

## OBRA Waiver Renewal Public Comments

April 1, 2016

<b>Comments Received the Main Module</b>	
<b>Summary of Comment</b>	<b>Response</b>
<p>“The OBRA 1915(c) waiver will not be operated concurrently with Community HealthChoices.” This seems inaccurate as we understand OBRA will continue to exist after Community HealthChoices is implemented to serve those ages 21 and older who meet an ICF/ORC level of care as well as 18 to 21 year olds with developmental disabilities.</p> <p><i>*3 similar comment were received</i></p>	<p>The OBRA waiver will not operate concurrently with another program approved under the 1915 (a) or 1915 (b) waiver authority, the 1915 (i) or 1915 (j) State Plan authority, or the 1115a authority. Language has been revised to clarify what is meant by this term.</p>
<p>“Those waiver participants who do not meet nursing facility clinical eligibility will either remain in the OBRA Waiver or be transitioned to a more appropriate DHS waiver or state program, depending on their assessed needs.” Comment: Please clarify what type of individual would not remain in the OBRA Waiver and clarify what “more appropriate DHS waivers or state programs” might be. In cases where someone is determined to no longer qualify for the OBRA Waiver (and not be transitioned to Community HealthChoices), appeal rights apply and this should be noted here.</p>	<p>A person must meet the Intermediate Care Facility/Other Related Conditions requirement of the OBRA Waiver. Individuals who are age 21 and older who are Nursing Facility Clinically Eligible will be transitioned to the Community Health Choices Waiver. Those who are between the ages of 18 and 21 and adults who meet OBRA requirements will continue to be served in OBRA.</p>
<p>The OBRA Waiver is under the authority of DHS / OLTL. We want the OLTL to continue to provide the OBRA Waiver services as long as possible until the correct transition is in place such as in Attachment 1 #4 Transition Plan. Many of our participants (Unlicensed Residential Habilitation) have an IDD diagnosis and would fit well within the Consolidated Waiver under 6400 Regulations as it is another DHS waiver that may be more appropriate based on their assessed need.</p>	<p>OLTL will ensure OBRA participants are assessed and served appropriately.</p>

<b>Comments Received Appendix A</b>	
<b>Summary of Comment</b>	<b>Response</b>
<p>Under Appendix A-Administrative Authority-Appendix A-3, it states ‘The selected entity will also be responsible for ensuring the annual redeterminations are conducted within 365 days of the last Clinical Eligibility Determination (initial or annual).’ Does this mean the SCE is no longer responsible for tracking &amp; sending referrals to the AAA for LOCAs?</p> <p><i>*2 similar comments received</i></p>	<p>Annual Redetermination – OLTL uses the following process for the annual redetermination of waiver participants:</p> <ul style="list-style-type: none"> <li>•Using the standardized Clinical Eligibility Determination tool, the participant’s Service Coordinator is responsible for collecting the necessary information to complete the clinical eligibility determination. This information is then forwarded to the Assessment entity for the annual redetermination of clinical eligibility.</li> <li>•The Assessment entity is responsible for making the final clinical eligibility determinations, subject to OLTL oversight.</li> </ul>
<p>‘Beginning January 1, 2017, the home modification brokers will begin serving participants enrolled in CHC.’ Will they be covering all regions 1/1/17 or only those that transitioned to CHC at that time?</p>	<p>The Home Modification Broker will begin serving participants in all regions on 10/1/2016.</p>
<p>Administrative Authority (Appendix A-3) p.1 – Regarding the Home Modifications Brokers, we suggest that the brokers not focus on developing cost effective solutions for home adaptation projects, but instead focus on the solution that best meets the needs of the participant. The guidance through the conflict resolution process must include notification of appeal rights to participants. Exceptions should be made to the limitations on home adaptations identified in the current and proposed OBRA waivers when such exceptions are necessary to enable an individual to live in the community and not in an institution. Therefore, an exception process must exist for this purpose.</p>	<p>OLTL utilizes a person-centered planning process and always focuses on the needs of participants. Having said that, the Department has a responsibility to the taxpayers to also provide services in a cost-efficient manner. The Department maintains that the limitations placed on home adaptations are reasonable.</p>
<p>Agging Well LLC, the selected vendor entity, will have subcontracts with local organizations....” DRP is concerned that nothing is said about the qualifications of these local organizations to do the assessments. We suggest that wording be inserted about local organizations being chosen based on specific outlined qualifications. The minimum qualifications should be listed in the appendix.</p>	<p>The qualifications for Assessors are outlined in Appendix B-6 of the Waiver application.</p>

