

Consolidated and P/FDS Waiver Renewals: Appendices A through H



Overview of Proposed Changes
Public Comment Period Sessions

Appendix A – Waiver Administration and Operation

- Changes in terminology throughout the waivers
 - ISP is referred to as **service plan**
 - PUNS is referred to as **waiting list assessment of need**
- ODP will continue to assess the performance of Administrative Entities.
 - This will be done on a 3-year cycle instead of annually as is currently done

A-7: Operational and Administrative Functions



Function	ODP	AE
Participant waiver enrollment	X	X
Waiver enrollment managed against approved limits	X	X
Waiver expenditures managed against approved levels	X	
Level of care evaluation	X	X
Review of Participant service plans	X	X
Prior authorization of waiver services	X	

A-7 Continued



Function	ODP	AE
Utilization management	X	
Qualified provider enrollment	X	X
Execution of Medicaid provider agreements	X	
Establishment of a statewide rate methodology	X	
Rules, policies, procedures, and information development	X	
Quality assurance and quality improvement activities	X	X

Appendix B – Participant Access and Eligibility

B-1-a Target Groups

- Adding individuals of any age who are diagnosed with autism.
- Adding individuals who are age 0-7 who are diagnosed with Developmental Disability.



B-1-c – Transition of Individuals Affected by Maximum Age

Individuals who are enrolled with a developmental disability will be reevaluated using the ICF/ID or ICF/ORC criteria prior to their 8th birthday. If they are eligible, they will continue to receive waiver services. If the individual is not eligible, they will be referred to other resources.

Intellectual Disability criteria - No change

There are four fundamental criteria that must be met prior to an individual being determined eligible for an ICF/ID level of care:

1. Have a diagnosis of intellectual disability. Eligibility criteria is defined as a diagnosis of intellectual disability that is based on the results of a standardized intellectual psychological testing, which reflects a full scale score of 70 and below (based on 2 or more standard deviations below the mean); and
2. Intellectual disability occurred prior to age 22; and
3. Substantial adaptive skills deficits in 3 or more areas of major life activity
4. Be recommended for an ICF/ID level of care based on a medical evaluation.

Autism ICF/ORC criteria added

There are four fundamental criteria that must be met prior to an individual being determined eligible for an ICF/ORC level of care:

1. Have a diagnosis of autism, and
 - a. Eligibility criteria is defined as the following: a diagnosis of autism based on the results of a standardized diagnostic tool.
2. Autism occurred prior to age 22, and
3. Substantial adaptive skills deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self direction and/or capacity for independent living based on a standardized adaptive functioning test, and
4. Be recommended for an ICF/ORC level of care based on a medical evaluation.

Developmental Disability ICF/ORC criteria added

Four criteria that must be met prior to an individual being determined eligible for an ICF/ORC level of care:

1. Diagnosis of developmental disability
2. Individual is 7 years old or younger and
3. Substantial adaptive skills deficits in three or more areas of major life activity: self-care, understanding and use of language, learning, mobility, self direction and/or capacity for independent living based on a standardized adaptive functioning and
4. Be recommended for an ICF/ORC level of care based on a medical evaluation.

Consolidated Waiver

- Year 1 18,097
- Year 2 18,097
- Year 3 18,097
- Year 4 18,097
- Year 5 18,097

P/FDS Waiver

- Year 1 13,900
- Year 2 13,900
- Year 3 13,900
- Year 4 13,900
- Year 5 13,900

Consolidated Waiver

Age Out and Transitions – NEW Year 1 – 200 Year 2 – 200 Year 3 – 200 Year 4 – 200 Year 5 – 200	Litigation Year 1 – 70 Year 2 – 70 Year 3 – 70 Year 4 – 70 Year 5 – 70
Unanticipated Emergencies – No Change Year 1 – 80 Year 2 – 80 Year 3 – 80 Year 4 – 80 Year 5 – 80	Hospital/Rehabilitation Care Year 1 – 200 Year 2 – 200 Year 3 – 200 Year 4 – 200 Year 5 – 200



P/FDS Waiver

<p>Hospital/Rehabilitation Care – No Change Year 1 – 25 Year 2 – 25 Year 3 – 25 Year 4 – 25 Year 5 – 25</p>	<p>Waiting List Initiative will be added when/if ODP is granted an initiative.</p>
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B-6-a Reasonable Indication of Need for Services

- Minimum number of services is still 1 (Supports Coordination not counted)
- Each individual must receive waiver services a minimum of two times per year to remain eligible.

