

COMMUNITY HEALTH CHOICES 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 | |
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| 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. |
| Service Definition (Scope): | |
| <p>Personal Assistance Services primarily provide hands-on assistance to participants 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"> • 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. • 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. • Routine support services, such as meal planning, keeping of medical appointments and other health regimens needed to support the participant. • Assistance and implementation of prescribed therapies. • Overnight Personal Assistance Services 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. <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"> • Activities that are incidental to the delivery of Personal Assistance to assure the health, welfare | |

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 or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan 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 must be billed separately and may not be included in the scope of Personal Assistance. Personal Assistance workers may provide and bill for Non-Medical Transportation, however it may not be billed simultaneously with Personal Assistance Services. The Personal Assistance worker providing the non-medical transportation must meet the state’s provider qualifications for transportation services, whether medical transportation under the State plan or non-medical transportation under the waiver.

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 Home Health Aide, Residential Habilitation, Respite, Participant-Directed Community Supports, or Participant-Directed Goods and Services. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.

Provider Specifications

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| Provider Category(s) (check one or both): | X | Individual. List types: | X | Agency. List the types of agencies: |
| | | Individual Support Service Worker | | Home Care Agency |
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| Specify whether the service may be provided by (<i>check each that applies</i>): | | Legally Responsible Person | X | Relative |
|--|---|--------------------------------|--|----------|
| Provider Qualifications (<i>provide the following information for each type of provider</i>): | | | | |
| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) | |
| Home Care Agency | 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 | N/A | <p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, and policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Workers' Compensation Insurance in accordance with State statute and in accordance with Department policies • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs; and • Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21. <p>Individuals working for agencies must meet the following standards: Be 18 years of age or older;</p> <ul style="list-style-type: none"> • Possess basic math, reading, and writing skills; Complete training or demonstrate competency by passing a competency test as outlined in Section | |

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| | | | <p>611.55 under Title 28, Part IV Subpart H of the Health Care Facilities Act;</p> <ul style="list-style-type: none"> • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| Individual Support Service Worker | N/A | N/A | <p>Support Service workers must:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Be a resident of Pennsylvania or a |

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| | | | state contiguous to Pennsylvania; <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading, and writing skills; • Possess a valid Social Security number; • Submit to a criminal records check; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Have the required skills to perform Personal Assistance Services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant’s service plan or receive necessary training |
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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 Support Service Worker | Fiscal Employer Agent/OLTL | At least every two years and more frequently when deemed necessary by the Department. |

Service Delivery Method

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| Service Delivery Method <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 | |
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| 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. |
| Service Definition (Scope): | |
| <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"> • Equipment, essential furnishings and initial supplies. Examples—e.g. household products, dishes, chairs, tables; • Moving Expenses; • 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; • Set-up fees or deposits for utility or service access, Examples – e.g. telephone, electricity, heating; • Items for personal and environmental health and welfare (Examples –personal items for inclement weather, pest eradication, allergen control, one-time cleaning prior to occupancy.) <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: | |
| <ul style="list-style-type: none"> • Community Transition Services are furnished only to the extent that they are reasonable and necessary, as determined through the PCSP development process; clearly identified in the service plan and the participant is unable to meet such expense; or when the service cannot be obtained from other resources | |

- 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 the State Medicaid Agency program office.

This service does not cover those services available under Assistive Technology, Home Adaptations, Specialized Medical Equipment and Supplies, and Vehicle Modifications.

Provider Specifications

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| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Independent Vendor | | Transitional Service Provider | |
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| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|--------------------------------------|-------------------|-----------------------|---|
| Transitional Service Provider | | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Ensure that employees (direct, |

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| | | | <p>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</p> <ul style="list-style-type: none"> • 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. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications; • 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; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| Independent Vendor | | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code |

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| | | | <p>Chapter 52;</p> <ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • 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 • 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. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • 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; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per |
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| | | | 23 PA C.S. Chapter 63); and <ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification |
| Transitional Service Provider | OHCDS OLTL | | OHCDS - Upon Purchase and Annually thereafter OLTL - At least every two (2) years and more frequently when deemed necessary by the Department |
| Independent Vendor | OHCDS OLTL | | OHCDS - Upon Purchase and Annually thereafter OLTL - At least every two (2) years and more frequently when deemed necessary by the Department |
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| Service Delivery Method | | | |
| Service Delivery Method <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 | |
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| 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"> • Live alone. • Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances. • Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency. • Would otherwise require extensive in-person routine monitoring and assistance. Installation, repairs, monitoring and maintenance are included in this service. <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

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| 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 |

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| 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> |
|---|--------------------------|------------------------------|---|
| Vendors of Personal Emergency Response Systems | | | <ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; |

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| | | | <ul style="list-style-type: none"> • All PERS installed shall be certified as 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 • Organization must have capacity to provide 24-hour coverage by trained professionals, 365 days/year. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| 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"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; |

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

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| | | | <ul style="list-style-type: none"> • Have Commercial General Liability insurance; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Vendors of Personal Emergency Response Systems | OLTL/OHCDS | OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department |
| Home Health Agency | OLTL/OHCDS | OHCDS - Upon Installation and Annually thereafter OLTL – At least every two (2) years and more frequently when deemed necessary by the Department |
| Durable Medical Equipment and Supply Company | 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 | | |
| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E |
| | | X |
| | | 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: | Home Health Aide Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Home Health Aide services are direct services prescribed by a physician in addition to any services furnished under the State Plan that are necessary, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The physician’s order must be obtained every sixty (60) days for continuation of service. The home health aide provider is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan.</p> <p>Home Health Aide services are provided by a home health aide who is supervised by a registered nurse. The registered nurse supervisor must reassess the participant’s situation in accordance with 55 PA Code Chapter 1249, §1249.54. Home Health Aide activities include, personal care, performing simple measurements and tests to monitor a participant’s medical condition, assisting with ambulation, assisting with other medical equipment and assisting with exercises taught by a registered nurse, licensed practical nurse or licensed physical therapist</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Home Health Aide services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.</p> | |

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Home Health Care Aide services cannot be provided simultaneously with Personal Assistance Services, Adult Daily Living Services, or Respite Services.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

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

Provider Specifications

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|---|--------------------------|-------------------------|-------------------------------------|-------------------------------------|
| 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: |
| | | | | Home Health Agency |
| | | | | |
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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|---------------------------|--|---|--|
| 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 | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; and Ensure that employees have been |

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| | | | <p>trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <ul style="list-style-type: none"> Be at least 18 years of age; Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; 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; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; Have a child abuse clearance (as per 23 PA C.S. Chapter 63); Be supervised by a registered nurse; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e). |
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| Verification of Provider Qualifications | | | | |
|---|--------------------------------------|---|--|------------------|
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Home Health Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Service Delivery Method | | | | |
| Service Delivery Method <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: | Nursing Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Nursing services are direct services prescribed by a physician, in addition to any services under the State Plan, that are needed by the participant, as specified by the service plan, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Nursing services must be performed by a Registered Nurse or Licensed Practical Nurse. 49 PA Code Chapter 21 (State Board of Nursing) provides the following service definition for the practice of professional nursing, "Diagnosing and treating human responses to actual or potential health problems through such service as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."</p> <p>Nursing Services must be ordered by a physician and are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the state. The physician's order must be obtained every sixty (60) days for continuation of service. Nursing services are individual, and can be continuous, intermittent, or short-term based on individual's assessed need.</p> <p>Short-term or Intermittent Nursing — Nursing that is provided on a short-term or intermittent basis, not expected to exceed 75 units of service in a service plan year and are over and above services available to the participant through the State Plan</p> <p>Long-term or Continuous Nursing — Long-term or continuous nursing is needed to meet ongoing assessed needs that are likely to require services in excess of 75 units per service plan year, are provided on a regular basis and are over and above services available to the participant through</p> | |

the State Plan

The nurse is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Nursing services authorized in the service plan

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

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

Nursing services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

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

Provider Specifications

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|--|--------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | | | Home Health Agency |
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|---|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|---------------------------|---|---|--|
| Home Health Agency | Licensed by the PA Department of Health, per 28 PA Code, Part IV, | Certification as required by 42CFR Part 484 | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, |

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| | <p>Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51.</p> | | <p>regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p> |
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| | | | Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e). |
|--|--|--|---|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---------------------------|--------------------------------------|--|
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

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| Service Delivery Method <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 | |
|--|--|
| Service Title: | Physical Therapy Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Physical Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Physical Therapy services must address an assessed need as documented in the participant’s service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician’s order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Physical Therapy services authorized in the service plan.</p> <p>Physical Therapy can be provided by a licensed physical therapist or physical therapist assistant as prescribed by a physician, and documented in the service plan. Per the Physical Therapy Practice Act (63 P.S. §1301 et seq.), physical therapy means, “the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function.”</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an</p> | |

ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

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

Physical Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

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

Provider Specifications

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|---|-------------------------------------|-------------------------|---|-------------------------------------|
| 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: |
| | Physical Therapist | | Home Health Agency | |
| | | | Out-Patient or Community-Based Rehabilitation Agency | |
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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|---------------------------|--|---|--|
| 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 | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation |

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| | | | <p>insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p> <p>Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency</p> |
|--|--|--|--|

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| | | | evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e). |
| Out-Patient or Community-Based Rehabilitation Agency | Licensed by the PA Department of Health, per 28 PA Code | Certification as required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Must hold an appropriate active license in the State of Pennsylvania;</p> |

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| | | | <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
| Physical Therapist | Licensed under PA Department of State, per 49 PA Code Chapter 40, including 40.53 pertaining to delegation of duties and use of assistants (Physical Therapy Licensing Board) | Certification as required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23</p> |

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| | | | PA C.S. Chapter 63). |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|--|--|
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Out-Patient or Community-Based Rehabilitation Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Physical Therapist | OLTL/PA Department of State Physical Therapy Licensing Board | At least every two (2) years and more frequently when deemed necessary by the Department |

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| Service Delivery Method | | | | |
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| Service Delivery Method <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: | Occupational Therapy Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Occupational Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Occupational Therapy services must address an assessed need documented in the participant’s service plan. Training caretakers and developing a home program for caretakers to implement the recommendations of the therapist are included in the provision of services. The physician’s order must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Occupational Therapy services authorized in the service plan.</p> <p>Occupational Therapy can be provided by a licensed occupational therapist or occupational therapy assistant in accordance with applicable State standards. The Occupational Therapy Practice Act (63 P.S. §1501 et seq.) defines occupational therapy as follows, “The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person’s developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual’s stage of development. (2) Teaching skills, behaviors and attitudes crucial to the individual’s independent, productive and satisfying social functioning. (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment. (4) Analyzing, selecting and adapting</p> | |

activities to maintain the individual's optimal performance of tasks to prevent disability."

The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.

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

Occupational Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

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

Provider Specifications

| | | | | |
|--|-------------------------------------|-------------------------|---|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Occupational Therapist | | Home Health Agency | |
| | | | Out-Patient or Community-Based Rehabilitation Agency | |
| | | | | |

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|---|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|---------------------------|---|---|--|
| Home Health Agency | Licensed by the PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. | Certification as required by 42CFR Part 484 | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, |

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| | <p>Chapter 601 and Subpart A. Chapter 51.</p> | | <p>including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; and Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs. Individuals working for agencies must meet the following standards: Be at least 18 years of age; Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; 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; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; Have a child abuse clearance (as per 23 PA C.S. Chapter 63); Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and Successfully completed a State-established or other training</p> |
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| | | | <p>program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e).</p> |
| <p>Out-Patient or Community-Based Rehabilitation Agency</p> | <p>Licensed by the PA Department of Health, per 28 PA Code</p> | <p>Certification as required by 42CFR Part 484</p> | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Complete Department required training, including training on the participant’s service plan and the</p> |

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| | | | <p>participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <p>Must hold an appropriate active license in the State of Pennsylvania;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
| Occupational Therapist | Licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) | Certification as required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>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,</p> |

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|--|--|--|--|
| | | | <p>communication, mobility and behavioral needs;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
|--|--|--|--|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---|--|--|
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Out-Patient or Community-Based Rehabilitation Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Occupational Therapist | OLTL/PA Department of State Occupational Therapy and Education Licensing Board | At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

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|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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: | Speech and Language Therapy Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Speech and Language Therapy services are direct services prescribed by a physician, in addition to any services furnished under the State Plan, that assist participants in the acquisition, retention or improvement of skills necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant.</p> <p>Speech and Language Therapy Services must address an assessed need as documented in the participant's service plan. Training caretakers and development of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Speech and Language Therapy services. The physician's order to reauthorize the service must be obtained every sixty (60) days for continuation of service. The therapist is responsible for reporting, to the ordering physician and Service Coordinator, changes in the participant's status that take place after the physician's order, but prior to the reauthorization of the service, if the change should result in a change in the level of Speech and Language Therapy services authorized in the service plan.</p> <p>Speech and Language Therapy services are provided by a licensed American Speech Language Hearing Associate or certified speech-language pathologist in accordance with applicable State standards including the evaluation, counseling, habilitation and rehabilitation of individuals whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech language system. Speech and Language Therapy services also include the examination for, and adapting and use of augmentative and alternative communication strategies.</p> <p>The service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the objectives and outcomes are being met.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |

Speech and Language Therapy services may only be funded through the waiver when the services are not covered by the State Plan, Medicare or private insurance. This may be because the State Plan, Medicare or private insurance limitations have been reached, or the service is not covered under the State Plan, Medicare or private insurance.

