

# ATTENDANT CARE WAIVER SERVICE DEFINITIONS

## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Assistance Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p>Personal Assistance Services primarily provide hands-on assistance to participants that reside in a private home and that are necessary, as specified in the service plan, to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>This service will be provided to meet the participant’s needs, as determined by an assessment, in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>Personal Assistance Services are aimed at assisting the individual to complete tasks of daily living that would be performed independently if the individual had no disability. These services include:</p> <ul style="list-style-type: none"> <li>• Care to assist with activities of daily living (e.g., eating, bathing, dressing, personal hygiene), cueing to prompt the participant to perform a task and providing supervision to assist a participant who cannot be safely left alone.</li> <li>• Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care and range of motion as indicated in the individual’s service plan and permitted under applicable State requirements.</li> <li>• Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant.</li> <li>• Assistance and implementation of prescribed therapies.</li> <li>• Overnight Personal Assistance Services to provide intermittent or ongoing awake, overnight assistance to a participant in their home for up to eight hours. Overnight Personal Assistance Services require awake staff.</li> </ul> <p>Personal Assistance may include assistance with the following activities when incidental to personal assistance and necessary to complete activities of daily living:</p> <ul style="list-style-type: none"> <li>• Activities that are incidental to the delivery of Personal Assistance to assure the health, welfare</li> </ul>	

and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.

- Services to accompany the participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Personal Assistance Services may only be funded through the waiver when the services are not covered by the State Plan, EPSDT, or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan, EPSDT, or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.

Costs incurred by the personal assistance workers while accompanying the participant into the community are not reimbursable under the waiver as Personal Assistance Services. The transportation costs associated with the provision of Personal Assistance outside the participant’s home are not included in the scope of Personal Assistance.

Activities that are incidental to the delivery of Personal Assistance Services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.

Personal Assistance Services cannot be provided simultaneously with Participant-Directed Community Supports or Participant-Directed Goods and Services.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	<b>Individual Support Service Worker</b>		<b>Home Care Agency</b>	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Home Care Agency</b>	Licensed by the PA Department of	N/A	Agency: <ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and</li> </ul>

	<p>Health, per 28 PA Code Part IV, Subpart H, Chapter 611 (Home Care Agencies and Home Care Registries), under Act 69</p>		<p>have a signed Medicaid waiver provider agreement;</p> <ul style="list-style-type: none"> <li>• Comply with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability Insurance;</li> <li>• Have Professional Liability Errors and Omissions Insurance;</li> <li>• Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs; and</li> <li>• Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</li> </ul> <p>Individuals working for agencies must meet the following standards::</p> <ul style="list-style-type: none"> <li>• Be 18 years of age or older;</li> <li>• Possess basic math, reading and writing skills;</li> <li>• Complete training or demonstrate competency by passing a competency test as outlined in Section 611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act;</li> <li>• Have the required skills to perform services as specified in the participant’s service plan;</li> </ul>
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			<ul style="list-style-type: none"> <li>• Complete any necessary pre/in-service training related to the participant’s service plan;</li> <li>• Agree to carry-out outcomes included in the participant’s service plan;</li> <li>• Possess a valid Social Security number;</li> <li>• Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
<b>Individual Support Service Worker</b>	N/A	N/A	<p>Support Services workers must:</p> <ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</li> <li>• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Be 18 years of age or older;</li> </ul>

			<ul style="list-style-type: none"> <li>• Possess basic math, reading, and writing skills;</li> <li>• Possess a valid Social Security number;</li> <li>• Submit to a criminal record check;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</li> <li>• Have the required skills to perform Personal Assistance Services as specified in the participant's service plan;</li> <li>• Complete any necessary pre/in-service training related to the participant's service plan;</li> <li>• Agree to carry-out outcomes included in the participant's service plan; and</li> <li>• Be able to demonstrate the capability to perform health maintenance activities specified in the participant's service plan or receive necessary training.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Home Care Agency	OLTL/PA Department of Health	At least every two years and more frequently when deemed necessary by the Department
Individual	Fiscal Employer Agent/OLTL	At least every two years and more frequently when deemed necessary by the Department.