Qualifications of Individuals Performing Initial Evaluation

Changes in terminology:

- QIDP = Qualified Developmental Disability Professional (QDDP)
- Degree and experience requirements remain the same but they have to have worked with persons with developmental disabilities versus intellectual disabilities.

B-6-f Process for Level of Care Evaluation/Reevaluation

- Added processes for initial evaluation for developmental disability and autism.
- Annual reevaluation process – no longer requiring MA-51 for reevaluation

Appendix C – Participant Services

New Services



Support families throughout the life span and expand options for community living

- Supported Living (Consolidated Only)
- Housing Tenancy and Tenancy Sustaining Services
- Family/Unpaid Caregiver Training and Consultation

Promote self-direction, choice and control

- Participant-Directed Goods and Services (P/FDS Only)

Assure effective communication

- Communication Specialist



New Services



Promote health, wellness, and safety and support people with complex needs

- Consultative Nutritional Services
- Art, Music and Equine-Assisted Therapy

Increase employment and increase community participation

- Community Participation Supports
- Advanced Supported Employment
- Benefits Counseling



Services With Few Changes



The following services are currently in both waivers and have few or no proposed changes:

- Homemaker/Chore
- Specialized Supplies
- Vehicle Accessibility Adaptations

Employment Services

Supported Employment

Advanced Supported Employment - New

Transitional Work

Benefits Counseling - New

Supported Employment



- Career assessment, job finding or development, and job coaching and support.
- Companion at same time for ADLs when cannot be provided by co-workers or natural supports
- New certification requirements - Certified Employment Support Professional (CESP) credential from Association of People Supporting Employment First (APSE), or 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

Limitations:

- When not provided with any other employment service (Transitional Work or Community Participation) and the participant is not competitively employed, the hours of authorized Supported Employment cannot exceed 40/week.
- When not provided with any other employment service and participant is competitively employed or when services are provided in conjunction with Community Participation and/or Transitional Work the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 50 hour/week.

NEW service

Discovery, job development, systematic instruction for participants for whom supported employment unsuccessful. Specifically, the participant:

1. Found ineligible for or closed case with OVR services and chooses not to be re-referred, and
2. In the past 2 years, with the use of supported employment services, has not been able to secure a competitive integrated job or unable keep a competitive integrated job for more than 6 months, and
3. Meets one of the following criteria:
 - a) Is currently in an activity receiving a sub-minimum wage, or
 - b) After consulting with a credentialed provider, it is the opinion of the ISP team that the level of support provided through this service is needed to secure sustained competitive integrated employment.

Eligibility shall be determined by the ISP team.

Transitional Work



- Work that participants perform during the provision of Transitional Work services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.
- Defined Affirmative Industry - a business that sells products or services where at least 51% of the employees do not have a disability.
- Transitional Work includes supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports.

NEW service

- Through accurate individualized assessment, this service provides information to the participant regarding the full array of available work incentives for essential benefit programs including Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.
- Provided by Certified Work Incentive Counselor
- Limit 10 hours annually
- Available only after service sought and unavailable through PA's Work Incentive Planning and Assistance programs (WIPAs)

Day Services

Community Participation Supports - New



(REPLACES PREVOCATIONAL AND DAY HABILITATION SERVICES)

- Flexibly wrap around and support community life secondary to employment, as a primary goal.
- This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.
 - January 1, 2018: 25% community participation
 - July 1, 2018: 50% community participation
 - January 1, 2019: 75% community participation

- Prevocational skill development.
- Building and maintaining relationships and social networks.
- Selection and participation in community activities, volunteer activities, groups, associations, or clubs to develop social networks with community organizations and clubs.
- Opportunities related to the development of hobbies or leisure/cultural interests or to promote personal health and wellness.
- Opportunities focused on training and education for self-determination and self-advocacy.
- Learning to navigate the local community, including using transportation.
- Assisting individuals with disabilities and family caregivers with providing mutual support to one another (through service/support exchange) and contributing to others in the community.