Service Coordinators must seek coverage of services provided under the State Plan, Medicare and/or private insurance plans until the plan limitations have been reached, prior to requesting services in the service plan.

Service is limited to needs determined during the assessment and identified in the participant's service plan.

The most appropriate level of staffing, as determined by the assessment, must be used for a task.

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

Provider Specifications

| | | | | |
|--|-------------------------------------|-------------------------|---|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Speech Therapist | | Home Health Agency | |
| | | | Out-Patient or Community-Based Rehabilitation Agency | |
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|---|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|---------------------------|--|---|--|
| 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 | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with |

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| | | | <p>Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63);</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and</p> <p>Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the</p> |
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| | | | requirements of Sec. 484.36 (b) or (e). |
| Out-Patient or Community-Based Rehabilitation Agency | Licensed by the PA Department of Health, per 28 PA Code | Certification as required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance; and</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs.</p> <p>Individuals working for agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Must hold an appropriate active license in the State of Pennsylvania;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code</p> |

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| | | | <p>Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
| Speech Therapist | Licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner's Board) | Certification as required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |

| Verification of Provider Qualifications | | | | |
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| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Home Health Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Out-Patient or Community-Based Rehabilitation Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Speech Therapist | OLTL/PA Department of State Language and Hearing Examiner's Board | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Service Delivery Method | | | | |
| Service Delivery Method <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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
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| Service Title: | Assistive Technology |
| <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>Assistive Technology service is an item, piece of equipment or product system — whether acquired commercially, modified or customized — that is needed by the participant, as specified in the participant’s person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment. The service is intended to ensure the health, welfare and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>Assistive Technology includes supports to a participant in the selection, acquisition or use of an Assistive Technology device. Training to utilize adaptations, modifications and devices is included in the purchase, as applicable. Independent evaluations conducted by a certified professional, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Assistive Technology is limited to:</p> <ul style="list-style-type: none"> • Services consisting of purchasing, leasing or otherwise providing for the acquisition of Assistive Technology devices for participants • Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing Assistive Technology devices. Repairs are covered when it is more cost effective than purchasing a new device • Electronic systems that enable someone with limited mobility to control various appliances, lights, telephone, doors and security systems in their room, home or other surroundings • Training or technical assistance for the participant, paid caregiver and unpaid caregiver • An independent evaluation of the Assistive Technology needs of a participant. This includes a functional evaluation of the Assistive Technology needs and appropriate services for the participant in his/her customary environment • Extended warranties • 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 that assist participants with a need identified through the evaluation described below

- Generators to power life-sustaining equipment are covered for participants residing in private homes when the following has been documented: The generator purchased is the most cost-effective to ensure the health and safety of the participant; AND the participant's health and safety is dependent upon electricity as documented by a physician.

All items shall meet the applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Assistive Technology, the Assistive Technology must be consistent with the participant's behavior support plan or Speech, Occupational or Physical Therapy service.

The provision of this service may be facilitated by an OHCDs as described in Appendix I.3.g.ii.

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

Assistive Technology services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State 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.

This service excludes those items that are not of direct medical or remedial benefit to the participant. Assistive Technology devices must be recommended by an independent evaluation or physician's prescription. They will only be approved by the OLTL when an independent evaluation specifies that the item is primarily used for a participant's specific therapeutic purpose and serves as a less costly alternative than other suitable devices and alternative methods.

The following are specifically excluded from this service definition

- Recreational items
- Items that do not provide direct remedial benefit or improve the participant's ability to communicate with others

Depending on the type of technology, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing or language therapist; physical therapist; or other certified professional meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Independent evaluations conducted by a certified professional as defined in the provider qualifications for this service, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.

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..
 This service does not include TeleCare services. Data plans are excluded from coverage.

Provider Specifications

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| 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: |
| | Contractor | | Durable Medical Equipment | |
| | | | | |
| 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> |
|---------------------------|--------------------------|---|--|
| Durable Medical Equipment | | Drug and Device Registration with the PA Dept of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25. | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation |

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| | | | <p>requirement</p> <ul style="list-style-type: none"> • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies • Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment |
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| | | | <p>of assistive technology needs for individuals with disabilities.</p> <ul style="list-style-type: none"> • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Contractor | | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania (A company that the provider secures the item(s) from can be located anywhere) • Adhere to all applicable local and State codes • Have Commercial General Liability Insurance • Have Workers Compensation Insurance, in accordance with State statute |

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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
| Durable Medical Equipment | OHCDS or OLTL | OHCDS - Upon purchase OLTL - At least every two (2) years and more frequently when deemed necessary by the Department |
| Contractor | OHCDS | Upon purchase |
| Service Delivery Method | | |
| Service Delivery Method (<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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
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| Service Title: | Home Adaptations |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Home Adaptations are physical adaptations to the private residence of the participant, as specified in the participant's person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment, to ensure the health, welfare and safety of the participant, and enable the participant to function with greater independence in the home. This includes primary egress into and out of the home, facilitating personal hygiene, and the ability to access common shared areas within the home.</p> <p>Home Adaptations consist of installation, repair, maintenance, permits, necessary inspections, extended warranties for the adaptations.</p> <p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> • Ramps from street, sidewalk or house • Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant • Vertical lifts • Track lift systems. A track lift system involves the installation of a "track" in the ceiling for moving a participant with a disability from one location to another. (Note: Portable lift systems are covered by the MA State Plan) • Handrails and grab-bars in and around the home • Accessible alerting systems for smoke/fire/carbon monoxide for participants with sensory impairments • Outside railing to safely access the home • Widened doorways, landings and hallways • Swing-clear and expandable offset door hinges | |

- Flush entries and leveled thresholds
- Slip resistant flooring
- Kitchen counter, sink and other cabinet modifications (including brackets for appliances)
- Bathroom adaptations for bathing, showering, toileting and personal care needs
- Stair gliders and stair lifts. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely
- Raised electrical switches and sockets
- Other adaptations, subject to OLTL approval, to address specific assessed needs as identified in the service plan

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

Home Adaptations shall meet standards of manufacture, design and installation.

Home Adaptations must be an item of modification that the family would not be expected to provide to a family member without a disability or specialized needs.

The provision of this service will be facilitated by Home Modifications Brokers as described in Appendix A.

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

Home Adaptations may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan 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 OLTL requirements must be maintained in the participant's file by the Service Coordinator and updated with each authorization.

This service does not include, but requires, an independent evaluation. Depending on the type of adaptation, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing and language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service, as appropriate. Home Adaptations included in the service plan and begun while the person was institutionalized are not considered complete and may not be billed until the date the participant leaves the institution and enters the waiver.

Home adaptations must be obtained at the lowest cost.

Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded.

Also excluded are those adaptations or improvements to the home that are of general maintenance and upkeep and are not of direct medical or remedial benefit to the participant this includes items that are not up to code. Adaptations that add to the total square footage of the home are excluded from this benefit, except when necessary for the addition of an accessible bathroom when the cost of adding the bathroom is less than retrofitting an existing bathroom.

Materials and equipment must be based on the participant’s need as documented in the PCSP. Rented property adaptations must meet the following:

- there is a reasonable expectation that the participant will continue to live in the home;
- written permission is secured from the property owner for the adaptation, including that there is no expectation that waiver funds will be used to return the home to its original state;
- the landlord will not increase the rent because of the adaptation.

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. This service may not be included on the same service plan as Residential Habilitation.

Provider Specifications

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| 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: |
| | Contractor | | Contractor | |
| | | | Durable Medical Equipment | |

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| 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> |
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| Contractor | Contractor’s license for the State of Pennsylvania or a state contiguous to Pennsylvania, if required by trade. | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance |

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| | | | <p>with Department policies</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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, if applicable. • All Home Adaptations installed shall be certified as 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 • Providers with a waiver service location in states contiguous to Pennsylvania must have a comparable license • Compliance with the Pennsylvania Home Improvement Consumer Protection Act and other applicable standards <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • 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, if applicable. |
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| | | | <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Durable Medical Equipment | | Drug and Device Registration with the PA Dept of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25. | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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, if applicable. • All Home Adaptations installed shall be certified as meeting standards for safety and use, as may be promulgated by any |

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| | | | <p>governing body, including any electrical, communications, consumer or other standards, rules or regulations that may apply</p> <ul style="list-style-type: none"> Organizations must have capacity to provide 24-hour coverage by trained professionals, 365 days/year <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> Be at least 18 years of age Be a Licensed Contractor Comply with Department standards, including regulations, policies and procedures relating to provider qualifications 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 Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 Have a child abuse clearance (as per 23 PA C.S. Chapter 63) Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
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| Contractor | Home Modification Broker or OLTL | Home Modification Broker – At time of service OLTL - At least every two (2) years and more |

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| | | frequently when deemed necessary by the Department | | |
| Durable Medical Equipment | Home Modification Broker or OLTL | Home Modification Broker – At time of service OLTL - At least every two (2) years and more frequently when deemed necessary by the Department | | |
| Service Delivery Method | | | | |
| Service Delivery Method (<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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
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| Service Title: | Specialized Medical Equipment and Supplies |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Specialized Medical Equipment and Supplies are services or items that provide direct medical or remedial benefit to the participant and are directly related to a participant’s disability. These services or items are necessary to ensure health, welfare and safety of the participant and enable the participant to function in the home and community with greater independence. This service is intended to enable participants to increase, maintain, or improve their ability to perform activities of daily living. Specialized Medical Equipment and Supplies are specified in the participant’s service plan and determined necessary in accordance with the participant’s assessment.</p> <p>Specialized Medical Equipment and Supplies includes:</p> <ul style="list-style-type: none"> Devices, controls or appliances, specified in the service plan, that enable participants to increase, maintain or improve their ability to perform activities of daily living Equipment repair and maintenance, unless covered by the manufacturer warranty Items that exceed the limits set for Medicaid State plan covered services Rental Equipment. In certain circumstances, needs for equipment or supplies may be time-limited. The Service Coordinator must initially verify that the rental costs cannot be covered by the State Plan. If the State Plan does not cover the rental for the particular piece of equipment needed, then the cost of the rental can be funded through Specialized Medical Equipment and Supplies <p>Non-Covered Items:</p> <ul style="list-style-type: none"> All prescription and over-the-counter medications, compounds and solutions (except wipes and barrier cream) Items covered under third party payer liability Items that do not provide direct medical or remedial benefit to the participant and/or are not directly related to a participant’s disability | |

- Food, food supplements, food substitutes (including formulas), and thickening agents;
- Eyeglasses, frames, and lenses;
- Dentures
- Any item labeled as experimental that has been denied by Medicare and/or Medicaid
- Recreational or exercise equipment and adaptive devices for such

All items shall meet applicable standards of manufacture, design and installation.

If the participant receives Speech, Occupational, or Physical Therapy or Behavior Support services that may relate to, or are impacted by, the use of the Specialized Medical Equipment and Supplies, the Specialized Medical Equipment and Supplies must be consistent with the participant's behavior support plan or Speech, Occupational or Physical Therapy service.

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

Specialized Medical Equipment and Supplies may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan or a responsible third-party continues until the State 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.

This service does not include, but requires, an independent evaluation and a physician's prescription. The independent evaluation may be conducted by an occupational therapist; a speech, hearing or language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through one of the following services offered through the waiver; Physical Therapy, Occupational Therapy, or Speech Therapy, or the State Plan as appropriate.

Hearing Aids require, but this service does not cover, an evaluation conducted by a physician certified by the American Board of Otolaryngology (ear, nose, and throat physician). Hearing aids must be purchased and fitted by a Pennsylvania registered hearing aid fitter, licensed audiologist, or licensed physician associated with a registered hearing aid dealer.

Hearing aid purchases are limited to once every three years.

Specialized Medical Equipment and Supplies exclude Assistive Technology.

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

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| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | Hearing Aid Dealer | | Durable Medical Equipment |
| | | | | Pharmacy |
| | | | | Hearing Aid Dealer |
| 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 (specify) | Certificate (specify) | Other Standard (specify) |
| Durable Medical Equipment | | Drug and Device Registration with the PA Department of Health as required by the Controlled Substance, Drug, Device and Cosmetic Act and 28 PA Code Chapter 25 | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications |

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| | | | <ul style="list-style-type: none"> • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Pharmacy | Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27 | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies |

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| | | | <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Registered Hearing Aid Dealer | | <p><u>Certified by the PA Department of Health under 28 Pa. Code Ch. 25, SubChapter B Hearing Aid Sales and Registration</u></p> | <ul style="list-style-type: none"> • Employ a licensed physician, licensed audiologist, or registered hearing aid fitter qualified by PA Department of Health to sell and fit hearing aids • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with |

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| | | | <p>Department policies</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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 • Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is |
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| | | | necessary to provide the service |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: | |
| Durable Medical Equipment | OLTL | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Pharmacy | OLTL/PA Department of State | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Hearing Aid Dealer | OLTL/PA Department of Health | Annually | |
| Service Delivery Method | | | |
| Service Delivery Method <i>(check each that applies):</i> | | Participant-directed as specified in Appendix E | X 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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
|---|--|
| Service Title: | Vehicle Modifications |
| <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>Vehicle Modifications are modifications or alterations to an automobile or van that is the participant’s means of transportation in order to accommodate the special needs of the participant. Vehicle Modifications are modifications needed by the participant, as specified in the service plan and determined necessary in accordance with the participant’s assessment, to ensure the health, welfare and safety of the participant and enable the participant to integrate more fully into the community. The following are specifically excluded:</p> <ul style="list-style-type: none"> Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant Purchase or lease of a vehicle with or without existing adaptations Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications <p>The waiver cannot be used to purchase vehicles for participants, their families or legal guardians. Vehicle Modifications funded through the waiver are limited to the following:</p> <ul style="list-style-type: none"> Vehicular lifts Portable ramps when the sole purpose of the ramp is for the participant to access the vehicle Interior alterations to seats, head and leg rests and belts Customized devices necessary for the participant to be transported safely in the community, including driver control devices Modifications needed to accommodate a participant’s special sensitivity to sound, light or other environmental conditions Raising the roof or lowering the floor to accommodate wheelchairs The vehicle must be less than 5 years old, and have less than 50,000 miles for vehicle modification requests over \$3,000 | |

All Vehicle Modifications shall meet applicable standards of manufacture, design and installation.