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
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## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Community Transition Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p>Community Transition Services are one-time expenses for individuals that make the transition from an institution to their own home, apartment or family/friend living arrangement. The service must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure health, welfare and safety of the participant.</p> <p>Community Transition Services may be used to pay the necessary expenses for an individual to establish his or her basic living arrangement and to move into that arrangement. The following are categories of expenses that may be incurred:</p> <ul style="list-style-type: none"> <li>• Equipment, essential furnishings and initial supplies. Examples—household products, dishes, chairs, tables;</li> <li>• Moving Expenses;</li> <li>• Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment, home or community living arrangement;</li> <li>• Set-up fees or deposits for utility or service access, Examples – e.g. telephone, electricity, heating;</li> <li>• Items for personal and environmental health and welfare (Examples - personal items for inclement weather, pest eradication, allergen control, one-time cleaning prior to occupancy.)</li> </ul> <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii.</p>	
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>	
<ul style="list-style-type: none"> <li>• Community Transition Services are furnished only to the extent that they are reasonable and necessary, as determined through the ISP development process; clearly identified in the service plan and the participant is unable to meet such expense; or when the services cannot be obtained from other resources.</li> </ul>	

- Expenditures may not include ongoing payment for rent or mortgage expenses.
- Community Transition Services do not include food, regular utility charges and/or household appliances or items that are intended for purely for diversion/recreational purposes.
- Community Transition Services are limited to the purchase of the specific items to facilitate transition and not the supports or activities provided to obtain the items.
- Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by OLTL.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	X	Individual. List types:	X	Agency. List the types of agencies:
	Independent Vendor		Transitional Service Provider	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Transitional Service Provider			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability insurance;</li> <li>• Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication,</li> </ul>

			<p>mobility and behavioral needs; and</p> <ul style="list-style-type: none"> <li>• Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with all Department standards, regulations, policies and procedures related to provider qualifications;</li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
<p><b>Independent Vendor</b></p>			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> </ul>

			<ul style="list-style-type: none"> <li>• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability insurance;</li> <li>• Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</li> <li>• Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is</li> </ul>
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			necessary to provide the service.	
<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
<b>Transitional Service Provider</b>	OHCDS OLTL		OHCDS - Upon Purchase and Annually thereafter At least every two (2) years and more frequently when deemed necessary by the Department	
<b>Independent Vendor</b>	OHCDS OLTL		OHCDS - Upon Purchase and Annually thereafter At least every two (2) years and more frequently when deemed necessary by the Department	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed

### Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Personal Emergency Response System (PERS)
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year.</p> <p>PERS services are limited to those individuals who:</p> <ul style="list-style-type: none"> <li>• Live alone.</li> <li>• Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances.</li> <li>• Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency.</li> <li>• Would otherwise require extensive in-person routine monitoring and assistance. Installation, repairs, monitoring and maintenance are included in this service.</li> </ul> <p>The provision of this service may be facilitated by an Organized Health Care Delivery System as described in Appendix I.3.g.ii</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>This service is not covered in the State Plan. Participants can only receive PERS services when they meet eligibility criteria specified in accordance with Department standards, and the services are not covered under Medicare or other third-party resources.</p> <p>The Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service</p>	

Coordinator and updated with each reauthorization.

Installation is covered one time per residential site.

Stand alone smoke detectors will not be billed under PERS.

PERS covers the actual cost of the service and does not include any additional administrative costs.

The frequency and duration of this service is based upon the participant's needs as identified and documented in the participant's service plan.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Vendors of Personal Emergency Response Systems
				Home Health Agency
				Durable Medical Equipment and Supply Company

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Vendors of Personal Emergency Response Systems			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability insurance;</li> <li>• All PERS installed shall be certified as</li> </ul>

			<p>meeting standards for safety and use, as may be promulgated by any governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply, including any applicable business license; and</p> <ul style="list-style-type: none"> <li>• Organization must have capacity to provide 24-hour coverage by trained professionals, 365 days/year.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
Home Health Agency	Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities Subpart G. Chapter 601 and Subpart A Chapter 51	Certification as required by 42CFR Part 484	<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker's Compensation insurance in accordance with State</li> </ul>

			<p>statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> <li>• Have Commercial General Liability insurance; and</li> <li>• Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
Durable Medical Equipment and Supply Company			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability insurance; and</li> <li>• Meet State regulations under 55 PA</li> </ul>