- Exception process when medical, mental health or behavioral needs or condition affects their ability to participate in the community at the standards specified.
- In Consolidated Waiver, limit of 14 hours per day of In-Home and Community Support, Companion and Community Participation Supports (whether utilized alone or in combination with one another).
 - Exception process when medical, mental health or behavioral needs or condition affects their ability to maintain health and safety.

Residential Services – Consolidated Waiver Only

Residential Habilitation

Life Sharing – New Stand Alone Service

Supported Living - New

Residential Habilitation



- Transition residential services from cost based reimbursement to a needs-based fee schedule 1/1/2018.
- Robust service definition and rate structure will include clinical services and eliminate Additional Individualized Staffing (AIS).
- Include participant rights to lease, visitors, private communication, choosing a roommate, lock on bedroom door, etc.

New stand-alone service definition

- Allows participants to live in their own home, or the home of a relative or unrelated individual and receive agency-managed services.
- Allows relatives who meet qualification standards to provide services for participants age 18 and older.
- Align rates to level of need to support people with complex needs.
- Include participant rights to visitors, private communication, choosing a roommate, lock on bedroom door, etc.

NEW service

- Independent living option in participant's private residence.
- Provides a cost-efficient residential habilitation option for people with less intense needs.
 - Paid using a daily, needs based fee schedule rate
 - Daily fee schedule rate includes 24/7 on-call staff availability
 - Encourages rather than displaces natural supports
 - Provides participants with the option of selecting a roommate – to share living costs and staffing resources

- Billed as a day unit; provided at the following levels:
 - 1 to 3 person private homes
 - Rates structured at
 - <20 hours
 - 21-40 hours
 - 41-60 or
 - 60+ hours per week for the participant
 - 60+ hours per week only allowed in 2+ person home
- Indirect support - 24 hour access to staff
- Remote Electronic Monitoring

Technology and Adaptations

Assistive Technology

Home Accessibility Adaptations

Vehicle Accessibility Adaptations

- Clarify that independent living technology is for people ages 16 and older and includes remote electronic monitoring services and technology
- Examples include, but are not limited to: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology.

Limitations

- Lifetime limit of \$10,000 per participant. (ODP exception process)
- Lifetime limit of \$5,000 for generators. Amount spent on a generator is included in the overall AT limit of \$10,000.
- Annual limit of \$5,000 for remote monitoring completed as part of independent living technology (not included in the overall AT lifetime limit of \$10,000)
- No more than one replacement electronic device is allowed every 5 years.

An exception may be made to the \$20,000 limit when approved by ODP for any of the following situations:

- Maintenance or repair to existing home accessibility adaptations when it is not covered by warranty or home owners insurance and the maintenance or repair is more cost-effective than replacing the home accessibility adaptation.
- Track lift systems that exceed the limit and will reduce the need for other services.

Medical And Behavioral Support Services

Therapies	Shift Nursing
Music and Art Therapy and Equine Assisted Therapy - NEW	Consultative Nutritional Services - NEW
Behavioral Support	Specialized Supplies

- Still includes Speech Therapy, Physical Therapy, Occupational Therapy and Visual/Mobility Therapy
 - Behavior Therapy removed
- Must be delivered in a home and community-based setting and cannot be provided in a clinic or rehabilitative facility setting.

- Individuals receiving Residential Habilitation, Life Sharing or Supported Living may not receive shift nursing (clinical services are built into the rate for the service and are to be provided by the residential provider)
- Nursing Ratio of 1:2 and 1:1 available

NEW service

- Assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan
- Provided by a Licensed Dietitian-Nutritionist (LDN). The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan.
- Not available for people receiving residential services
- Not available for people <21, EPSDT service
- Limit of 48 units annually

- Level 1:
 - Master's in Human Services (or a related field) or a Bachelors' and work under supervision of an individual with a Master's
- Level 2:
 - Participants demonstrated complex needs, including regression or lack of adequate progress with Level 1, or be high risk for decreased stability in the absence of Level 2 support.
 - Providers of Level 2 must have a Master's in Human Services (or a related field) or be a licensed psychiatrist, psychologist, professional counselor, social worker, or hold a behavior specialist license.
- Initial and On-going service distinguished for both levels