The provision of this service may be facilitated by an OHCDs as described in Appendix I.3.g.ii.

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

A vehicle is required to have passed all applicable State standards.

This service does not include, but requires, an independent evaluation. Depending on the type of modification, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing and language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service or the State Plan, as appropriate.

The vehicle that is modified may be owned by the participant, a family member with whom the participant lives, or a non-relative who provides primary support to the participant and is not a paid provider agency of services. 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

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| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Vehicle Modifications Contractor |

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| 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> |
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| Vehicle Modifications Contractor | | Quality Assurance Program (QAP) Accreditation by the National Mobility Equipment Dealers Association (NMEDA). | <ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a waiver provider agreement Comply with Department standards, including regulations, policies and procedures relating to provider qualifications Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania Have Worker’s Compensation insurance in accordance with State statute and in accordance with |

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| | | | <p>Department policies</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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 • Adhere to all applicable local and State codes <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a child abuse clearance (as per 23 PA C.S. Chapter 63) • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
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| Verification of Provider Qualifications | | |
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| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
| Vehicle Modifications Contractor | OHCDSS or OLTL | OHCDSS – At time of service OLTL - At least every two (2) years and more frequently |

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| | | when deemed necessary by the Department |
| Service Delivery Method | | |
| Service Delivery Method <i>(check each that applies):</i> | Participant-directed as specified in Appendix E | X 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 | | | | |
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| Service Title: | Respite | | | |
| <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): | | | | |
| Respite services are provided to support individuals on a short-term basis due to the absence or need for relief of unpaid caregivers normally providing care. Respite Services are provided to individuals in their own home, or the home of relative, friend, or other family and are provided in quarter hour units. Respite Services may be provided by a relative or family member as long as the relative or family member is not a legal guardian, power of attorney, or reside in the home. | | | | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | | | | |
| Respite Services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan 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. | | | | |
| In-home Respite Services cannot be provided simultaneously with Home Health Aide, Personal Assistance Services or Residential Habilitation. | | | | |
| The frequency and duration of this service are 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 checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | | Individual Respite Worker | | Home Health Agency |
| | | | | Home Care Agency |
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| Specify whether the service may be provided by (<i>check each that applies</i>): | X | Legally Responsible Person | X | Relative |
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| Provider Qualifications (<i>provide the following information for each type of provider</i>): | | | | |
| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) | |
| 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"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance and • 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. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with all Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Complete Department required training, including training on the participant’s service plan and the | |

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| | | | <p>participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Be supervised by a registered nurse; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Successfully completed a State-established or other training program that meets the requirements of Sec. 484.36(a) and a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e), or a competency evaluation program or State licensure program that meets the requirements of Sec. 484.36 (b) or (e). |
| Home Care Agency | Licensed by the PA Department of Health, per 28 PA Code Chapter 611 (Home Care Agencies and Home Care Registries) | | <p>Agency:</p> <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with |

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

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| | | | <ul style="list-style-type: none"> • Agree to carry-out outcomes included in the participant’s service plan; and • Be able to demonstrate the capability to perform health maintenance activities specified in the participant’s service plan or receive necessary training. |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification |
| Home Health Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department |
| Home Care Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department |
| Individual Respite Worker | Fiscal Employer Agent/OLTL | | At least every two (2) years and more frequently when deemed necessary by the Department |
| Service Delivery Method | | | |
| Service Delivery Method <i>(check each that applies):</i> | X | Participant-directed as specified in Appendix E | X 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 | |
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| Service Title: | Cognitive Rehabilitation Therapy Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Cognitive Rehabilitation Therapy services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual's inclusion in their community. Services are provided by an occupational therapist, licensed psychologist, licensed social worker, licensed professional counselor, or a home health agency that employs them. 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. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</p> <p>Cognitive Rehabilitation Therapy services focus on the attainment/re-attainment of cognitive skills. The aim of therapy is the enhancement of the participant's functional competence in real-world situations. The process includes the use of compensatory strategies, and use of cognitive orthotics and prostheses. Services include consultation, ongoing counseling, and coaching/cueing..</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Participants must access State Plan services, including Outpatient Psychiatric Clinic Services, Outpatient Drug and Alcohol Services and services through the Behavioral Health Managed Care Organizations before accessing Cognitive Rehabilitation Therapy services through the CHC Waiver.</p> <p>Cognitive Rehabilitation Therapy services may only be funded through the waiver when the service is not covered by the Medicaid State Plan or a responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available</p> | |

through the Medicaid State Plan or private insurance providers. This may be because the Medicaid State Plan, Medicare or insurance limitations have been reached, or the service is not covered under the Medicaid State Plan, Medicare or private insurance, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that the Medicaid State Plan and private insurance limitations have been exhausted or that the Medicaid State Plan or private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

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

Provider Specifications

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| 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: |
| | | Occupational Therapist | | Home Health Agency |
| | | Licensed psychologist | | |
| | | Licensed social worker | | |
| | | Licensed professional counselor | | |

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| 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> |
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| 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 | Agency: Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department |

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| | | | <p>policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <p>Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23</p> |
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| | | | PA C.S. Chapter 63); and Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| Occupational Therapist | Licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) | Certification as required by 42CFR Part 484 | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • 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; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
| Licensed psychologist | Licensed by the State Board of | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver |

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| | <p>Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41</p> | | <p>provider agreement;</p> <ul style="list-style-type: none"> • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Comply with all Department standards related to provider qualifications. |
| <p>Licensed social worker</p> | <p>Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49</p> | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles |

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| | | | <p>owned, leased and/or hired when used as a component of the service;</p> <ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
| Licensed professional counselor | Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; • Be a resident of Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with |

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| | | | Department policies; <ul style="list-style-type: none"> • Have Commercial General Liability insurance in accordance with Department policies; • Be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a child abuse clearance (as per 23 PA C.S. Chapter 63). |
|--|--|--|--|

| Verification of Provider Qualifications | | |
|---|---|--|
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Occupational Therapist | PA Department of State Occupational Therapy and Education Licensing Board | At least every two (2) years and more frequently when deemed necessary by the Department |
| Licensed Psychologist | OLTL/PA State Board of Psychology Professional Psychologists | At least every two (2) years and more frequently when deemed necessary by the Department |
| Licensed Social Worker | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | At least every two (2) years and more frequently when deemed necessary by the Department |
| Licensed Professional Counselor | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | At least every two (2) years and more frequently when deemed necessary by the Department |

| Service Delivery Method | | | | |
|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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 | |
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| Service Title: | Counseling Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Counseling Services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual’s inclusion in their community. Services are provided by a licensed psychologist, licensed social worker, licensed professional counselor, or a home health agency that employs them. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Counseling services are non-medical counseling services provided to participants in order to resolve individual or social conflicts and family issues. While counseling services may include family members, the therapy must be on behalf of the participant and documented in his/her service plan. Services include initial consultation and ongoing counseling performed by a licensed psychologist, licensed social worker, or licensed professional counselor. If there is a mental health or substance abuse diagnosis, including adjustment disorder, the State Plan, through the Office of Mental Health and Substance Abuse Services, will cover the visit outside of the home and community-based services waiver up to pre-specified limits. Counseling services are utilized only once State Plan limitations have been reached, no diagnosis is present or the service is deemed to not be medically necessary or not making meaningful progress under State Plan standards. Counseling for unpaid caregivers services must be aimed at assisting the unpaid caregiver in understanding and meeting the needs of the participant and be documented in his/her service plan.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| Participants must access State Plan services, including Outpatient Psychiatric Clinic Services, Outpatient Drug and Alcohol Services and services through the Behavioral Health Managed Care Organizations before accessing Counseling Services through the CHC Waiver. | |

Counseling Services may only be funded through the waiver when the service is not covered by the Medicaid State Plan or a responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available through the Medicaid State Plan or private insurance providers. This may be because the Medicaid State Plan, Medicare or insurance limitations have been reached, or the service is not covered under the Medicaid State Plan, Medicare or private insurance, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that the Medicaid State Plan and private insurance limitations have been exhausted or that the Medicaid State Plan or private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

The frequency and duration of this service are 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> | X | Individual. List types: | X | Agency. List the types of agencies: |
| | | Licensed Psychologist | | Home Health Agency |
| | | Licensed Social Worker | | |
| | | Licensed Professional Counselor | | |
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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|-----------------------|--|------------------------------|---|
| Licensed Psychologist | Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; Have a valid driver's license from |

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|------------------------|--|--|--|
| | | | <p>Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Comply with all Department standards related to provider qualifications.</p> |
| Licensed Social Worker | Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 | | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications;</p> <p>Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with</p> |

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| | | | <p>Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
| Licensed Professional Counselor | Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 | | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications;</p> <p>Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
| Home Health | Licensed by the | Certification as | Agency: |

| | | | |
|--------|---|----------------------------|---|
| Agency | PA Department of Health, per 28 PA Code, Part IV, Health Facilities, Subpart G. Chapter 601 and Subpart A. Chapter 51 | required by 42CFR Part 484 | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <p>Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan; |
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| | | | <ul style="list-style-type: none"> • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|--|---|--|
| Licensed Psychologist | OLTL/PA State Board of Psychology Professional Psychologists | At least every two (2) years and more frequently when deemed necessary by the Department |
| Licensed Social Worker | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | At least every two (2) years and more frequently when deemed necessary by the Department |
| Licensed Professional Counselor | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | At least every two (2) years and more frequently when deemed necessary by the Department |
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

| | | | | |
|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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: | Nutritional Consultation Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Nutritional Consultation services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual’s inclusion in their community. Services are provided by professionals and/or paraprofessionals in nutritional counseling. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Nutritional Consultation assists the participant and/or their paid and unpaid caregivers in developing a diet and planning meals that meet the participant’s nutritional needs, while avoiding any problem foods that have been identified by a physician. The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan. Services include counseling performed by a Registered Dietitian or a Certified Nutrition Specialist. Nutritional Consultation services may be delivered in the participant’s home or in the community, as specified in the service plan. The purpose of Nutritional Consultation services is to improve the ability of participants, paid and/or unpaid caregivers and providers to carry out nutritional interventions. Nutritional Counseling services are limited to 90-minutes (6 units) of nutritional consultations per month. Home Health Agencies that employ licensed and registered dietitians may provide nutritional counseling.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| Participants must access State Plan services before accessing Nutritional Consultation services through the CHC Waiver. | |
| Nutritional Consultation Services may only be funded through the waiver when the service is not | |

covered by the Medicaid State Plan or a responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available through the Medicaid State Plan or private insurance providers. This may be because the Medicaid State Plan, Medicare or insurance limitations have been reached, or the service is not covered under the Medicaid State Plan, Medicare or private insurance, or the provider does not have the expertise or experience specific to the disability.

The Service Coordinator is responsible for verifying and documenting in the participant’s file that the Medicaid State Plan and private insurance limitations have been exhausted or that the Medicaid State Plan or private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual’s file by the Service Coordinator. This documentation must be updated annually.

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

Provider Specifications

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|--|--------------------------|--|--------------------------|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | X | Individual. List types: | X | Agency. List the types of agencies: |
| | | Registered Dietitian or Certified Nutrition Specialist | | Home Health 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> |
|--|--|------------------------------|--|
| Registered Dietitian or a Certified Nutrition Specialist | Licensed by the PA State Board of Dietitian-Nutritionists, per 49 PA Code Chapter 21, subchapter G | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker’s Compensation insurance in accordance with State statute and in accordance with |

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| | | | <p>Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Title 49 PA Code Ch. 21 Subchapter G relates to the general provisions, licensure requirements and the responsibilities of the licensed dietician-nutritionist issued under sections 2.1(k) and 11(c) of the Professional Nursing Law (63 P. S. § 212(k) and 221(c).</p> |
| 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 | <p>Agency:</p> <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and Omissions Insurance; <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and</p> |

| | | | |
|--|--|--|--|
| | | | <p>behavioral needs; and</p> <p>Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
|--|--|--|--|

| Verification of Provider Qualifications | | |
|--|--|---|
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Registered Dietitian | OLTL/PA Department of State Board of Dietitian-Nutritionists | At least every two (2) years and more frequently when |

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|---|------------------------------|--|-------------------------------------|------------------|
| | | deemed necessary by the Department | | |
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department | | |
| Service Delivery Method | | | | |
| Service Delivery Method <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: | Behavior Therapy Services |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Behavior Therapy services are services that assist individuals to improve functioning and independence, are not covered by the Medicaid State Plan, and are necessary to improve the individual's inclusion in their community. Services are provided by professionals and/or paraprofessionals in behavior management. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</p> <p>Behavior Therapy services include the completion of a functional behavioral assessment; the development of an individualized, comprehensive behavioral support plan; and the provision of training to individuals, family members and direct service providers. Services include consultation, monitoring the implementation of the behavioral support plan and revising the plan as necessary. Behavior Therapy services are provided by a licensed psychologist, licensed social worker, licensed behavior specialist, licensed professional counselor, or a home health agency that employs them .</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Participants must access State Plan services, including Outpatient Psychiatric Clinic Services, Outpatient Drug and Alcohol Services and services through the Behavioral Health Managed Care Organizations before accessing Behavior Therapy services through the CHC Waiver.</p> <p>Behavior Therapy Services may only be funded through the waiver when the service is not covered by the Medicaid State Plan or a responsible third party, such as Medicare or private insurance, unless the required expertise and experience specific to the disability is not available through the Medicaid State Plan or private insurance providers. This may be because the Medicaid State Plan, Medicare or insurance limitations have been reached, or the service is not covered under the Medicaid State Plan, Medicare or private insurance, or the provider does not have the expertise or experience specific to</p> | |

the disability.