			<p>Code 1123 regarding participation for medical supplies.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Vendors of Personal Emergency Response Systems</b>	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department
<b>Home Health Agency</b>	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department
<b>Durable Medical Equipment and Supply Company</b>	OLTL/OHCDS	OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Service Coordination
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p>Service Coordination identifies, coordinates and assists participants to gain access to needed waiver services and State Plan services, as well as non-Medicaid funded medical, social, housing, educational and other services and supports. Service Coordination includes the primary functions of providing information to participants and facilitating access, locating, coordinating and monitoring needed services and supports for waiver participants.</p> <p>This service will be provided to meet the participant’s needs as determined by an assessment performed in accordance with Department requirements, and as outlined in the participant’s service plan.</p> <p>In the performance of providing information to participants, the Service Coordinator will:</p> <ul style="list-style-type: none"> <li>• Inform participants about the waiver, required needs assessments, the participant-centered planning process, service alternatives, service delivery options (opportunities for participant-direction), roles, rights, risks and responsibilities.</li> <li>• Inform participants on fair hearing rights and assist with fair hearing requests when needed and upon request.</li> </ul> <p>In the performance of facilitating access to needed services and supports, the Service Coordinator will:</p> <ul style="list-style-type: none"> <li>• Collect additional necessary information, including, at a minimum, participant preferences, strengths and goals to inform the development of the participant-centered service plan.</li> <li>• Conduct reevaluation of level of care annually or more frequently as needed in accordance with Department requirements.</li> <li>• Assist the participant and his/her service planning team in identifying and choosing willing and qualified providers.</li> <li>• Coordinate efforts and prompt the participant to ensure the completion of activities necessary to maintain waiver eligibility.</li> </ul> <p>In the performance of the coordinating function, the Service Coordinator will:</p> <ul style="list-style-type: none"> <li>• Coordinate efforts in accordance with Department requirements and prompt the participant to participate in the completion of a needs assessment as required by the State to identify appropriate levels of need and to serve as the foundation for the development of and updates to</li> </ul>	

the service plan.

- Use a person-centered planning approach and a team process to develop the participant's service plan to meet the participant's needs in the least restrictive manner possible. At a minimum, the approach shall:
  - Include people chosen by the participant for service plan meetings, review assessments, include discussion of needs, to gain understanding of the participant's preferences, suggestions for services and other activities key to ensure a participant-centered service plan.
  - Provide necessary information and support to ensure that the participant directs the process to the maximum extent possible and is enabled to make informed choices and decisions.
  - Be timely and occur at times and locations of convenience to the participant.
  - Reflect cultural considerations of the participant.
  - Include strategies for solving conflict or disagreement within the process.
  - Offer choices to the participant regarding the services and supports they receive and the providers who may render them.
  - Inform participants of the method to request updates to the service plan.
  - Ensure and document the participant's participation in the development of the service plan.
- Develop and update the service plan in accordance with Appendix D, based upon the standardized needs assessment and participant-centered planning process annually, or more frequently as needed.
- Explore coverage of services to address participant identified needs through other sources, including services provided under the State Plan, Medicare and/or private insurance or other community resources. These resources shall be used until the plan limitations have been reached or a determination of non-coverage has been established and prior to any service's inclusion in the service plan, in accordance with Department standards.
- Actively coordinate with other individuals and/or entities essential in the physical and/or behavioral care delivery for the participant, including HealthChoices care coordinators, to ensure seamless coordination between physical, behavioral and support services.
- Coordinate with providers and potential providers of services to ensure seamless service access and delivery.
- Coordinate with the participant's family, friends and other community members to cultivate the participant's natural support network, to the extent that the participant (adult) has provided permission for such coordination.

In the performance of the monitoring function, the Service Coordinator will:

- Ensure that services are furnished in accordance with the ISP.
- Ensure that services meet participant needs.
- Monitor the health, welfare and safety of the participant and service plan implementation through regular contacts (monitoring visits with the participant, paid and unpaid caregivers and others) at a minimum frequency as required by the Department.
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health, welfare and safety of the participant in accordance with Appendix G.
- Monitor the effectiveness of back-up plans.

- Review provider documentation of service provision and monitor participant progress on outcomes and initiate service plan team discussions or meetings when services are not achieving desired outcomes.
- Through the service plan monitoring process, solicit input from participant and/or family, as appropriate, related to satisfaction with services.
- Arrange for modifications in services and service delivery, as necessary, to address the needs of the participant, consistent with an assessment of need and Department requirements, and modify the service plan accordingly.
- Advocate for continuity of services, system flexibility and integration, proper utilization of facilities and resources, accessibility and participant rights.
- Participate in any Department identified activities related to quality oversight.

Service Coordination includes functions necessary to facilitate community transition for participants who received Medicaid-funded institutional services (i.e Nursing Facilities) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Service Coordination activities for participants leaving institutions must be coordinated with, and must not duplicate, institutional discharge planning. This service may be provided up to 180 days in advance of anticipated movement to the community.