- Individuals receiving Residential Habilitation, Life Sharing or Supported Living may not receive Behavioral Support (clinical services are built into the rate for the service and are to be provided by the residential provider)

NEW service

- Direct therapy to maintain, improve or prevent regression of the participant's condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community.
- Music Therapy and Art Therapy can only be provided to adult participants (21+).
- Equine Assisted Therapy can be provided to participants of any age as it is not covered by MA.
- Participants authorized to receive Music Therapy, Art Therapy, or Equine Assisted Therapy may not be authorized to receive Residential Habilitation services.
- Cumulative annual limit of any combination of Music Therapy, Art Therapy, or Equine Assisted Therapy is 104 fifteen-minute units.

Other Services to Support People in Home and Community-Based Settings

Education Support	Homemaker/Chore
Family/Unpaid Caregiver Training and Consultation - NEW	Participant Directed Goods and Services - NEW
Housing Tenancy - NEW	Communication Specialist - NEW
Respite	Supports Broker
Supports Coordination	Transportation
In-Home and Community Support	

Services are limited to payment for the following:

- Tuition for adult education classes offered by a college, community college, technical school or university. At least 75% of the time spent on campus must be integrated with the general student population.
- General fees charged to all students (technology fees, student facilities fees, etc.)
- On campus peer support, institution of postsecondary education's staff who assist the participant to learn roles or tasks related to the campus environment (homework assistance, interpersonal skills, etc.)
- Classes to teach participants who are deaf.
- Adult education or tutoring program for reading or math instruction.

- **Exclusions**
 - Room and board
 - Payment for books
 - Payment for recreational classes, activities and programs offered through recreational commissions, townships, boroughs, etc.
 - Tuition for adult education classes offered by online universities.
 - Tuition for adult education classes provided on disability specific campuses.
- **Limits on amount**
 - 120 credit hours in a lifetime
 - \$5000 per semester of on campus peer support when taking at least 6 credit hours.

NEW service

- Training and counseling services for unpaid family members or caregivers
- Intended to develop, strengthen and maintain healthy, stable relationships among the participant and all members of the participant's informal network, to support achievement of the goals in the participant's service plan.
- Includes updates as necessary to safely maintain the participant at home and in the community during transitions throughout the lifespan.
- Max 20 hours/FY and \$500/FY for conference, training event fees

NEW service

- Tenant screening and housing assessment
- Developing an individualized housing support plan
- Assisting with the housing application process, including assistance with applying for housing vouchers/applications.
- Assisting with the housing search process.
- Identifying resources to cover expenses
- Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized

- Providing early identification and intervention for behaviors that may jeopardize housing
- Education and training on the role, rights and responsibilities of the tenant and landlord.
- Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- Limit on entire service of 160 hours per fiscal year.

- Respite nursing eliminated (can be covered under Shift Nursing)
- When participant has documented medical or behavioral needs and is unable to locate a community-based respite provider, respite can be provided in ICF/ID or Nursing Facility
- Expanding respite options – allowable setting, changes in rate structure

Respite Limitations:

- Self-directing - limited to \$8,000 per fiscal year.
- Traditional agency
 - 30 units of day respite per fiscal year and
 - 480 units of 15-minute unit respite per fiscal year (Consolidated)
or
 - 1440 units of 15-minute unit respite peer fiscal year (P/FDS).
- Participants must choose participant direction or traditional agency for Respite

P/FDS ONLY - NEW service

- Equipment or supplies not otherwise provided through other services offered in this waiver, MA, or a responsible third-party and address and:
 - Decrease the need for other Medicaid services;
 - Promote or maintain inclusion in the community;
 - Promote the independence of the participant;
 - Increase the participant's health and safety;
 - Develop or maintain personal, social, physical or work-related skills.
 - Must be used primarily for the benefit of the participant.
- \$2000 annual cap

NEW service

- Supports participants with nontraditional communication needs by determining the participant's communication needs, educating the participant and his or her caregivers on the participant's communication needs and the best way to meet those needs in their daily lives.