The Service Coordinator is responsible for verifying and documenting in the participant's file that the Medicaid State Plan and private insurance limitations have been exhausted or that the Medicaid State Plan or private insurance provider does not have the expertise or experience specific to the disability prior to funding services through the waiver. Documentation must be maintained in the individual's file by the Service Coordinator. This documentation must be updated annually.

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

Provider Specifications

| | | | | |
|---|--|----------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Licensed Behavior Specialist Licensed Psychologist Licensed Social Worker Licensed Professional Counselor | | Home Health Agency | |
| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|-----------------------|--|-----------------------|--|
| Licensed Psychologist | Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State |

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|------------------------|--|--|--|
| | | | <p>statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Comply with all Department standards related to provider qualifications.</p> |
| Licensed Social Worker | Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 | | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications;</p> <p>Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code</p> |

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| | | | Chapter 15; and Have a child abuse clearance (as per 23 PA C.S. Chapter 63). |
| Licensed Professional Counselor | Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance in accordance with Department policies; Be at least 18 years of age; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and Have a child abuse clearance (as per 23 PA C.S. Chapter 63). |
| Licensed Behavior Specialist | Licensed by the State Board of Medicine, per 49 Pa, Code §§ 18.521 - 18.527 | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, including regulations, policies and procedures relating to provider qualifications; Have or ensure automobile insurance |

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|--------------------|---|---|--|
| | | | <p>for any automobiles owned, leased and/or hired when used as a component of the service;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63).</p> |
| 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 | <p>Agency:</p> <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <ul style="list-style-type: none"> • Have Commercial General Liability Insurance; • Have Professional Liability Errors and |

| | | | |
|--|--|--|--|
| | | | <p>Omissions Insurance;</p> <p>Ensure that employees have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</p> <p>Provide staff training pursuant to 55PA Code Chapter 52, Section 52.21.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be 18 years of age or older; • Possess basic math, reading and writing skills; • Complete training or demonstrate competency by passing a competency test as outlined in Section 611.85 under Title 28, Part IV Subpart H of the Health Care Facilities Act; • Have the required skills to perform services as specified in the participant’s service plan; • Complete any necessary pre/in-service training related to the participant’s service plan; • Agree to carry-out outcomes included in the participant’s service plan; • Possess a valid Social Security number; • Must pass criminal records check as required in 55PA Code Chapter 52 Section 52.19; <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
|--|--|--|--|

| Verification of Provider Qualifications | | | | |
|---|---|--|---|---------------------|
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Licensed Psychologist | OLTL/PA State Board of Psychology Professional Psychologists | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Licensed Social Worker | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Licensed Professional Counselor | OLTL/PA State Board of Social Workers, Marriage and Family Therapists and Professional Counselors | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Licensed Behavior Specialist | OLTL/ PA State Board of Medicine | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Home Health Agency | OLTL/PA Department of Health | | At least every two (2) years and more frequently when deemed necessary by the Department | |
| Service Delivery Method | | | | |
| Service Delivery Method <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: | Adult Daily Living |
| <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>Adult Daily Living services are designed to assist participants in meeting, at a minimum, personal care, social, nutritional and therapeutic needs. Adult Daily Living services are necessary, as specified by 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 the assessment performed in accordance with Department requirements and as outlined in the participant’s service plan.</p> <p>Adult Daily Living services are generally furnished for four (4) or more hours per day on a regularly scheduled basis for one or more days per week, or as specified in the service plan, in a non-institutional, community-based center encompassing both health and social services needed to ensure the optimal functioning of the participant.</p> <p>Adult Daily Living includes two components:</p> <ul style="list-style-type: none"> • Basic Adult Daily Living services • Enhanced Adult Daily Living services. <p>Basic Adult Daily Living services are comprehensive services provided to meet the needs noted above in a licensed center. Per Subchapter A, and 11.123 Core Services, the required core services for these settings include personal assistance, nursing in accordance with regulation, social and therapeutic services, nutrition and therapeutic diets and emergency care for participants. Basic Adult Daily Living services can be provided as either a full day or a half day. The individual’s service plan initiates and directs the services they receive while at the center.</p> <p>In addition to providing Basic Adult Daily Living services, Enhanced Adult Daily Living services must include the following additional service elements:</p> <ul style="list-style-type: none"> • Nursing Requirement: The Enhanced Adult Daily Living provider shall directly provide, contract for, or otherwise arrange for nursing services. In addition to the requirements found in the Older | |

Adult Daily Living Center (OADLC) Regulations § 11.123 (2), a Registered Nurse (RN) must be available on-site one (1) hour weekly for each enrolled waiver participant. At a minimum, each waiver participant must be observed every other week by the RN with the appropriate notations recorded in the participant's service plan, with the corresponding follow-ups being made with the participant, family, or physician.

- Staff to Participant Ratio: Staffing of OADLC providing Enhanced services will be at a staff to participant ratio of 1:5.
- Operating Hours: To be eligible for the minimum rate associated with Enhanced Services, the OADLC must be open a minimum of eleven (11) hours daily during the normal work week. A normal work week is defined as Monday through Friday. (If open on a Saturday or Sunday the eleven hour requirement is not in effect for the weekend days of operation.)
- The guidelines for the required specialized services for the OADLC provider to include physical therapy, occupational therapy, speech therapy, and medical services can be found in Subchapter B, § 11.402.
- Enhanced Adult Daily Living services can be provided as either a full day or a half day.
- Adult Daily Living providers that are certified as Enhanced receive the Enhanced full day or Enhanced half day rate for all participants attending the Enhanced center.

As necessary, Adult Daily Living may include assistance in completing activities of daily living and instrumental activities of daily living. This service also includes assistance with medication administration and the performance of health-related tasks to the extent State law permits.

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

Adult Daily Living services may only be funded through the waiver when the services are not covered by the State Plan, or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan, 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.

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.

Adult Daily Living services with transportation cannot be provided simultaneously with Non-Medical Transportation.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's service plan. Providers may bill for one (1) day when Basic or

Enhanced Adult Daily Living services are provided for four (4) or more hours in a day. Providers must bill for a half day when Basic or Enhanced services are provided for fewer than four (4) hours in a day.

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: |
| | | | | Older Adult Daily Living Center |
| | | | | Adult Day Center |
| | | | | |

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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|---------------------------------|--|------------------------------|--|
| Older Adult Daily Living Center | Meet licensing regulations under Title 6 PA Code, Chapter 11, Subchapter A | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; and • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, |

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| | | | <p>for example, communication, mobility and behavioral needs.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have a minimum of 1 year of experience providing care to an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience; • Have a high school diploma or GED; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code, Chapter 52; • 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; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Have disability-specific training as required by the Department. |
| Adult Day Center | Meet licensing regulations under Title 55 PA Code, Chapter 2380, Subchapter A | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings |

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| | | | <p>for home and community-based waiver services;</p> <ul style="list-style-type: none"> • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; and • 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. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Have a minimum of 1 year of experience providing care to an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience; • Have a high school diploma or GED; • Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code, Chapter 52; • 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, |
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| | | | <p>communication, mobility and behavioral needs;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Have disability-specific training as required by the Department. |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---------------------------------|---|---|
| Older Adult Daily Living Center | Department of Aging/OLTL | Aging – Annually OLTL - At least every 2 years and more frequently when deemed necessary by the Department |
| Adult Day Center | DHS, Office of Administration, Human Services Licensing Management/OLTL | DHS – Annually OLTL – At least every 2 years and more frequently when deemed necessary by the Department |

Service Delivery Method

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|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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 | |
|---|--|
| Service Title: | Community Integration |
| <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>Community Integration is a short-term, goal-based support service designed to assist participants in acquiring, retaining, and improving self-help, communication, socialization and adaptive skills necessary to reside in the community. Community integration can include cueing and on-site modeling of behavior to assist the participant in developing maximum independent functioning in community living activities.</p> <p>Community Integration is goal-based and situational to assist individuals in achieving maximum function during life-changing events such as a transition from a nursing facility, moving to a new community or from a parent's home, or a change in condition that requires new skill sets. Services and training must focus on specific skills and be related to the expected outcomes outlined in the participant's service plan.</p> <p>Community Integration goals must be reviewed and/or updated at least quarterly by the Service Coordinator in conjunction with the participant to assure that expected outcomes are met and the service plan is modified accordingly.</p> <p>Services must be provided at a 1:1 ratio.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Community Integration cannot be billed simultaneously with Residential Habilitation, Structured Day Habilitation or Personal Assistance Services</p> <p>Community Integration is reviewed quarterly to determine the progress of how the strategies utilized are affecting the participant's ability to independently complete tasks identified in the PCSP. If the individual can complete the task independently, then the goal and CI service should be removed from the PCSP. The length of service should not exceed thirteen (13) weeks on new plans.</p> <p>If the participant has not reached the goal at the end of 13 weeks, then documentation of the</p> | |

justification for continued training on the desired outcome must be incorporated into the PCSP at the time of the quarterly review.

If the participant has not reached his/her CI goals by the end of twenty-six (26) weeks, the goals need to change or it is concluded that the individual will not independently complete the goal and the SC must assess for a more appropriate service to meet the individual's need.

Each distinct goal may not remain on the PCSP for more than twenty-six (26) weeks.

No more than 32 units per week for one CI goal will be approved in the PCSP. If the participant has multiple CI goals, no more than 48 units per week will be approved in the PCSP.

OLTL retains the discretion to 1) authorize CI for individuals who have not experienced a "life-changing event"; and 2) authorize more than 48 units (12 hours) of CI in one week for up to 21 hours per week and for periods longer than 26 weeks.

Provider Specifications

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|---|--------------------------|-------------------------|-------------------------------------|-------------------------------------|
| 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: |
| | | | | Community Integration Agency |
| | | | | |
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|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|------------------------------|--------------------------|------------------------------|--|
| Community Integration Agency | | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; |

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| | | | <ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Professional Liability Errors and Omissions Insurance, and • 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. <p>Individuals working for or contracted with agencies must meet the following standards: Be 18 years of age or older;</p> <ul style="list-style-type: none"> • Have a high school diploma or GED • Have a minimum of six months of paid or volunteer experience in working with people with physical disabilities and/or older adults • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have the required skills to perform the Community Integration services specified in the participant’s service plan; • Possess a valid Social Security number; and • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 |
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| | | | <ul style="list-style-type: none"> Have child abuse clearance as per 23 Pa. C.S. Chapter 63. | |
| Verification of Provider Qualifications | | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification | |
| Community Integration Agency | OLTL | | At least every 2 years and more frequently when deemed necessary by the Department | |
| Service Delivery Method | | | | |
| Service Delivery Method <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: | Non-Medical Transportation |
| <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>Non-Medical Transportation services are offered in order to enable participants to gain access to long-term services and supports as specified in the PCSP. This service is offered in addition to medical transportation services required under 42 CFR 440.170 (a) (if applicable), and shall not replace them. Non-Medical Transportation services include mileage reimbursement for drivers and others to transport a participant and/or the purchase of tickets or tokens to secure transportation for a participant. Non-Medical Transportation must be billed per one-way trip or billed per item, for example a monthly bus pass. Transportation services must be tied to a specific objective identified on the participant’s service plan.</p> <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>Medical Assistance Transportation Program (MATP) services will be used for obtaining State Plan services. The participant’s service plan must document the need for those Non-medical Transportation services that are not covered under the Medical Assistance Transportation Program.</p> <p>Non-medical Transportation services may only be authorized on the service plan after an individualized determination that the method is the most cost-effective manner to provide needed Transportation services to the participant, and that all other non-Medicaid sources of transportation which can provide this service without charge (such as family, neighbors, friends, community agencies) have been exhausted.</p> <p>Non-Medical Transportation does not cover reimbursement to the participant or another individual when driving the participant’s vehicle. Non-Medical Transportation does not pay for vehicle purchases, rentals, modifications or repairs.</p> | |

Non-Medical Transportation cannot be provided at the same time as Adult Daily Living services with transportation or Employment Skills Development. An individual cannot provide both Personal Assistance Services and Non-Medical Transportation simultaneously.

The Service Coordinator will monitor this service quarterly and will provide ongoing assistance to the participant to identify alternative community-based sources of Transportation.