<p>We would like to have more specifics on how consumers will be placed on the wait list, how that list will be maintained and rated and who will be responsible for monitoring of the wait list.</p>	<p>There is no intention of creating a waiting list for the OBRA waiver. For Policy on waiting list processes and protocols, please refer to <a href="#">05-13-08,51-13-08,55-13-08,59-13-08</a></p>
<p><b>Comments Received on Appendix B</b></p>	
<p><b>Summary of Comment</b></p>	<p><b>Response</b></p>
<p>On Appendix B-1:1, the target group/subgroup for autism is not checked; yet on Appendix B-5: 22, autism is included under “other related conditions.” Please clarify why there appears to be this apparent inconsistency.</p>	<p>Autism is not checked because the OBRA waiver does not solely serve individuals diagnosed with Autism; therefore this box cannot be checked.</p>
<p>On Appendix B-3:4, please clarify if the limit on the participants served will be based on the total amount of available funding for the OBRA waiver or some other projected/estimated formulary.</p>	<p>The projected number of individuals is based on the current number of recipients and the anticipated number of participants transitioning into Community HealthChoices (CHC). A small cushion will be added to this adjusted number based on individual’s ages 18-20 transitioning to this waiver.</p>
<p>B-3 – • Waiver Capacity (Appendix B-3): Capacity will be reduced to 500 individuals in years four and five and may actually be lower since the maximum number of participants served at any point during the year (listed in table B-3-b) is 465 in years four and five. We are concerned that this capacity will not be sufficient to cover current OBRA Waiver participants not transitioning to Community HealthChoices plus 18 to 21 year olds currently served through another OLTL Waiver who will be transitioned to OBRA plus 18 to 21 year olds who will need LTSS in the future. The Department should review their data, especially regarding the number of 18 to 21 year olds currently being serviced in all OLTL Waivers and consider these numbers in determining Waiver capacity to ensure sufficient capacity.</p> <p><i>*3 similar comments were received</i></p>	<p>The projected number of individuals is based on the current number of recipients and the anticipated number of participants transitioning into Community HealthChoices (CHC). A small cushion will be added to this adjusted number based on individual’s ages 18-20 transitioning to this waiver.</p>
<p>Appendix B: Participant Access and Eligibility • Clinical Eligibility Determination: Using the level of care determination (LCD) for the OBRA Waiver is a problem currently because ICF/ORC (level of care needed to</p>	<p>The Department will take these comments into consideration as we move forward with the development and implementation of the Clinical Eligibility Determination tool.</p>

<p>qualify currently as well as moving forward per the OBRA Waiver renewal documents) is not a level of care option available to the assessor. The only two options are Nursing Facility Clinically Eligible (NFCE) and Nursing Facility Ineligible (NFI). We recommend that OLTL accept an NFCE determination on the LCD for any youth age 18-21 (since ICF/ORC is a lower level of care) to qualify for OBRA until an appropriate ICF/ORC instrument is developed. We also recommend the development of an instrument that gives the assessor an ICF/ORC level of care option and urge that this be done as soon as possible. Another suggestion, in the interim, is to develop and use a simple tool to determine whether someone meets the specific criteria for OBRA Waiver eligibility. We ask that the Department, in its response to the public comments, address the development of a more appropriate assessment tool that captures the ICF/ORC level of care and the timeframe for this as well as the suggested use of a simple interim tool.</p> <p><i>*2 similar comments were received</i></p>	
<b>Comments Received on Appendix C</b>	
<b>Child Abuse Clearances</b>	
<b>Summary of Comment</b>	<b>Response</b>
<p>Comments for Appendix C: 2-B Child Abuse Clearances. Clarification request regarding the “five year” look back. Please specify IF an employee can be hired if their offense was longer than five years prior to possible hire. In the interim of securing the written results of the clearances, the provider of service will obtain written certification from the employee which confirms that the employee has not, within five (5) years immediately preceding the date of enrollment into the waiver program been named on a central child abuse registry as being a perpetrator of founded or indicated child abuse. Comment: This sentence sounds like the employee is also receiving Waiver services.</p>	<p>Child abuse clearance requirements are not subject to conditional or provisional hiring practices. Child abuse clearances must be received prior to a worker entering a home where a child resides. The language in Appendix C has been modified to reflect this requirement.</p>
<p>Under Appendix C-Services-Appendix C-2-b-Child Abuse Clearances, it states ‘Employees who are either “responsible for the welfare of” or have “direct contact with” a child must obtain the following</p>	<p>Child abuse clearance requirements apply to all direct service providers and service coordination entities that provide services in the homes of participants where a child resides. The language in Appendix C has been</p>