- No major changes to this service definition
- Qualification Requirements - The Supports Broker must successfully complete a Supports Broker Certification Program provided by ODP or its designee within 18 months of enrollment as a provider or within 18 months of the effective date of the waiver.

- No major changes to this service definition
- Qualification Requirements
 - Executive Director must have 5 years of professional level experience in the field of disability services, including 3 years of administrative, supervisory, or consultative work; and a bachelor's degree
 - Have a written conflict of interest policy for their Board of Directors and employees
 - Have an orientation program that includes:
 - Person-centered practices
 - The prevention, detection and reporting of abuse, suspected abuse and alleged abuse
 - Individual rights and recognizing and reporting incidents.

- Qualification Requirements Continued
 - Personnel must be employees of the SCO (extraordinary circumstances for temporary contracts).
 - SC Supervisor can supervise a maximum of 7 Supports Coordinators
 - Qualification standards for SC Supervisors
 - Complete 24 hours of training each year
 - Qualification standards for SCs
 - Complete 24 hours of training each year

Transportation



- Transportation Mile – Mileage will be paid per trip versus round trip. A trip is from the point of pick-up to the destination as identified in the service plan.
- For participants under the age of 21, Transportation may only be used to travel to and from waiver services or a job that meets the definition of competitive integrated employment.
- Participants authorized to receive Residential Habilitation, Life Sharing or Supported Living may only be authorized for Transportation services as a discrete service when the participant requires transportation to or from a job that meets the definition of competitive employment.

Previously Home and Community Habilitation

- Change to staffing ratios. Highest ratio is now 1:4 versus 1:6.
- Transportation that is 30 miles or less per day is included in the rate.
 - Anything over 30 miles should be authorized as a separate transportation service.
- Maximum of 14 hours per day of In-Home and Community Support , Community Participation Support and/or Companion.
 - Exception process when medical, mental health or behavioral needs or condition affects their ability to maintain health and safety.

Provision of Personal Care or Similar Services by Legally Responsible Individuals

- Only contains In-Home and Community Support as this is the only service for minors (under 18) that has a personal care component.
- A parent is legally responsible to meet the needs of a minor child, including the need for assistance and supervision typically required for children at various stages of growth and development.

Relatives/legal guardians may be paid for providing services whenever the relative/legal guardian is qualified to provide services

- In-Home and Community Support, Companion, Life Sharing, Supported Employment, Nursing and Transportation Mile.
 - Supports Broker and Respite when not the primary caregiver and other conditions met.
- Legally Responsible individuals can provide the following non-personal care services:
 - Supported Employment
 - Transportation Mile

Appendix C-4

- A per participant per fiscal year total limit will be established once rates have been established for all P/FDS Waiver services. ODP will set the cap to correspond with increases in the rates. All waiver services are included in the limit with the following exceptions:
 - Supports Coordination and Supports Broker services excluded from the limit
 - Advanced Supported Employment or Supported Employment services may be authorized beyond the established limit (maximum of \$15,000 beyond the limit)

C-5: HCBS Settings



- SC responsibility:
 - Person-centered planning
 - Ensuring needs met in the least restrictive manner possible
 - Services provided are integrated in and support full access to the community.
- Waiver funding cannot be used to provide any service in any private home purchased for, developed for or promoted as serving people with an intellectual disability and/or Autism in a manner that isolates or segregates the participant from the community of individuals not receiving waiver services.

C-5: HCBS Settings



- Further, waiver funding cannot be used to provide any service in a private home that is:
 - farmstead – community primarily for PWD
 - gated/secured community for people with disabilities
 - in any private home purchased for, developed for or promoted as serving people with an intellectual disability and/or Autism in a manner that isolates or segregates the participant from the community of individuals not receiving waiver services.
- ODP will permit respite to be provided in institutional settings for a duration that does not exceed 30 days.

Appendix D – Participant Centered Planning and Service Delivery

D-1-c:

- Adds reference to the Community of Practice Lifecourse Framework
- Service Plan must be written in plain language and in a manner that is accessible to the participant and his or her family
- Language changes to clarify the SC's role in developing the Service Plan based on information provided by the participant, his or her family, and invited team members

D-1-d

- Eliminates timing requirements for Service Plan process; replaced with flexible language “in accordance with requirements established by ODP”
 - Previous waiver required meetings to be scheduled 90 days prior and held 60 days prior to end date of ISP
 - Changes requirement for assessment frequency from 3 years to 5 years

D-2-a.