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

Provider Specifications

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|--|-------------------------------------|-------------------------|--|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Individual Driver | | Licensed Transportation Agency, Public Transit Authority | |
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|---|--------------------------|----------------------------|--------------------------|-------------------------|
| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|-------------------|--|--|--|
| Individual Driver | Valid Pennsylvania driver's license appropriate to the vehicle | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used to provide the Transportation service. | Drivers must meet the following: <ul style="list-style-type: none"> • 18 years of age; • Must have appropriate insurance coverage (\$100,000/\$300,000 bodily injury); • Have automobile insurance for all automobiles used to provide the Transportation service; • Vehicles must be registered with the PA Department of Transportation; • Receive a physical examination (including a vision test) at the time of hire and at least every 2 years; and • Be willing to provide door-to-door services. |

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| <p>Licensed Transportation Agency, Public Transit Authority</p> | <p>Licensed by the P.U.C and/or be a Public Transit Authority, a Community Transportation Provider or Community Transportation Subcontractor</p> | | <p>Agencies must:</p> <ul style="list-style-type: none"> • Meet PA Vehicle Code (Title 75); • Have Commercial General Liability insurance; • Have automobile insurance for all automobiles owned, leased and/or hired and used to provide the Transportation service; • Have Workers' Compensation insurance in accordance with State statute; • Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, which includes, but is not limited to, communication, mobility and behavioral needs; and • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52. <p>Drivers employed by licensed transportation agencies and public transit authorities must meet the following:</p> <ul style="list-style-type: none"> • be at least 18 years of age; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15; • Have child abuse clearance (as per 23 Pa. C.S. Chapter 63); • Agree to carry out the Transportation outcomes included in the participant's service plan; and • Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services. |
| <p>Verification of Provider Qualifications</p> | | | |
| <p>Provider Type:</p> | <p>Entity Responsible for Verification:</p> | <p>Frequency of Verification</p> | |

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|---|--------------------------|--|-------------------------------------|------------------|
| Individual Driver | OHCDS OLTL | OHCDS verifies provider qualifications prior to service approval; annually thereafter OLTL monitors the OHCDS every two years | | |
| Licensed Transportation Agency, Public Transit Authority | OLTL OHCDS | OHCDS verifies provider qualifications prior to service approval; annually thereafter OLTL monitors OHCDS every two years | | |
| Service Delivery Method | | | | |
| Service Delivery Method <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: | Residential Habilitation |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Residential Habilitation Services are delivered in provider owned, rented/leased or operated settings. They can be provided in Licensed and unlicensed settings.</p> <p>Licensed Settings are settings in which four or more individuals reside and are licensed as Personal Care Homes (reference 55 PA Code Chapter 2600) or Assisted Living Residences (reference 55 PA Code Chapter 2800). Unlicensed settings are provider owned, rented/leased or operated settings with no more than three residents.</p> <p>Residential Habilitation services are provided for up to 24 hours a day. This service is authorized as a day unit. A day is defined as a period of a minimum of 12 hours of service rendered by a residential habilitation provider within a 24-hour period beginning at 12:00 am and ending at 11:59 pm. Residential Habilitation services are designed to assist an individual in acquiring the basic skills necessary to maximize their independence in activities of daily living and to fully participate in community life. Residential Habilitation services are individually tailored to meet the needs of the individual as outlined in the person-centered service plan.</p> <p>Residential Habilitation includes supports that assist participants with acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in the community. These services are individually tailored supports that can include activities in environments designed to foster the acquisition of skills, appropriate behavior, greater independence and personal choice. Supports include cueing, on-site modeling of behavior, and/or assistance in developing or maintaining maximum independent functioning in community living activities, including domestic and leisure activities. Residential Habilitation also includes community integration, personal assistance services and night-time assistance. This includes any necessary assistance in performing activities of daily living (i.e., bathing, dressing, eating, mobility, and toileting) and instrumental activities of daily living (i.e., cooking, housework, and shopping).</p> <p>Transportation is provided as a component of the Residential Habilitation service, and is therefore</p> | |

reflected in the rate for Residential Habilitation. Providers of (unlicensed and licensed) Residential Habilitation are responsible for the full range of transportation services needed by the individuals they serve to participate in services and activities specified in their person-centered service plans (PCSP). This includes transportation to and from day habilitation and employment services. Transportation included in the rate for Residential Habilitation Services may NOT be duplicated through the inclusion of the transportation service on an individual's PCSP.

Individual considerations may be available for those individuals that require continual assistance as identified on their needs assessment to ensure their medical or behavioral stability. By the nature of their behaviors, individuals are not able to participate in activities or are unable to access the community without direct staff support. Residential Enhanced Staffing is treated as an add-on to the Residential Habilitation service and is only available when participants require additional behavioral supports.

Residential Enhanced Staffing may be provided at the following levels:

- Level 1: staff-to-individual ratio of 1:1.
- Level 2: staff-to-individual ratio of 2:1 or greater.

Licensed settings serving individuals enrolled in the CHC Waiver may not exceed a licensed capacity of more than 8 unrelated individuals. Both licensed and unlicensed settings must be community-based as well as maintain a home-like environment. A home-like environment provides full access to typical facilities found in a home such as a kitchen and dining area, provides for privacy, allows visitors at times convenient to the individual, and offers easy access to resources and activities in the community. Residences are expected to be located in residential neighborhoods in the community. Participants have access to community activities, employment, schools or day programs. Each facility shall assure to each participant the right to live as normally as possible while receiving care and treatment. Home and Community character will be monitored by OLTL's Office of Quality Management, Metrics and Analytics through ongoing monitoring. Additionally, Service Coordinators will monitor the community character of the residence during regularly scheduled contact with residents. Results of this monitoring will be reported to OLTL. Service Coordinators assist participants in transitioning to homes of their own.

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

Payment is not made for room and board.

Residential Habilitation services do not include the provision of a structured day habilitation, adult daily living, job coaching, employment skills development, and therapies provided on a one to one basis.

Community Integration, Home Health Care Aide services, Non-Medical Transportation, Personal Assistance Services, TeleCare, and Respite cannot be provided at the same time as Residential Habilitation.

Long-term or Continuous Nursing cannot be on the same service plan as Residential Habilitation.
 The frequency and duration of this service are based upon the participant’s needs as identified and documented in the participant’s service plan.

Provider Specifications

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|---|--------------------------|-------------------------|---|--|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Licensed Residential Habilitation Provider |
| | | | | Unlicensed Residential Habilitation Provider |
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| 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> |
|--|--|---|---|
| Licensed Residential Habilitation Provider | Licensed by the PA Department of Public Welfare, per 55 PA Code 2600, Personal Care Homes or 55 PA Code 2800, Assisted Living Residences | By July 1, 2014 those providing residential habilitation services must achieve CARF Brain Injury Residential Rehabilitation Program (Adult) accreditation | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider Agreement; • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania; • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Workers Compensation Insurance in accordance with state |

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| | | | <p>statute and in accordance with Departmental policies</p> <ul style="list-style-type: none"> • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs. <p>Individuals employed to provide Residential Habilitation services must:</p> <p>Be at least 18 years of age;</p> <ul style="list-style-type: none"> • Have a high school diploma or GED; • Have a minimum of six months of paid or volunteer experience working with people with disabilities. • Comply with Department standards including regulations, policies and procedures related to provider qualifications; • 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; • Complete Initial Residential Habilitation Service Training within 6 months of being hired, which consists of a minimum of 12 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Residential Habilitation Training annually which directly relates to job responsibilities. • Staff who are employed to provide Enhanced Residential Habilitation Services must also have initial training in behavioral programming and crisis prevention which must be renewed annually. |
|--|--|--|---|

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| | | | <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15; • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and • Agree to carry out the Residential Habilitation outcomes included in the participant’s service plan. |
| Unlicensed Residential Habilitation Provider | | By July 1, 2014 those providing residential habilitation services must achieve CARF Brain Injury Residential Rehabilitation Program (Adult) accreditation | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver Provider Agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service; • Have a waiver service location in Pennsylvania; • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Workers Compensation Insurance in accordance with State statute and in accordance with Department policies; • Ensure that employees have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs. |

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| | | | <p>Individuals employed to provide Residential Habilitation services must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED • Have a minimum of six months of paid or volunteer experience working with people with disabilities. • Comply with Department standards including regulations, policies and procedures related to provider qualifications; • 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; • One (1) staff must be awake and available on call at all times. • Complete Initial Residential Habilitation Service Training within 6 months of being hired, which consists of a minimum of 12 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Residential Habilitation Training annually which directly relates to job responsibilities. • Staff who are employed to provide Enhanced Residential Habilitation Services must also have initial training in behavioral programming and crisis prevention which must be renewed annually. • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a valid driver’s license from |
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| | | | Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; and <ul style="list-style-type: none"> • Agree to carry out the Residential Habilitation outcomes included in the participant's service plan. |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification |
| Licensed Residential Habilitation Provider | DHS/OLTL | | DHS – Annually OLTL – At least every 2 years and more frequently when deemed necessary by the Department |
| Unlicensed Residential Habilitation Provider | OLTL | | OLTL – At least every 2 years and more frequently when deemed necessary by the Department |
| Service Delivery Method | | | |
| Service Delivery Method <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: | Structured Day Habilitation |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input type="radio"/> | Service is included in approved waiver. There is no change in service specifications. |
| <input checked="" 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>Structured Day Habilitation Services provide assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills. Structured Day Habilitation Services provide waiver participants comprehensive day programming to acquire more independent functioning and improved cognition, communication, and life skills. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, and personal choice as well as provide the supports necessary for mood and behavioral stability with therapeutic goals according to the written plan of care for the individual.</p> <p>Structured Day Habilitation Services include supervision, training, and support to allow the participant to attain his or her maximum potential. Services include social skills training, sensory/motor development, and reduction/elimination of maladaptive behavior. Services are directed at preparing the participant for community reintegration, such as teaching concepts such as compliance, attending to task, task completion, problem solving, safety, communication skills, money management, and shall be coordinated with all services in the service plan. Services include assistance with activities of daily living including whatever assistance is necessary for the purpose of maintaining personal hygiene.</p> <p>Structured Day Habilitation Services take place in small group settings. Effective July 1, 2014, services must be separate from the participant’s private residence or other residential living arrangement. Providers may, however, provide Structured Day Habilitation Services in the community, a participant’s private residence or other residential living arrangement if the room used is used for the sole purpose of these services. The provider must operate the Structured Day Habilitation Services for a minimum of four (4) hours per day up to a maximum of eight (8) hours per day on a regularly scheduled basis for one (1) or more days per week or as specified in the participant’s service plan. Structured Day Habilitation Services are distinguished from Adult Daily Living Services by the therapeutic nature of the program. Structured day habilitation services include the direct services provided by direct care staff and any supervision of the licensed care staff. The direct services must be personal care or directed toward the acquisition of skills. Supervision of participants is not Medicaid reimbursable.</p> | |
| Staff to Client Ratios | |

- One direct care staff to 8 clients during activities
- One other individual must always be present

Structured Day Habilitation Providers that also provide Residential Habilitation are required to provide transportation to Structured Day Habilitation Services as part of Residential Habilitation Services. Structured Day Habilitation Providers are required to provide transportation to community-based activities that are provided as part of the Structured Day Habilitation service.

OLTL will consider enhanced staffing levels for those individuals that require continual assistance, as identified on their needs assessment, to ensure their medical or behavioral stability. These individuals, by the nature of their behaviors, are not able to participate in activities or are unable to access the community without direct staff support. Enhanced Structured Day Habilitation Services is an add-on to the Structured Day Habilitation Services and is only available when participants require additional behavioral supports.

Enhanced Structured Day Habilitation Staffing may be provided at the following levels:

- Level 1: staff-to-individual ratio of 1:1.
- Level 2: staff-to-individual ratio of 2:1 or greater.

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

Billing for Structured Day Habilitation:

Structured Day Habilitation Services do not include: 1:1 therapies (OT, PT, ST, Cognitive Rehabilitation Therapy, and Behavior Therapy), adult daily living, employment skills development, job coaching, personal assistance services or community integration. These services are available to participants receiving Structured Day Habilitation Services as indicated in the needs assessment and documented on the Person-Centered Service Plan, but may not be provided simultaneously. Structured Day Habilitation Services also do not include competitive employment or higher education courses.

Transportation can be included as a separate service as indicated on the needs assessment and documented on the PCSP for participants that are not also receiving Residential Habilitation Services.

The frequency and duration of this service are based upon the participant's needs as identified and documented in the participant's Person-Centered Service Plan.