<p>three certifications:</p> <ul style="list-style-type: none"> <li>• Report of criminal history from the Pennsylvania State Police (PSP);</li> <li>• Fingerprint based federal criminal history sub-mitted through the Pennsylvania State Police or its authorized agent (FBI); and</li> <li>• Child Abuse History Certification from the Department of Human Services (Child Abuse). Would Service Coordination Entities, PAS providers &amp; contractors need to obtain the above three certifications?</li> </ul>	<p>modified to reflect this requirement.</p>
<p>Clearances should be done every 36 months</p>	<p>OLTL's policy and requirements are consistent with State law.</p>
<p><b>Therapy Services</b></p>	
<p>Appendix C-3: The updated waiver seems to have different therapist qualifications for Behavior Therapy and Cognitive Rehabilitation Therapy. I suggest that if a person is not licensed, that you permit them to provide these services if they are supervised by someone who is licensed.</p> <p><i>*10 similar comments received</i></p>	<p>The qualifications for Behavior Therapy will remain the same. The provider qualifications outlined in the renewal application are consistent with the requirements outlined in the State Plan.</p> <p>For Cognitive Rehabilitation, OLTL will add the following language: Individuals with a bachelor's or master's degree in communication disorders, counseling, education, psychology, physical therapy, occupational therapy, recreation therapy, social work, or special education who are not licensed or certified may practice under the supervision of a practitioner who is licensed.</p>
<p>Licensed Behavior Specialist We suggest the following language change to show the correct licensing authority, "Licensed by the State Board of Medicine, per 49 Pa, Code §§ 18.521 - 18.527."</p>	<p>OLTL will make this change.</p>
<p>Certified Behavior Analyst Certified Behavior Analysts should be certified by the Behavior Analyst Certification Board. Behavior Therapy Aides: We also suggest that language under Behavior Therapy be included allowing for the use of behavior therapy aides. The individuals providing this service could be providing the direct behavior therapy service. However, they would be implementing a plan that was developed by a certified professional with a background in behavior therapy planning. Allowing for the use of behavior therapy aides would broaden the pool of individuals available to provide this critical service. The aide would be trained as outlined in the behavior therapy definition.</p>	<p>OLTL's proposed qualifications for provider of behavior therapy are consistent with the requirements outlined in the State Plan for behavior therapy.</p>

<p>Appendix C-3: Waiver Services Specifications Speech and Language Therapy Services The current language outlining the scope of services for Speech Language Therapy is not complete. The Scope of Practice published by the American Speech-Language-Hearing Association (ASHA) states: “Service delivery areas include all aspects of communication and swallowing and related areas that impact communication and swallowing: speech production, fluency, language, COGNITION, voice, resonance, feeding, swallowing and hearing”. It is recommended that the Department revise its’ definition of Speech and Language Therapy Services and adopt the scope of practice developed by ASHA.</p> <p><i>*1 similar comment was received</i></p>	<p>The current service definition is consistent with 49 PA Code Ch. 45 for the practice of speech-language pathology and will not be modified.</p>
<p>”It is recommended that OLTL adopt the definition of CRT used by the New Jersey Brain Injury Waiver (with the addition of the word "Rehab"), which was approved by CMS in January 2015: New Jersey BI Waiver – Accepted by CMS 01/2015 Cognitive Rehab Therapy (Group &amp; Individual) Therapeutic interventions for maintenance and prevention of deterioration which include direct retraining, use of compensatory strategies, use of cognitive orthotics and prosthesis, etc. Activity type and frequency are determined by assessment of the participant, the development of a treatment plan based on recognized deficits, and periodic reassessments. Cognitive rehab therapy can be provided in various settings, including but not limited to the individual’s own home and community, outpatient rehabilitation facilities, or residential programs. This service may be provided by professionals with the credentials, training, experience, and supervision noted in Provider Specifications.</p> <p><i>*2 similar comments were received</i></p>	<p>OLTL will consider this comment in future revisions to the waiver.</p>
<p>Appendix C-3: Waiver Services Specifications Cognitive Rehabilitation Therapy Services/Provider Type The provider qualifications for CRT do not include any requirement for expertise in brain injury which we think is critical when providing this service to individuals in this population. We recommend that CARF accreditation as a Medical Rehabilitation Provider of Brain Injury</p>	<p>OLTL will consider this comment in future revisions to the waiver.</p>