- Clarifies that face-to-face monitoring should not occur at the place of employment or educational setting without the consent of the participant.
- Removed language to allow deviation from monitoring frequency and location requirements.

D-2-b.

SC shall conduct a face-to-face monitoring 1x/month for Consolidated.
During a 3 month period:

- 1 of the visits must take place at participant's residence
- 1 at the participant's day service, including nontraditional day program
- 1 at: any location where an authorized service is rendered, OR any location agreeable to the waiver participant

D-2-b.

For participants who receive a monthly service, for P/FDS

- A face-to-face monitoring once in every 3 calendar months at a minimum.
- At least 1 of the visits in every 6 calendar months must take place in the waiver participant's home.
- 1 at the participant's day service, including nontraditional day program
- 1 at any location where an authorized service is rendered, OR any location agreeable to the waiver participant

Appendix E – Participant Direction of Services

- Removed “Participant – Budget Authority.” This does not change the model in any way; we currently do not offer true budget authority, so this should not have been included (Appendices E-1-b, E-1-g, and E-2-b).
- Specifies how FMS agencies are monitored, particularly that AWC FMS providers are monitored separately (Appendix E-1-i).
- Strengthened enforcement powers to allow easier termination of poorly-performing CLEs/MEs (Appendix E-1-m).

Appendix F – Participant Rights

Appendix F-3: State Grievance/Complaint System:

- Addition of requirement for providers to have procedure for grievances
- Addition of timelines for Customer Service Line referral and resolution.

Appendix G – Participant Safeguards

G-1-b: Response to Critical Events or Incidents

- Reorganized. Added language on Enterprise Incident Management (EIM)



G-2: Safeguards Concerning Restraints and Restrictive Interventions

- **a i.** Removed language specific to licensed locations so that these requirements can be applied to private homes, and added expectations for Human Rights Committee review of restrictive procedures.
 - Removed previous language on Pro Re Nata (PRN) medication, as they are not chemical restraints but an intervention used to treat a diagnosed psychiatric condition
 - Removed language on medical devices prescribed by a physician to prevent harm as they are not considered a mechanical restraint
- **b i.** Introduced “Environmental restrictions” as a permissible intervention

G-3: Medication Management and Administration

- **bi.** Added role of SC to communicate information directly to team.
- **bii.** Removed content discussing regional nurses teaching the medication administration course. Added role of regional risk managers in oversight and follow up. Change reporting requirement to EIM rather than HCSIS
- **cii.** Removed the sentence: “These requirements do not apply to non-licensed providers.”

Appendix H – Quality Improvement Strategy

H-1-a. System Improvements

- Proposes to consolidate required Evidence-Based Reports (EBRs) for the Consolidated and P/FDS Waivers rather than submitting two separate reports,
- Introduces Information Sharing and Advisory Committee (ISAC) as ODP's Stakeholder Quality Council
- Connects IM4Q Steering Committee to ISAC through the submission of recommendations for action based on review of input gathered from individuals served

H-1-b. System Design Changes

- Replaces ODP's Quality Leadership Board with ODP's Executive Staff as the body that will review input from the Quality Oversight Groups and ISAC.

Next Steps and Resources

Next Steps



- Once the public comment period ends on January 17th ODP will review all of the comments and questions received and will consider modifying the waiver renewals.
- ODP will develop a summary document of the comments and questions received along with any modifications made to the renewals based upon comments and questions.
- When the final renewals are submitted to CMS in March 2017, those documents will be posted on the Department of Human Services' website. Notification of this activity will also be sent to our stakeholders.

- Current Waiver Renewal documents

<http://www.dhs.pa.gov/provider/developmentalprograms/2017waiverrenewals/index.htm>

- Waiver Renewal preview

<https://www.myodp.org/course/view.php?id=554>

- Public comment period for Appendices A through H is from **December 3, 2016 through January 17, 2017**
- Email: RA-odpcomment@pa.gov
- Mail:
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