Provider Specifications

| | | | | |
|---|--------------------------|-------------------------|---|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Structured Day Habilitation 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> |
|------------------------------------|--------------------------|--|---|
| Structured Day Habilitation Agency | | By July 1, 2014 those providing structured day services must achieve CARF Brain Injury Home and Community Services (Adult) accreditation | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver Provider Agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Comply with 42 CFR §441.301(c)(4) and (5) specific to allowable settings for home and community-based waiver services; • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Commercial General Liability Insurance • Have Professional Liability Errors and Omissions Insurance • Have Worker’s Compensation Insurance in accordance with State statute and in accordance with Department policies. • 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 behavior needs. • Necessary staff, may include independent education instructors, speech therapists, physical therapists, occupational therapists, behavior therapists or cognitive rehabilitation therapists or other staff, to meet participant needs as outlined in the participant’s service plan. <p>All individuals working for or contracted with agencies must meet the following</p> |

| | | | |
|--|--|--|--|
| | | | <p>standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Complete initial Structured Day Habilitation Service Training within 6 months of being hired, which consists of a minimum of 20 hours of brain injury specific training. • Complete a minimum of 12 hours of Ongoing Structured Day Habilitation Training annually. • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15 • Have a child abuse as per 23 Pa. C.S. Chapter 63 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>In addition to the general standards listed above, Individual Support Staff must:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a high school diploma or GED and have a minimum of five (5) years’ experience working with people with disabilities, or • Have a Bachelor’s degree in a human service field. • Staff employed to provide Enhanced Structured Day Habilitation Services |
|--|--|--|--|

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| | | | <p>must also have initial training in behavioral programming and crisis prevention which must be renewed annually</p> <ul style="list-style-type: none"> • Provide assistance in therapeutic and structured group and individual activities, and assistance as required with ADLs. • Implement treatment plans, monitor individual and group progress, and document and records progress of participants served. <p>In addition to the general standards listed above, Independent Education Instructors must:</p> <ul style="list-style-type: none"> • Hold a Bachelor’s degree with a current teaching certificate • Have two years of experience teaching basic adult education • Be certified under the Department of Education <p>Develop and implement goals for the day treatment program plan, and document and record progress of individuals served.</p> <p>In addition to the general standards listed above, Cognitive Rehabilitation Therapists must:</p> <ul style="list-style-type: none"> • Be a licensed Occupational Therapist under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) or • Be a licensed psychologist licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 or • Be a licensed social worker licensed by the State Board of Social Workers, Marriage and Family Therapists and |
|--|--|--|---|

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| | | | <p>Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 or</p> <ul style="list-style-type: none"> • Be a licensed professional counselor licensed by the state of Pennsylvania as a Professional Counselor with a Master’s degree or a doctorate from a CACREP-approved academic program, passed the National Counselor Examination (NCE), and completed at least 3 years or 3,600 hours of supervised clinical experience. • 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>In addition to the general standards listed above, Speech Therapists must:</p> <ul style="list-style-type: none"> • Be licensed under the PA Department of State, per 49 PA Code Chapter 45 (Language and Hearing Examiner’s Board) • Have certification as required by 42CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, Occupational Therapists or Occupational Therapy Assistants must:</p> <ul style="list-style-type: none"> • Be licensed under the PA Department of State, per 49 PA Code Chapter 42, including 42.22 pertaining to assistants (Occupational Therapy and Education Licensing Board) |
|--|--|--|--|

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| | | | <ul style="list-style-type: none"> • Have certification as required by 42 CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, Physical Therapists or Physical Therapy Assistants must:</p> <ul style="list-style-type: none"> • Be licensed under PA Department of State, per 49 PA Code Chapter 40 (Physical Therapy Licensing Board) • Have certification as required by 42CFR Part 484 • Develop and implement goals for the day treatment program plan, and document and record progress of individuals served. <p>In addition to the general standards listed above, professionals providing Behavior Therapy must :</p> <ul style="list-style-type: none"> • Be a licensed psychologist - Licensed by the State Board of Psychology Professional Psychologists Practice Act, 63 P.S. §§ 1201-1218, per 49 PA Code Chapter 41 or • Be a licensed Social Worker - Licensed by the State Board of Social Workers, Marriage and Family Therapists and Professional Counselors, per 49 PA. Code Chapter 47, 48 and 49 or • Be a licensed Behavior Specialist – Licensed by the State Board of Medicine, per 49 Pa, Code §§ 18.521 - 18.527 or • Be a licensed Professional Counselor - licensed by the state of Pennsylvania as a Professional Counselor with a Master’s degree or a doctorate from a CACREP-approved academic program, |
|--|--|--|--|

| | | | |
|--|--|--|---|
| | | | <p>passed the National Counselor Examination (NCE), and completed at least 3 years or 3,600 hours of supervised clinical experience</p> <ul style="list-style-type: none"> • |
|--|--|--|---|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|------------------------------------|--------------------------------------|---|
| Structured Day Habilitation Agency | OLTL | OLTL – At least every 2 years and more frequently when deemed necessary by the Department |

Service Delivery Method

| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | X | 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: | TeleCare |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>TeleCare integrates social and healthcare services supported by innovative technologies to sustain and promote independence, quality of life and reduce the need for nursing home placement. By utilizing in-home technology, more options are available to assist and support individuals so that they can remain in their own homes and reduce the need for re-hospitalization. TeleCare services are specified by the service plan, as necessary to enable the participant to promote independence and to ensure the health, welfare and safety of the participant and are provided pursuant to consumer choice. TeleCare includes: 1) Health Status Measuring and Monitoring TeleCare Service, 2) Activity and Sensor Monitoring TeleCare Service, and 3) Medication Dispensing and Monitoring TeleCare Services.</p> <ul style="list-style-type: none"> • Health Status Measuring and Monitoring TeleCare Services: <ul style="list-style-type: none"> o uses wireless technology or a phone line, including electronic communication between the participant and healthcare provider focused on collecting health related data, i.e., vital signs information such as pulse/ox and blood pressure that assists the healthcare provider in assessing the participant's condition) and providing education and consultation; o must be ordered by a primary physician, physician assistant, or nurse practitioner; o includes installation, daily rental, daily monitoring and training of the participant, their representative and/or employees who have direct participant contact; o monitoring service activities must be provided by trained and qualified home health staff in accordance with required provider qualifications; and o have a system in place for notification of emergency events to designated individuals or entities. • Activity and Sensor Monitoring TeleCare Service: <ul style="list-style-type: none"> o employs sensor-based technology on a 24 hour/7 day basis by remotely monitoring and passively tracking participants' daily routines and may report on the following: wake up times, overnight bathroom usage, bathroom falls, medication usage, meal preparation and room | |

temperature;

- o includes installation, monthly rental, monthly monitoring, and training of employees who have direct participant contact; and
- o ensures there is a system in place for notification of emergency events to designated individuals.
- Medication Dispensing and Monitoring TeleCare Service:
 - o assists participants by dispensing and monitoring medication compliance; and
 - o utilizes a remote monitoring system personally pre-programmed for each participant to dispense, monitor compliance and provide notification to the provider or family caregiver of missed doses or non-compliance with medication therapy.

All other medical equipment and supplies of value to the participant to maintain safety in the home can be purchased using Specialized Medical Equipment and Supplies.

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

This service is not covered in the State Plan. Participants can only receive TeleCare services when they meet eligibility criteria specified in the state's published TeleCare Services policy guidance, and the services are not covered under Medicare or other third party resources.

The Service Coordinator is responsible for verifying that third party limitations have been exhausted prior to funding services through the waiver. Documentation that the services are not available under another source of funding must be maintained in the individual's file and updated annually. The Service Coordinator, through the person-centered planning process, will ensure that the use of this service is in accordance with privacy considerations for the participant and is in accordance with the participant's preferences for service receipt.

If a participant only requires a medication dispenser unit and no monitoring services, the Medication Dispensing and Monitoring TeleCare Service will not be authorized under TeleCare. Medication dispensers without monitoring should be billed under Specialized Medical Equipment and Supplies.

Medication Dispensing services cannot be provided at the same time as Home Health Care Aide Services, Nursing or in-home Respite Services.

TeleCare services cannot be provided at the same time as Residential Habilitation Services.

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

Provider Specifications

| | | | | |
|--|--------------------------|-------------------------|---|--|
| Provider Category(s) (check one or both): | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Hospital |
| | | | | Durable Medical Equipment and Supply Company |

| | | Pharmacy | |
|--|--|--|--|
| | | Home Health 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 (<i>provide the following information for each type of provider</i>): | | | |
| Provider Type: | License (<i>specify</i>) | Certificate (<i>specify</i>) | Other Standard (<i>specify</i>) |
| Hospital | Licensed through the PA Department of Health, per 28 PA Code Subpart B | Certification as required by specific profession or discipline, per 42CFR Part 482 | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider |

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

| | | | |
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| | | | <p>standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52;</p> <ul style="list-style-type: none"> • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| Pharmacy | Permit to conduct a pharmacy, under 49 PA Code, Part I, Subpart A. Chapter 27 | | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> |

| | | | |
|--------------------|---|--|--|
| | | | <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
| 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 42 CFR Part 484 | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies; • Have Commercial General Liability insurance; • Meet provider requirements as specified in the TeleCare Services Directive; • Evaluation of participant data is completed by a licensed registered nurse or licensed practical nurse; and • Meet State regulations under 55 PA Code 1123 regarding participation for medical supplies. <p>Individuals working for or contracted with agencies must meet the following standards:</p> |

| | | | |
|--|--|--|---|
| | | | <ul style="list-style-type: none"> • Be at least 18 years of age; • Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code, Chapter 52; • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; • Have a child abuse clearance (as per 23 PA C.S. Chapter 63); • Be supervised by a registered nurse, as appropriate; and • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service. |
|--|--|--|---|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|--|--------------------------------------|--|
| Hospital | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |
| Durable Medical Equipment and Supply Company | OLTL | At least every two (2) years and more frequently when deemed necessary by the Department |
| Pharmacy | OLTL/PA Department of State | At least every two (2) years and more frequently when deemed necessary by the Department |
| Home Health Agency | OLTL/PA Department of Health | At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

| | | | | |
|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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: | Pest Eradication |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Pest Eradication services are services that suppress or eradicate pest infestation that, if not treated, would prevent the participant from remaining in the community due to a risk of health and safety. Pest Eradication Services are intended to aid in maintaining an environment free of insects, rodents and other potential disease carriers to enhance safety, sanitation and cleanliness of the participant's residence. The service may be considered for inclusion in the Person-Centered Service Plan (PCSP) for a participant transitioning to the community. It can also be made available on an ongoing basis if necessary to prevent reinfestation as recommended by the Pest Control Provider and documented in the PCSP. That documentation needs to include the amount, duration and scope of services as determined by the Service Coordinator. The service cannot be made available as a preference of the participant to remove something on a property that has no impact on the participant living there. Service coordinators will be responsible for ensuring that no other resource is available to have this service done. Service Coordinators must ensure that local health departments or other available resources could not provide this service. Service Coordinators must also determine if landlords are required to provide this service to make the rental property habitable. This can be done by reviewing the lease to determine the landlord's responsibility. Service Coordinators need to be familiar with local housing requirements, local housing authority requirements, or local ordinances on rental properties related to rental property requirements on pest control. Service Coordinators will work with landlords to ensure that other adjoining properties are kept in good condition if the participant's property is treated for pests. This is to ensure that pest problems do not return to the participant's residence if other adjoining properties are not taken care of and properly maintained free of pests that could infest the participant's residence.</p> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Pest Eradication services may not be used solely as a preventative measure; there must be documentation of a need for the service either through Service Coordinator direct observation or individual report that a pest is causing or is expected to cause harm that would prevent a participant from safely remaining in the community. Service Coordinators must provide the affected participant with educational materials or locate appropriate training on pests to aid in keeping a treated residence pest free in the future. When pest eradication is needed, Service Coordinators must also review the affected participant's person-centered service plan to assess infestation risks and develop</p> | |

a risk mitigation plan.

Service Coordinators must have reasonable assurance that the participant plans to live in the property for the foreseeable future if the pest control service is provided. This needs to be documented in the PCSP.

The Service Coordinators will also determine from the participant if they have any health conditions that need to be considered by the pest control provider. Such health conditions would need to be considered in determining the method of pest control used so as to not adversely affect the health of the participant.

Provider Specifications

| | | | | |
|--|--------------------------|----------------------------|--------------------------|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Pest Control 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 |

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> |
|----------------------|--|------------------------------|--|
| Pest Control Company | Licensed pest application business by the PA Department of Agriculture under 7 PA CODE CHAPTER 128 | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania; Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies; Have Commercial General Liability insurance; Individuals working for or contracted with agencies must meet the following standards: Be at least 18 years of age; Comply with all Department standards, |

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|--|--|--|--|
| | | | <p>regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
|--|--|--|--|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|----------------------|--------------------------------------|---|
| Pest Control Company | OLTL/PA Department of Agriculture | Department of Agriculture – Annually OLTL - At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

| | | | | |
|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
|--|--|
| Service Title: | Job Finding |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Job Finding is an individualized service that assists participants to obtain competitive, integrated employment. Competitive integrated employment is 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. Job Finding services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Job Finding identifies and/or develops potential jobs and assists the participant in securing a job that fits the participant’s skills and preferences and employer’s needs. If the participant has received a Career Assessment, the results of that assessment must be included within the participant’s service plan and considered by the Job Finding service.</p> <p>Job Finding may include customized job development. Customized job development is based on individualizing the employment relationship between employees and employers in a way that matches the needs of the employer with the assessed strengths, skills, needs, and interests of the participant, either through task reassignment, job carving, or job sharing.</p> <p>Job Finding, which may include prospective employer relationship building, is time-limited. Job Finding requires authorization up to 90 days, with re-authorization every 90 days, for up to 1 year. At each 90-day interval, the service plan team will meet to clarify employment goals and expectations and review the job finding strategy.</p> <p>Services must be delivered in a manner that supports the participant’s communication</p> | |

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.

The service also includes transportation as an integral component of the service, such as to a job interview, during the delivery of Job Finding.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

Complete payment for Job Finding will require achievement of milestones as identified by the Department.

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

Job Finding services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or the Individuals with Disabilities Education Act (IDEA) or any other small business development resource available to the participant. This means that job finding may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. For anyone eligible for IDEA services, it has been verified that the services are not available in a complete and approved Individualized Education Program (IEP) developed pursuant to IDEA.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

The Job Finding service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the employment objectives and outcomes are being met.

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. The Job Finding Service may be provided in conjunction with other employment related services such as Career Assessment, Employment Skills Training and Job Coaching.