<p>Specialty Services is specified, and that one of the following additional program specialties: Outpatient Medical Rehabilitation, Home &amp; Community Services, Residential Rehabilitation Program, be recognized as an allowed Provider type.</p> <p>*</p>	
<p><b>Employment Services</b></p>	
<p>Appendix C-3: Waiver Services Specifications Job Finding, Job Coaching, Employment Skills Development, And Career Assessment: The proposed limits on the amount, frequency or duration of services for many of these areas are not adequate to provide for the long-term support needed for participants to have ongoing success in their vocational placement. The majority of these people need long term support to obtain and maintain a job placement. The definition recognizes that individuals may also be receiving Behavior Therapy services, to include a crisis plan. It is unlikely that such an individual would then be able to maintain their vocational placement without ongoing supports in place. It is recommended that provisions be made for long term job coaching support, to be re-authorized as part of the person centered planning process.</p> <p><i>*4 similar comments received</i></p>	<p>OLTL will increase limits from 24 months to 36 months and track utilization for future waiver changes. The new employment services are being offered (career assessment, job finding, benefits counseling) that were not previously offered. The new services are expected to lead to more customized employment which may reduce the need for long-term support.</p>
<p>Why does it say that a registered nurse must supervise in an Employment Skills Development program?</p>	<p>Thank you for your comment. This will be corrected in the renewal application.</p>
<p>Job Coaching/Employment Skills Development: Would DHS or the CAO release the financial eligibility for participants to be able to work and remain on the waiver/Medicaid? This is the big-gest problem we see – participants become employed and then exceed the income limits and lose their waiver. It deters participants from looking for employment.</p>	<p>OLTL will take this comment into consideration as we move forward with new employment initiatives.</p>
<p>We are concerned that if these new employment Service Definitions are approved by CMS, there could be a huge onslaught of referrals to OVR to obtain the necessary services from OVR, or documentation that the client is</p>	<p>The requirement to refer individuals to OVR for employment services and supports is not a new requirement. OLTL will continue to monitor the process to ensure participants are able to access services in a timely</p>

<p>ineligible for OVR services. While in principle we understand why OLTL needs to be the payor of last resort, and wants OVR to process these requests first, operationally this could create a huge nightmare for the persons served, for OVR, and for OLTL, unless a process is worked through to recognize the large bolus of people who will be caught up in this.</p>	<p>manner.</p>
<p>Career Assessment (Appendix C-1/C-3) p. 18-22—This section outlines that services must be provided in a manner that supports the individual communications needs. This language should be changed to reflect the requirements of the Americans with Disabilities Act. It should state “Services must be delivered in a manner that supports the participant’s communication needs, including reasonable accommodations as requested and ensuring effective communication with the individual. The individual should be consulted to determine what is effective for him or her. Auxiliary Aids and Services will be provided if necessary to enable effective communication.”</p>	<p>ADA requirements apply to all services within the waiver, not just to career assessment. With this in mind, OLTL will consider incorporating some of the suggested language more broadly in future revisions to the waiver.</p>
<p>Vocational Facilities / Employment Skills Development Provider – It should be optional which path to choose, to have the 2390 Licensure OR the CESP Certificate, not both.</p> <p><i>*1 similar comment was received</i></p>	<p>Thank you for your comment. These requirements will remain in the renewal application.</p>
<p><b>Residential Habilitation and Structured Day Habilitation</b></p>	
<p>C-3: Residential Habilitation Unlicensed must still be Licensed by the PA Department of Health, per 28 PA Code Part IV, Subpart H, Chapter 611 (Home Care Agencies and Home Care Registries), under Act 69, and receives an onsite inspection at least every 2 years. Unlicensed agencies also get monitored by QMET at least every 2 years. Since Unlicensed Residential Habilitation already meets these requirements and more that are targeted to the service we provide additional accreditation is an extra burden that is not improving the quality of services. We feel the CARF accreditation is burdensome and inept due to completing many standards that do not directly apply to our line of business. I request that the CARF Accreditation requirement be removed from Residential Habilitation Unlicensed Providers, OR at least add the caveat such as Structured Day Habilitation that a Provider</p>	<p>Not all Unlicensed Residential Habilitation providers are licensed as a Home Care Agency. The CARF accreditation requirement will remain in the renewal application.</p>

