related to the person centered plan that includes the use of restrictive interventions. At a minimum, frequency of staff training must occur prior to rendering services to a participant according to 55 Pa Code §51.23 (b) Provider training and at least annually, according to §51.23(a) (2) Provider training.</p> <p>Examples of the types of education and trainings include multiple nationally recognized intervention programs that focus on the use of least restrictive interventions such as Safe Crisis Management Certification Training Program and Crisis Prevention Institute’s techniques of Nonviolent Crisis Management.</p>
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H-1-a-i	System Improvements	IM4Q monitors satisfaction and outcomes of participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting. Interview results are entered into HCSIS and when necessary used to make service changes. IM4Q data is aggregated into provider, AE, regional and statewide reports.	IM4Q monitors satisfaction and outcomes of participants receiving services through indicators organized into areas of satisfaction, dignity and respect, choice and control, inclusion, and physical setting. IM4Q will also monitor satisfaction with Supports Coordination services. Interview results are entered into HCSIS and when necessary used to make service changes. IM4Q data is aggregated into provider, AE, regional and statewide reports.
I-2-a	Rate Determination Methods (Consolidated Waiver Only)	2. Cost-Based: The cost-based rates are developed in accordance with Department standards and as follows:	2. Cost-Based: The cost-based rates are developed in accordance with Department standards as set forth in 55 Pa. Code Chapter 51, which is incorporated by reference, and as follows:
1-2-a	Rate Determination Methods (Consolidated Waiver Only)	2. Cost-Based: * After the unit costs for each Residential Habilitation eligible service is adjusted through the outlier review process, a single, standardized vacancy factor is applied to reflect payment to providers for an average number of vacant days. The vacancy factor is applied to finalize a provider's residential rate. As such, a separate payment is not made to providers for the vacancy factor.	2. Cost-Based: * After the unit costs for each Residential Habilitation eligible service is adjusted through the outlier review process, a single, standardized vacancy factor is applied to reflect payment to providers for an average number of vacant days. The vacancy factor is applied to finalize a provider's residential rate. As such, a separate payment is not made to providers for the vacancy factor. * A provider may submit a request for a waiver for an exception to the vacancy factor when a provider's total vacancy amount for waiver residential locations exceeds the vacancy factor. * The Department, for the period July 1, 2015 through June 30, 2017, will allow for a retention factor as determined by the Department for provider cost-based residential rates.
I-2-a	Rate Determination Methods	N/A	Changes being made to the previous amendment regarding appendix I and J must be incorporated in this application as this amendment comes after the proposed effective date of the .03 amendment which is July 1, 2014. If the changes are no longer reflected when .03 is approved, the state will submit a technical amendment to incorporate the appropriate language to both appendix I and J.