Job Finding does not include activities covered through Job Coaching once employment

is obtained.

Job Finding does not include skills training to qualify for a job.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Job Finding services
- Payments that are passed through to users of the Job Finding services

Provider Specifications

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| 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: |
| | Job Finding Provider | | Job Finding 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> |
|--------------------|-----------------------------|--|---|
| Job Finding Agency | | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Ensure that employees (direct, |

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| | | | <p>contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a bachelor's degree in rehabilitation, business, marketing or related field and 1 year of documented related experience, or • Have an associate's degree in rehabilitation, business, marketing or related field and 2 years of documented related experience, or • Have a high school diploma or GED and at least 3 years of documented related experience • Comply with all Department standards regarding regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is |
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| | | | <p>necessary to provide the service</p> <p>Individuals working directly with the participant to provide job finding services shall hold one of the following:</p> <ul style="list-style-type: none"> • Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) • Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. |
| Job Finding Provider | | <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p>One of the following:</p> <ol style="list-style-type: none"> 1. Holds a Certified Employment Support Professional (CESP) credential from the Association | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or |

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| | | <p>of People Supporting Employment First (APSE)</p> <p>2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> | <p>a state contiguous to Pennsylvania</p> <ul style="list-style-type: none"> • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • Have a bachelor's degree in rehabilitation, business, marketing or related field and 1 year of documented related experience, or • Have an associate’s degree in rehabilitation, business, marketing or related field and 2 years of documented related experience, or • Have a high school diploma or GED and at least 3 years of documented related experience • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 |
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Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
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| Job Finding Agency | OLTL | At least every 2 years and more frequently when deemed necessary by the Department |

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| Job Finding Provider | OLTL | At least every 2 years and more frequently when deemed necessary by the Department | | |
| Service Delivery Method | | | | |
| Service Delivery Method <i>(check each that applies):</i> | | Participant-directed as specified in Appendix E | X | 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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
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| Service Title: | Job Coaching (Intensive and Extended Follow-along) |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Job Coaching services are individualized services providing supports to participants who need ongoing support to learn a new job and maintain a job that meets the definition of competitive integrated employment. Competitive integrated employment is 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. Job Coaching can also be used to support participants who are self-employed. Job Coaching services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Competitive integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.</p> <p>Job Coaching provides two components in accordance with an assessment: Intensive Job Coaching and Extended Follow-along.</p> <p>Intensive Job Coaching</p> <p>Intensive Job Coaching is an essential component of Job Coaching services and may include:</p> <ul style="list-style-type: none"> • On-the-job training and skills development; • Assisting the participant with development of natural supports in the workplace; and, • Coordinating with employers or employees, coworkers and customers, as necessary. <p>Intensive Job Coaching includes assisting the participant in meeting employment expectations, performing business functions, addressing issues as they arise, and also includes travel training and diversity training to the specific business where the participant is employed. Intensive Job Coaching provides support to assist participants in</p> | |

stabilizing in an integrated situation (including self-employment) and may include meeting with employers on behalf of the participant when the participant is not present to assist in maintaining job placement. Participants receiving Intensive Job Coaching require on-the-job support for more than 20% of their work week at the outset of the service, phasing down to 20% per week during the Intensive Job Coaching period (at which time, Extended Follow-along will be provided if ongoing support is needed). Job Coaching supports within this range should be determined based on the participant's needs.

Intensive Job Coaching for the same employment site and/or position may only be authorized for up to 6 months and may be reauthorized for additional 6 month periods, upon review with the service planning team. Intensive Job Coaching may only be reauthorized twice, for a total of 18 consecutive months of Intensive Job Coaching support for the same employment site and/or position. Any exceptions require prior approval from the Department or its designee. Intensive Job Coaching is recommended for new employment placements or may be reauthorized for the same location after a period of Extended Follow-along, due to change in circumstances (new work responsibilities, personal life changes, etc.).

Extended Follow Along

Extended Follow-along is ongoing support available for an indefinite period as needed by the participant to maintain their paid employment position once they have been stabilized in their position (receiving less than 20% onsite support for at least four weeks). Extended Follow-along support may include reminders of effective workplace practices and reinforcement of skills gained during the period of Intensive Job Coaching. Once transitioned to Extended Follow-along, providers are required to make at least 2 visits per month, up to a maximum of 240 hours per service plan year. This allows an average of 20 hours per month to manage difficulties which may occur in the workplace and the limit may be used for the participant over an annual basis, as needed. If circumstances require more than that amount per service plan year, the service must be billed as Intensive Job Coaching.

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.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

The Job Coaching service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the employment objectives and outcomes are being met.

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

Job Coaching services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or the Individuals with Disabilities Education Act (IDEA) or any other small business development resource available to the participant. This means that Job Coaching may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. For anyone eligible for IDEA services, it has been verified that the services are not available in a complete and approved Individualized Education Program (IEP) developed pursuant to IDEA.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Total combined hours for Employment Skills Development, or Job Coaching services are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must obtain prior approval.

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.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Job Coaching services
- Payments that are passed through to users of Job Coaching services

Job Coaching does not include facility-based or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

Job Coaching does not include payment for supervision, training, support and adaptations typically available to other non-disabled workers filling similar positions in the business.

Provider Specifications

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|---|--------------------------|----------------------------|------------------------------|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | X | Individual. List types: | X | Agency. List the types of agencies: |
| | Job Coaching Provider | | Job Coaching Provider 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 (specify) | Certificate (specify) | Other Standard (specify) |
| Job Coaching Provider Agency | | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job Coaching service | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age, and • Have a High School Diploma or GED and 2 years related experience, or • Bachelors degree, and. |

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| | | | <ul style="list-style-type: none"> • Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S.§10225.101 et seq. and 6 Pa. Code Chapter 15 • Have a valid driver’s license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>Individuals working directly with the participant to provide job coaching services shall hold one of the following:</p> <ul style="list-style-type: none"> • Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) • Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment |
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| | | | Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. |
| Job Coaching Provider | | <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job Coaching service</p> <p>One of the following:</p> <ol style="list-style-type: none"> 1. Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) 2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational |

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| | | Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. | <p>experience, and</p> <ul style="list-style-type: none"> • Have a High School Diploma or GED and 2 years related experience, or • Bachelors degree • 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 • Have criminal clearances as per 35 P.S.§10225.101 et seq. and 6 Pa. Code Chapter 15 |
|--|--|--|--|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
|------------------------------|--------------------------------------|--|
| Job Coaching Provider Agency | OLTL | At least every 2 years and more frequently when deemed necessary by the Department |
| Job Coaching Provider | OLTL | At least every 2 years and more frequently when deemed necessary by the Department |

Service Delivery Method

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|---|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method (check each that applies): | <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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
|---|--|
| Service Title: | Employment Skills Development |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Employment Skills Development services provide learning and work experiences, including volunteer work, where the participant can develop strengths and skills that contribute to employability in paid employment in integrated community settings. Services are aimed at furthering habilitation goals that will lead to greater opportunities for competitive and integrated employment and career advancement at or above minimum wage. Employment Skills Development services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Employment Skills Development services are designed to:</p> <ul style="list-style-type: none"> • Be individually tailored to directly address the participant’s employment goals as identified in the needs assessment and included in the service plan. If the participant has received a Career Assessment that has determined that the participant is in need of acquiring particular skills in order to enhance their employability, those identified skills development areas must be addressed within the participant’s service plan and by the Employment Skills Development service • Enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant’s career goals, interests, strengths, priorities, abilities and capabilities, while following applicable federal and State wage guidelines • Support acquisition of skills needed to obtain competitive, integrated employment in the community • Develop and teach general, translatable skills including, but not limited to, the ability to communicate effectively with supervisors, coworkers and customers; generally accepted community workplace conduct and dress; basic workplace requirements, | |

like adherence to time and attendance expectations; ability to follow directions; ability to attend to tasks; workplace problem solving skills and strategies; general workplace safety; and training to enable the effective use of transportation resources

- Provide and support the acquisition of skills necessary to enable the participant to obtain competitive, integrated work where the compensation for the participant is at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by participants without disabilities, which is considered to be the optimal outcome of Employment Skills Development services

Support may be provided to participants for unpaid volunteer placement and training experiences, which may be provided in community-based settings. Volunteering is not an alternative to paid employment, but rather must be an avenue for building skills and connections that are expected to lead to competitive integrated employment.

Volunteer placements used for the purpose of Employment Skills Development must be time limited, and it must be documented in the service plan how the volunteer placement is expected to achieve the goal of competitive integrated employment. Skills development as a part of placement and training may occur as a one-to-one training experience or in a group setting in accordance with Department requirements.

Employment Skills Development includes transportation as an integral component of the service, for example, transportation to a volunteer or training activity.

Employment Skills Development may be provided in facilities licensed under PA Code 2390 but only after the participant has been referred to OVR and the following is documented: the participant was either determined ineligible by OVR or their OVR case is closed and the provision of Employment Skills Development services has already been attempted in a competitive integrated employment setting or an unlicensed community-based setting outside the participant's home."

Participants receiving Employment Skills Development services must have measureable employment-related goals in their service plan.

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.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

The Employment Skills Development service provider must maintain documentation in accordance with Department requirements. The documentation must be available to the Service Coordinator for monitoring at all times on an ongoing basis. The Service Coordinator will monitor on a quarterly basis to see if the training objectives re being met.

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

Employment Skills Development services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or the Individuals with Disabilities Education Act (IDEA) or any other small business development resource available to the participant. This means that Employment Skills Development may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. For anyone eligible for IDEA services, it has been verified that the services are not available in a complete and approved Individualized Education Program (IEP) developed pursuant to IDEA.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Total combined hours for Employment Skills Development, and Job Coaching services are limited to 50 hours in a calendar week.

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.

Handicapped employment, as defined in Title 55, Chapter 2390, may not be funded through the waiver. Waiver funding is not available for the provision of Employment Skills Development (e.g., sheltered work performed in a facility) where participants are supervised in producing goods or performing services under contract to third parties. Employment Skills Development services are limited to 36 continuous months, at which time the participant should be able to pursue Job Finding, Job Coaching or another service setting where they may utilize skills they have gained. Exceptions to this limit may be considered based upon a needs assessment or Career Assessment and prior authorization by the Department.

Employment Skills Development services are not a pre-requisite for Job Finding or Job Coaching.

Provider Specifications

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|---|--------------------------|----------------------------|--------------------------|--|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Vocational Facilities |
| | | | | Employment Skills Development Provider |
| Specify whether the service may be provided by | <input type="checkbox"/> | Legally Responsible Person | <input type="checkbox"/> | Relative/Legal Guardian |

| <i>(check each that applies):</i> | | | |
|--|-----------------------------|---|--|
| Provider Qualifications <i>(provide the following information for each type of provider):</i> | | | |
| Provider Type: | License <i>(specify)</i> | Certificate <i>(specify)</i> | Other Standard <i>(specify)</i> |
| Vocational Facility | | <p>Certificate of Compliance per 55 PA Code Chapter 2390</p> <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Employment Skills Development service</p> | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or individuals with support needs commensurate |

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| | | | <p>with participants served in the waiver or related educational experience</p> <ul style="list-style-type: none"> • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Employment Skills Development Provider | | <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Employment Skills Development service</p> <p>One of the following:</p> <ol style="list-style-type: none"> 1. Holds a Certified | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance |

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| | | <p>Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</p> <p>2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> | <p>with Department policies</p> <ul style="list-style-type: none"> • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Have a minimum of 1 year of experience living or working with an individual with a disability or individuals with support needs commensurate with participants served in the waiver or related educational experience • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
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| Verification of Provider Qualifications | | | | |
|--|---|---|--|------------------|
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification: | |
| Vocational Facility | Department or designee | | At least every 2 years and more frequently when deemed necessary by the Department | |
| Employment skills development Service Provider | Department or designee | | At least every 2 years and more frequently when deemed necessary by the Department | |
| Service Delivery Method | | | | |
| Service Delivery Method (<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 the Centers for Medicare and Medicaid Services upon request through the Medicaid agency or the operating agency (if applicable).

| Service Specification | |
|--|--|
| Service Title: | Career Assessment |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>Career Assessment is an individualized employment assessment used to assist in the identification of potential career options based upon the interests and strengths of the participant. Career Assessment services are necessary, as specified in the service plan, to support the participant to live and work successfully in home and community-based settings, enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant.</p> <p>Competitive and integrated employment, including self-employment, shall be considered the first option when serving persons with disabilities who are of working age.</p> <p>Career Assessment is an individualized employment assessment that includes:</p> <ul style="list-style-type: none"> • Conducting a review of the participant’s work and volunteer history, interests and skills, which may include information gathering or interviewing • Conducting situational assessments to assess the participant’s interest and aptitude in a particular type of job • Identifying types of jobs in the community that match the participant’s interests, strengths and skills • Developing a Career Assessment Report that specifies recommendations regarding the participant’s needs, interests, strengths, and characteristics of potential work environments. The Career Assessment Report must also specify training or skills development necessary to achieve the participant’s employment or career goals, that could be addressed by other waiver services in the participant’s service plan <p>This service includes Discovery for individuals who due to the impact of their disability, their skills, preferences, and potential contributions cannot be best captured through traditional, standardized means, such as functional task assessments, situational assessments, and/or traditional normative assessments which compare the individual to</p> | |

others or arbitrary standards of performance and/or behavior. Discovery involves a comprehensive analysis of the person in relation to following:

- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if offered through self-employment;
- Conditions necessary for successful employment or self-employment.