<p>may be CARF Accredited or licensed under PA Code...</p>	
<p>Appendix C-3: Waiver Services Specifications Structured Day - Structured Day – Provider Type/Staff Qualifications “Staff employed to provide Enhanced Structured Day Habilitation Services must also have initial training in behavioral programming and crisis prevention which must be renewed annually”; please add: “if serving individuals with behavioral needs”. Please add: “If serving medically complex individuals or those with significant functional impairments, staff must also have initial training in medical/functional impairment issues and the specific care needs of the individual with the medical complexities or significant functional impairments which must be renewed annually”.</p> <p><i>*1 similar comment received</i></p>	<p>The suggested change to provider qualifications is not consistent with the service specification for Enhanced Structured Day Habilitation Services which is defined as “an add-on to the Structured Day Habilitation Services and is only available when participants require additional behavioral supports.” OLTL will consider expanding the scope of Enhanced Structured Day in future revisions to the waiver.</p>
<p>I have reviewed the requirements for the CESP Certification and it seems well targeted to the population being served. However, it seems Pennsylvania is behind on having such certification programs available in the state. Thus it will be difficult to hire or train employees with such a Certification since this field is not present in PA. No training or certification programs were available in PA. If the PA Department wants to require such education it should be accessible in the state of PA or closer than Virginia, the closest CESP training facility, for agency staff to be educated. Also there should be options of similar education, skills, or professional experience that would suffice for certificate or licensure until people are able to gain such CESP Certification. Maybe the Temple University training program could hold workshop training and give certificates in Job Finding, Job Coaching, Employment Skills Development and Career Assessment.</p>	<p>The CESP requirement will remain the same in the renewal application. The implementation date for the new Employment services definitions will be September 1<sup>st</sup> to provide adequate time for participants to be assessed and transitioned to the new services, and for providers to meet the requirements identified in the renewal application.</p>
<p>Appendix C-5: Home &amp; Community-Based Settings Residential Habilitation services may be provided to participants in Personal Care Homes (please add: or Assisted Living Facilities) which must demonstrate a home like environment.</p>	<p>Assisted Living Residences (reference 55 PA Code Chapter 2800) have been added as an allowable setting under Residential Habilitation.</p>

<p><i>*1 similar comment received</i></p>	
<p>Provider Specifications/Staff Qualifications  The qualifications for who can provide vocational services are not reasonable and will result in people not being able to access job coaching in the community because qualified staff will not be available. All four Vocational categories require that staff have a Certified Employment Support Professional (CESP) or a Basic Employment Services certificate from an ACRE approved training course. This is not the standard of practice for individuals providing vocational services to individuals who have sustained a brain injury. In brain injury programs, vocational therapists as well as staff trained in brain injury rehabilitation may provide vocational services. <b>It is recommended that all providers of brain injury vocational services be accredited by CARF in Vocational Services by January 1, 2019.</b></p> <p><i>*2 similar comments were received</i></p>	<p>OLTL will consider this comment in future revisions to the waiver.</p>
<p><b>Comments Received on Appendix D</b></p>	
<p><b>Summary of Comment</b></p>	<p><b>Response</b></p>
<p>Appendix D-1, pages 4 and 5 needs to be revised:  “The types of assessments that are conducted: Part of the enrollment process involves the local Area Agency on Aging (AAA) assessor’s completion of a level of care assessment tool to determine whether the participant meets the Nursing Facility level of care.” This language should be revised to include the ICF/ORC level of care since that is the appropriate level of care for the OBRA Waiver.</p>	<p>Thank you for your recommended revised language. OLTL has incorporated this language in the renewal application.</p>
<p>We recommendations made by the Person Driven Services and Supports (PDSS) Coalition in the comments they have submitted separately:  1) Ensure Person-Driven Options are Available for all OBRA Participants- Include Supports Broker Services  2) Offer Services My Way to OBRA Participants  3) Allow Self-Directed Options for all Applicable Services</p>	<p>The new procurement for Financial management Services will address the availability of supports brokers for participants in all OLTL waivers. The Department will be reviewing the feasibility of implementing Services My Way to OBRA participants and the ability to allow for Self-Directed options for all applicable services in the future.</p>