Service Coordination entities must use an information system as approved and required by the Department to maintain case records in accordance with Department requirements.

Services must be delivered in a manner that supports the participant's communication needs, including, but not limited to, age appropriate communication, translation services for participants that are of limited-English proficiency or who have other communication needs requiring translation, assistance with the provider's understanding and use of communication devices used by the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Coordination is limited to 144 units over a 12-month period. However, in order to meet the varying needs of individuals for service coordination services, this service limitation may be waived when reviewed and approved by OLTL.

The following activities are excluded from Service Coordination as a billable waiver service:

- Outreach or eligibility activities (other than transition services) before participant enrollment in the waiver.
- Travel time incurred by the Service Coordinator may not be billed as a discrete unit of service.
- Services that constitute the administration of another program such as parole and probation functions, legal services, public guardianship, special education and foster care.
- Representative payee functions.
- Other activities identified by the Department.

Service Coordination must be conflict free and may only be provided by agencies and individuals employed by agencies who are not:

- Related by blood or marriage to the participant or to any paid service provider of the participant.
- Financially or legally responsible for the participant.
- Empowered to make financial or health-related decisions on behalf of the participant.

- Sharing any financial or controlling interest in any entity that is paid to provide care for or conduct other activities on behalf of the participant.
- Individuals employed by agencies paid to render direct or indirect services (as defined by the Department) to the participant, or an employee of an agency that is paid to render direct or indirect services to the participant.

Claims for costs incurred on behalf of participants transitioning from an institutional setting may only be paid after the transition to the community.

Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.

### Provider Specifications

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Service Coordination Entity
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

### Provider Qualifications *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
<b>Service Coordination Entity</b>			Service Coordination Entities must: <ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Meet the conflict free requirements pursuant to 55 PA Code, Chapter 52, §52.28;</li> <li>• Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker's Compensation insurance in accordance with State statute and in accordance with</li> </ul>

			<p>Department policies;</p> <ul style="list-style-type: none"> <li>• Have Commercial General Liability insurance;</li> <li>• Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs;</li> <li>• Comply with and meet all standards as applied through each phase of the standard, annual Department performed monitoring process;</li> <li>• Ensure 24-hour access to Service Coordination personnel (via direct employees or a contract) for response to emergency situations that are related to the Service Coordination service or other waiver services;</li> <li>• Sufficient professional staff to perform the needed assessment/reevaluation, service coordination and support activities; and</li> <li>• Registered nurse (RN) consulting services available, either by a staffing arrangement or through a contracted consulting arrangement.</li> </ul> <p>Service Coordinators must meet the following:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Meet the qualification and training requirements pursuant to PA Code, Chapter 52, §52.27;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per</li> </ul>
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			<p>23 PA C.S. Chapter 63); and</p> <ul style="list-style-type: none"> <li>• Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul> <p>Service Coordination Supervisors must meet the following:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Meet the qualification and training requirements pursuant to PA Code, Chapter 52, §52.27;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<b>Service Coordination Entity</b>	OLTL	At least every two (2) years and more frequently when deemed necessary by the Department

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
<b>Service Title:</b>	Participant-Directed Community Supports
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
<b>Service Definition (Scope):</b>	
<p>Participant-Directed Community Supports will be offered to participants choosing budget authority under the Services My Way model. Participant-Directed Community Supports are specified by the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired and managed by the participant. Services include assisting the participant with the following:</p> <ul style="list-style-type: none"> <li>• Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living;</li> <li>• Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities;</li> <li>• Improving and maintaining mobility and physical functioning;</li> <li>• Maintaining health and personal safety;</li> <li>• Carrying out household chores such as shopping, laundry, cleaning and seasonal chores;</li> <li>• Preparation of meals and snacks;</li> <li>• Accessing and using transportation (If providing transportation, the support services worker must have a valid driver's license and liability coverage as verified by the F/EA); and</li> <li>• Participating in community experiences and activities.</li> </ul> <p>Supports will be available to assist the participant in performing employer-related duties and responsibilities through the Fiscal/Employer Agent (F/EA) and Service Coordinator.</p>	
<b>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</b>	
<p>Participant-directed Community Support services may only be funded through the waiver when the services are not covered by the State Plan, EPSDT or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan, EPSDT or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant's file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p>Participant-Directed Community Supports may not be provided at the same time as Personal Assistance Services and Participant-Directed Goods and Services.</p>	