Discovery includes the following activities: observation of person in familiar places and activities, interviews with family, friends and others who know the person well, observation of the person in an unfamiliar place and activity, identification of the person's strong interests and existing strengths and skills that are transferable to individualized integrated employment or self-employment. Discovery also involves identification of conditions for success based on experience shared by the person and others who know the person well, and observation of the person during the Discovery process. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized integrated employment or self-employment.

The service also includes transportation as an integral component, such as transportation to a situational assessment during the delivery of Career Assessment.

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.

If the participant receives Behavior Therapy services, this service includes implementation of the behavior support plan and, if necessary, the crisis support plan. The service includes collecting and recording the data necessary to support the review of the service plan, the behavior support plan and the crisis support plan, as appropriate.

Results of Career Assessment needs to be documented and incorporated into the participant's service plan and shared, as appropriate.

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

Career Assessment services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or the Individuals with Disabilities Education Act (IDEA) or any other small business development resource available to the participant. This means that Career Assessment services may only be provided when documentation has been obtained that one of the following has occurred:

1. OVR has closed a case for the participant or has stopped providing services to the participant;
2. The participant was determined ineligible for OVR services; or
3. For anyone eligible for IDEA services, it has been verified that the services are not available in a complete and approved Individualized Education Program

(IEP) developed pursuant to IDEA.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

Career Assessment does not include supports to continue paid or volunteer work once it is obtained.

Career Assessment services may only occur once per service plan year and payment will be made only for a completed assessment.

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.

Federal Financial Participation is not claimed for incentive payments, subsidies or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in Career Assessment services
- Payments that are passed through to users of Career Assessment 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: |
| | Career Assessment Provider | | Career Assessment 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> |
|--------------------------|-----------------------------|--|--|
| Career Assessment Agency | | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of |

| | | | |
|--|--|--|---|
| | | | <p>the service</p> <ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • A master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or • A bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and • One of the following: <ul style="list-style-type: none"> - Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) - Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate |
|--|--|--|---|

| | | | |
|----------------------------|--|--|--|
| | | | <p>of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> <ul style="list-style-type: none"> • Required certification for any assessment/evaluation tools utilized • Comply with all Department standards including regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service |
| Career Assessment Provider | | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles |

| | | | |
|--|--|--|---|
| | | | <p>owned, leased and/or hired when used as a component of the service</p> <ul style="list-style-type: none"> • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • A master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or • A bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and • One of the following: <ul style="list-style-type: none"> - Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE) - Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in |
|--|--|--|---|

| | | | |
|--|--|--|---|
| | | | <p>Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> <ul style="list-style-type: none"> • Required certification for any assessment/evaluation tools utilized • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 |
|--|--|--|---|

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification: |
|----------------------------|--------------------------------------|--|
| Career Assessment Agency | OLTL | At least every two (2) years and more frequently when deemed necessary by the Department |
| Career Assessment Provider | OLTL | At least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

| | | | | |
|--|--------------------------|---|-------------------------------------|------------------|
| Service Delivery Method <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: | Home Delivered Meals |
| <i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i> | |
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |
| Service Definition (Scope): | |
| <p>The Home Delivered Meals service provides meals that meet at least one-third of the Dietary Reference Intakes to people in their private homes. Home Delivered Meals provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation. Home Delivered Meals must be specified in the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. Participants may receive more than one meal per day, but they cannot receive meals that constitute a “full nutritional regimen” (three meals per day).</p> <p>All meals must be consistent with a prescribed menu approved by a dietician and, in accordance with the menu:</p> <p><i>May consist of hot, cold, frozen, dried, canned, fresh or supplemental foods</i></p> <p>Can either be a hot, cold, frozen or shelf-stable meal</p> <p>Meals may be delivered as singles or multiples, as long as the number of planned daily meals does not exceed two meals per day and the participant has appropriate storage and support to ensure that meals last as intended.</p> <p>All menus must be approved and signed by an approved dietitian.</p> <p>The frequency and duration of Home Delivered Meals are based upon the participant’s needs, as identified and documented in the participant’s service plan.</p> <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>Home Delivered Meals are provided only during those times when neither the participant nor anyone else in the household is able or available to provide them, and where no other relative, caregiver, community/volunteer agency or third-party payer is able to provide, or be responsible for, their provision.</p> <p>Meals provided as part of this service shall not constitute a full nutritional regimen (three meals per</p> | |

day).

Transportation for the delivery of meals is included in the service cost and will not be reimbursed separately.

This service may not be included on the same service plan as Residential Habilitation.

Participants eligible for non-waiver nutritional services, including the Older Americans Act, will access those services first.

This service should supplement and not supplant resources to which the participant may be entitled including the Supplemental Nutritional Assistance Program (SNAP).

This service does not include nutritional assessment, education or counseling, but may be used in conjunction with a nutritional service offered through the waiver when needed for the participant.

Area Agencies on Aging and service providers may not solicit donations for Home Delivered Meals from waiver participants.

Provider Specifications

| | | | | |
|---|--------------------------|-------------------------|---|-------------------------------------|
| Provider Category(s) <i>(check one or both):</i> | <input type="checkbox"/> | Individual. List types: | X | Agency. List the types of agencies: |
| | | | | Home Delivered Meals Vendors |
| | | | | |
| | | | | |

| | | | | |
|--|--------------------------|----------------------------|--------------------------|-------------------------|
| 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> |
|------------------------------|--------------------------|------------------------------|---|
| Home Delivered Meals Vendors | | | <ul style="list-style-type: none"> Safe food handling, preparation and transportation standards conform with Title 7 PA Code Chapter 46, Food Code |

Verification of Provider Qualifications

| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
|---------------------------------|--------------------------------------|--|
| Vendors of Home Delivered meals | OHCDs/OLTL | Annually OHCDs verifies provider qualifications prior to service approval; annually thereafter OLTL monitors OHCDs at least every two (2) years and more frequently when deemed necessary by the Department |

Service Delivery Method

| | | | | |
|---|--------------------------|---|---|------------------|
| Service Delivery Method <i>(check each that applies):</i> | <input type="checkbox"/> | Participant-directed as specified in Appendix E | X | 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: | 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. |
| Service Definition (Scope): | |
| <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.</p> <p>Services include assisting the participant with the following:</p> <ul style="list-style-type: none"> • Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living; • Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities; • Improving and maintaining mobility and physical functioning; • Maintaining health and personal safety; • Carrying out household chores such as shopping, laundry, cleaning and seasonal chores; • Preparation of meals and snacks; • 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 • Participating in community experiences and activities. <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> | |
| Specify applicable (if any) limits on the amount, frequency, or duration of this service: | |
| <p>Participant-Directed Community Support services may only be funded through the waiver when the services are not covered by the State Plan or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan 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> | |

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

Provider Specifications

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

| | | | | |
|--|-------------------------------------|----------------------------|-------------------------------------|-------------------------------------|
| Specify whether the service may be provided by <i>(check each that applies):</i> | <input checked="" type="checkbox"/> | Legally Responsible Person | <input checked="" 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 Support Services Worker | | | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</p> <p>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Possess a valid Social Security number;</p> <p>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</p> |

| | | | |
|--|--|--|---|
| | | | behavior needs; Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15; Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training |
|--|--|--|---|

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"> • At time of selection of the individual worker to be hired; • 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 |

Service Delivery Method

| | | | | |
|---|-------------------------------------|---|--------------------------|------------------|
| Service Delivery Method <i>(check each that applies):</i> | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input 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: | 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"> • Decrease the need for other Medicaid services; • Promote or maintain inclusion in the community; • Promote the independence of the participant; • Increase the individual’s health and safety in the home environment, • Develop or maintain personal, social, physical or work-related skills; • Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or • Fulfill a medical, social or functional need as identified in the participant’s person-centered service plan. <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 or a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under the State Plan 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</p> | |

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 Home Health Aide Services, 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 | | | Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement; Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52; Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service; Be a resident of Pennsylvania or a state contiguous to Pennsylvania; Have Worker's Compensation insurance |

| | | | |
|--------|--|--|--|
| | | | <p>in accordance with State statute and in accordance with Department policies;</p> <p>Be at least 18 years of age;</p> <p>Possess a valid Social Security number;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.</p> |
| Agency | | | <p>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</p> <p>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</p> <p>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</p> <p>Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies;</p> <p>Have Commercial General Liability insurance;</p> <p>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet</p> |

| | | | |
|--|--|--|---|
| | | | <p>the unique needs of the participant, for example, communication, mobility and behavior needs</p> <p>Vendor/Fiscal Employer must enter into a Medicaid Provider Agreement with each provider on behalf of the State Medicaid Agency; and</p> <p>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.</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <p>Be at least 18 years of age;</p> <p>Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</p> <p>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;</p> <p>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</p> <p>Have a child abuse clearance (as per 23 PA C.S. Chapter 63); and</p> <p>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</p> |
|--|--|--|---|

| Verification of Provider Qualifications | | |
|--|--------------------------------------|---|
| Provider Type: | Entity Responsible for Verification: | Frequency of Verification |
| Individual | Fiscal/Employer Agent | <ul style="list-style-type: none"> At time of enrollment and |

| | | | | |
|---|-------------------------------------|--|--------------------------|------------------|
| | | <p>as necessary</p> <ul style="list-style-type: none"> 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 | | |
| Agency | Fiscal/Employer Agent | <ul style="list-style-type: none"> At time of enrollment and as necessary 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 | | |
| Service Delivery Method | | | | |
| Service Delivery Method <i>(check each that applies):</i> | <input checked="" type="checkbox"/> | Participant-directed as specified in Appendix E | <input type="checkbox"/> | Provider managed |

Service Specification

| | |
|----------------|---------------------|
| Service Title: | Benefits Counseling |
|----------------|---------------------|

*Complete this part for a renewal application or a new waiver that replaces an existing waiver.
Select one:*

- | | |
|----------------------------------|--|
| <input 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 checked="" type="radio"/> | Service is not included in the approved waiver. |

Service Definition (Scope):

Benefits Counseling is a service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. This service provides an accurate, individualized assessment. The service provides information to the individual regarding the full array of available work incentives for essential benefit programs including SSI, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.

The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits counseling provides work incentives counseling and planning services to persons actively considering or seeking competitive integrated employment or career advancement.

Service must be provided in a manner that supports the person's communication style and needs.

Benefits Counseling services are paid for on an hourly basis and limited in the following ways:

- a. Initial Benefits Counseling for someone actively considering or seeking individualized integrated employment or self-employment, or career advancement in these types of employment: up to twenty (20) hours. This service may be authorized no more than once every two (2) years (with a minimum of two 365-day intervals between services).
- b. Supplementary Benefits Counseling for a participant evaluating a job offer/promotion or self-employment opportunity: up to an additional six (6) hours.
- c. Problem-Solving services for a participant to maintain competitive integrated employment: up to eight (8) hours per situation. This service may be authorized up to four (4) times per year if necessary for the individual to maintain individualized integrated employment or self-employment.

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

Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or the Individuals with Disabilities Education Act (IDEA) or any other small business development resource available to the participant. Initial Benefits Counseling may only be provided if it is documented in the service plan that Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.

Documentation in accordance with Department requirements must be maintained in the file by the Service Coordinator and updated with each reauthorization to satisfy the State assurance that the service is not otherwise available to the participant under other federal programs.

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

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|--|-------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Provider Category(s) (check one or both): | <input checked="" type="checkbox"/> | Individual. List types: | <input checked="" type="checkbox"/> | Agency. List the types of agencies: |
| | Benefits Counselor | | Benefits Counseling agency | |
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| Specify whether the service may be provided by (check each that applies): | <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 (specify) | Certificate (specify) | Other Standard (specify) |
|----------------------------|-------------------|--|--|
| Benefits Counseling agency | | Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service | <ul style="list-style-type: none"> Comply with 55 PA Code 1101 and have a waiver provider agreement Comply with Department standards, including regulations, policies and procedures relating to provider qualifications Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the |

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| | | | <p>service</p> <ul style="list-style-type: none"> • Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania • Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance • 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 <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> • Be at least 18 years of age • Comply with all Department standards regarding regulations, policies and procedures related to provider qualifications • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service <p>Individuals working directly with the participant to provide Benefits</p> |
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| | | | <p>Counseling services shall hold the following:</p> <ul style="list-style-type: none"> - A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program. |
| Benefits Counselor | | <p>Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p>A Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.</p> | <ul style="list-style-type: none"> • Comply with 55 PA Code 1101 and have a waiver provider agreement • Comply with Department standards, including regulations, policies and procedures relating to provider qualifications • Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service • Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service • Be a resident of Pennsylvania or a state contiguous to Pennsylvania • Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies • Have Commercial General Liability insurance in accordance with Department policies • Be at least 18 years of age • Have a bachelor's degree and 1 year of documented related experience, or • Have an associate's degree and 2 years of documented related experience, or • Have a high school diploma or GED and at least 3 years of |

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| | | | <p>documented related experience</p> <ul style="list-style-type: none"> • 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 • Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15 |
| Verification of Provider Qualifications | | | |
| Provider Type: | Entity Responsible for Verification: | | Frequency of Verification: |
| Benefits Counseling Agency | OLTL | | At least every 2 years and more frequently when deemed necessary by the Department |
| Benefits Counselor | OLTL | | At least every 2 years and more frequently when deemed necessary by the Department |
| Service Delivery Method | | | |
| Service Delivery Method (check each that applies): | <input type="checkbox"/> | Participant-directed as specified in Appendix E | <input checked="" type="checkbox"/> Provider managed |