<b>Comments Received on Appendix G</b>	
<p>Under Section D, service coordinators are required to receive reports and conduct an investigation on all incidents of risk to health and welfare of participants, with all relevant information being shared with OLTL; yet under the Adult and Older Adult Protective Services Acts, the authority for receiving reports, conducting investigations and confidentiality of information provisions is already established with other parties. Therefore, it would appear that the requirements for service coordinators included in this appendix would exceed the already established authorities of laws, regulations and/or policies for protective services. Additionally, the state’s protective services laws/regulations/policies mandate the confidentiality of information and sharing that information with OLTL could be viewed as in violation of these requirements. Please explain and/or clarify.</p> <p><i>*1 similar comment received</i></p>	<p>OLTL is aware of the requirements of the Adult Protective Services Act and the Adult Protective Services Act and has trained service coordinators and providers on their responsibilities as mandatory reporters. However, OLTL is also required by the federal government to provide for the health and welfare of waiver participants. Service Coordinators are not being asked to act in the capacity as protective services investigators but must, by federal requirements, take whatever measures are needed to protect participants. In the case of protective services this includes reporting incidents and cooperating with protective services activities.</p>
<b>Comments Received on Performance Measures (Quality)</b>	
<p>ii Remediation Data Aggregation (Appendix G-3:15) Frequency of data aggregation and analysis. Continuously and Ongoing. If an oversight agency has the ability to continuously monitor that produces undue burden on the provider agency that is attempting to provide services. There is real need to ensure that poor performance has been remedied but to have the option to visit anytime and ongoing is overbearing. The remediation should be proven and monitored at least as often as usual and possibly an extra time in between, but not continuously and ongoing. Annually or Other Specify: Directly after CAP and Annually until next scheduled monitoring is sufficient</p>	<p>The boxes checked in the application referring to continuously and ongoing is internal to OLTL. It means that OLTL will be continuously and in an ongoing nature, reviewing the results of all monitoring visits to that point in time to identify, trend and remediate issues as they arise. It in no way means that we will be monitoring any differently than we currently do with providers.</p>
<b>Comments Received on Appendix I</b>	
<p>ii. Contracts with MCOs, PIHPs or PAHPs. Select one: Appendix I-3: 4 The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services. Currently stating OBRA Waiver will not be under MCO contract. Please keep it that way.</p>	<p>Thank you for your comment.</p>

<b>Comments Received – General</b>	
<b>Summary of Comment</b>	<b>Response</b>
Can you elaborate on the new entity that will be conducting redeterminations and determinations? Will all current clients be reevaluated?	<p>OLTL will be entering into a new contract with an independent, non-governmental, non-state agency to conduct the Clinical Eligibility Determinations effective September 1, 2016. There will continue to be information provided to stakeholders as this process is implemented.</p> <p>Participants will have an annual re-determination using the process outlined in Appendix B-6 of the waiver renewal.</p>
'The new proposal states that there will be a new "entity" to perform redeterminations and determinations? Clinical eligibility, what exactly does this mean?	OLTL will be entering into a new contract with an independent, non-governmental, non-state agency to conduct the Clinical Eligibility Determinations effective September 1, 2016. There will continue to be information provided to stakeholders as this process is implemented.
Do the proposed changes clearly state that OBRA will be used to serve 18-21 year olds when managed care is implemented	Yes, the proposed changes clearly state that OBRA will serve individuals 18-21 years old.
Is other population than people with physical disability to be served by OBRA	<p>The target group for the OBRA waiver can be found in Appendix B-3 of the waiver renewal. Waiver services are limited to individuals with developmental disabilities, and who meet all of the following conditions:</p> <ol style="list-style-type: none"> <li>1. Individuals who have a developmental disability (but do not have a primary diagnosis of either mental retardation or a major mental illness), who reside in a nursing facility, the community or an ICF/ORC, but who have been assessed to require services at the level of an ICF/ORC;</li> <li>2. The disability manifested prior to the age of 22;</li> <li>3. The disability is likely to continue indefinitely;</li> <li>4. The disability results in three or more substantial functional limitations in major life activity: self-care, understanding and use of language, learning, mobility, self-direction and/or capacity for independent living.</li> </ol>

<p>With all of the changes, it seems as though there will be fewer eligible providers to offer appropriate services - particularly for those on the autism spectrum. How will their needs be met since there is such limited funding available.</p>	<p>Providers who are currently enrolled to provide services through the OBRA waiver will continue to provide these services.</p>
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