Provider Specifications				
Provider Category(s) (check one or both):	X	Individual. List types:	<input type="checkbox"/>	Agency. List the types of agencies:
		Individual Support Service Worker		
Specify whether the service may be provided by (check each that applies):	X	Legally Responsible Person	X	Relative/ <del>Legal Guardian</del>
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	
<b>Individual Support Service Worker</b>			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</li> <li>• Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Be at least 18 years of age;</li> <li>• Possess a valid Social Security number;</li> <li>• Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavior needs;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per</li> </ul>	

			23 PA C.S. Chapter 63); and <ul style="list-style-type: none"> <li>When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.</li> </ul>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Individual	The participant and Fiscal/Employer Agent	<ul style="list-style-type: none"> <li>At time of selection of the individual worker to be hired</li> <li>F/EA will verify provider qualifications are met during the provider employment process and will enter into a provider agreement with each provider on behalf of the State Medicaid agency</li> </ul>

**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed
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## Appendix C-3: Waiver Services Specifications

For each service listed in Appendix C-1, provide the information specified below. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Participant-Directed Goods and Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
<input checked="" type="radio"/>	Service is included in approved waiver. There is no change in service specifications.
<input type="radio"/>	Service is included in approved waiver. The service specifications have been modified.
<input type="radio"/>	Service is not included in the approved waiver.
Service Definition (Scope):	
<p>This service is only available through the Services My Way (budget authority) participant-directed model.</p> <p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan. These items must address an identified need in the participant's traditional service plan (including improving and maintaining the individual's opportunities for full participation in the community) and meet the following requirements. The item or service would meet one or more of the following:</p> <ul style="list-style-type: none"> <li>• Decrease the need for other Medicaid services;</li> <li>• Promote or maintain inclusion in the community;</li> <li>• Promote the independence of the participant;</li> <li>• Increase the individual's health and safety in the home environment;</li> <li>• Develop or maintain personal, social, physical or work-related skills;</li> <li>• Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or</li> <li>• Fulfill a medical, social or functional need as identified in the participant's individual service plan.</li> </ul> <p>Participant-directed goods and services are purchased from the participant's Individual Spending Plan.</p>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>Participant-directed Goods and Services may only be funded through the waiver when the services are not covered by the State Plan, EPSDT or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan, EPSDT or a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the</p>	

participant's file by the Service Coordinator and updated with each reauthorization, as applicable.

Participant-Direct Goods and Services does not include personal items and services not related to the disability, groceries, rent or mortgage payments, entertainment activities, or utility payments.

Participant-Directed Goods and Services may not be provided at the same time as Personal Assistance Services, and Participant-Directed Community Supports.

Participant-directed Goods and Services are limited to instances when the participant does not have personal funds to purchase the item or service and the item or service is not available through another source. Services are limited to participants that are utilizing Budget Authority for participant-directed services.

Experimental or prohibited treatments are excluded.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input checked="" type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
	Individual		Agency	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Individual			<ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</li> <li>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</li> <li>Have Worker's Compensation</li> </ul>

			<p>insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Possess a valid Social Security number;</li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavior needs;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.</li> </ul>
Agency			<ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>• Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>• Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>• Have Commercial General Liability insurance;</li> <li>• Ensure that employees (direct,</li> </ul>

			<p>contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavior needs;</p> <ul style="list-style-type: none"> <li>• Vendor/Fiscal Employer must enter into a Medicaid Provider Agreement with each provider on behalf of the State Medicaid Agency; and</li> <li>• Providers must meet applicable State and local regulations and/or Medicaid provider qualifications for the type of service the provider/supplier is providing as written in the participant’s service plan.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age;</li> <li>• Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> <li>• Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>
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<b>Verification of Provider Qualifications</b>				
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>		<b>Frequency of Verification</b>	
Individual	Fiscal/Employer Agent		<ul style="list-style-type: none"> <li>• At time of enrollment and as necessary</li> <li>• The F/EA will verify provider qualifications are met and will enter into a Medicaid provider agreement with each provider on behalf of the State Medicaid Agency</li> </ul>	
Agency	Fiscal/Employer Agent		<ul style="list-style-type: none"> <li>• At time of enrollment and as necessary</li> <li>• The F/EA will verify provider qualifications are met and will enter into a Medicaid provider agreement with each provider on behalf of the State Medicaid Agency</li> </ul>	
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input type="checkbox"/>	Provider managed