

Adult Autism Waiver Amendment
Effective Date: April 1, 2022

KEY - **Bold** = Language added
Strikethrough = Language removed
Red Font = Changes made based on the Centers for Medicare and Medicaid Services' review

Appendix	Waiver Section	Recommended Revised Language	Reason for Change
Main Module	Additional Information	<p>Delivery of direct services using remote technology may only occur when the service plan team determines that using remote technology is the most appropriate service delivery method to meet the participant's needs. This determination must be based on consideration by the service plan team of all of the following:</p> <ul style="list-style-type: none"> • Service delivery complies with the requirements in the applicable service definition, including meeting the participant's needs, goals and objectives for the service. • Service delivery ensures the participant's rights as specified in 55 Pa. Code §6100.182. • The provider has explained to the participant and everyone else residing in the home the impact that service delivery will have on their privacy by using remote technology. • The participant, any professionals who will render the service, and any applicable unpaid support person(s) have received training from the provider that enables the participant to adequately use the technology to receive the same quality of services that would be delivered in-person. • How this service delivery method enhances the participant's integration into the community. • The request to use remote technology to deliver services was initiated by a request from the participant and/or the family/representative when appropriate, and not the provider. • How the participant's needs for hands-on support during service provision will be met. • The provider, in conjunction with the service plan team, has developed a back-up plan that will be implemented should there be a problem with the technology. The back-up plan must be developed in accordance with guidance in Appendix D-1-e to ensure that the health and safety needs of each participant will be met. <p>The provider is responsible for ensuring that any technology used to render services must be HIPAA compliant. When the service is rendered in community locations outside the participant's home, the provider will implement reasonable HIPAA safeguards to limit incidental or disclosures of protected health information. This includes using lowered voices, not using speakerphone, or recommending the participant move to a reasonable distance from others when discussing protected health information.</p>	<p>The Centers for Medicare and Medicaid Services (CMS) has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p>

B-3-c	Reserved Waiver Capacity	<p>Purpose: Hospital/Rehabilitation Care</p> <p>ODP reserves waiver capacity for participants requiring:</p> <ul style="list-style-type: none"> • Hospital care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave when they are not receiving any waiver services during that time; or • Rehabilitation care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave. <p>Waiver capacity will be reserved for participants requiring hospital or rehabilitation care in the following settings: which are considered hospital/rehabilitation care include medical and psychiatric hospital settings, rehabilitation care programs, and nursing homes. settings; which are not considered hospital/rehabilitation care include residential treatment facilities, state mental health hospitals, approved private schools and private and state ICFs/ID.</p>	This change aligns the waiver with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.
B-3-f	Selection of Entrants to the Waiver	<p>For individuals who do not meet reserved capacity criteria, enrollment priority is given to individuals who meet the following criteria:</p> <ul style="list-style-type: none"> • Requested service prior to January 1, 2020; • Placed on the AAW priority 1 interest list prior to January 1, 2020; • Not receiving ongoing state funded or state and Federally funded long-term support services (e.g., Medicaid HCBS Waiver supports; ICF/ID; nursing facility; services in a state hospital; Community Residential Rehabilitation Services; services in a Long-Term Structured Residence; Residential Treatment Facility; and extended acute care for people with serious mental illness); • Aged 18 or older; and • Meet LOC requirements. 	ODP is amending the waiver to ensure that individuals on the Priority 1 interest list that are receiving long-term support services in congregate care settings are added to the AAW waiting list.
B-6-f	Evaluation/Reevaluation of Level of Care	<p>Reevaluation Process</p> <p>Applicants who have been determined by the AE to meet program eligibility requirements specified in Appendix B-1, upon enrollment and then annually thereafter are evaluated by a physician, physician's assistant, or nurse practitioner licensed in the United States, using the MA51 to determine level of care.</p> <p>The MA51 is used to determine annual reevaluation of level of care for individuals enrolled in AAW and must be completed within 365 days of the previous MA51.</p> <p>If the MA51 indicates a person meets ICF/ID level of care criteria, ODP will assign a QDDP to assess whether the person requires ICF/ID level of care using the criteria in B-6-d.</p> <p>For reevaluations, Supports Coordinators assist physicians, physician's assistants, or certified registered nurse practitioners, licensed in the United States with completing the MA51 when necessary.</p>	ODP is aligning the Waiver language and processes with the Consolidated, Community Living, and Person/Family Directed Support (P/FDS) Waivers.

		<p>The following process for level of care recertification must be met annually:</p> <p>The reevaluation of need for an ICF/ID or ICF/ORC level of care is to be made within 365 days of the individual's initial evaluation or reevaluation.</p> <p>The Medicaid agency must recertify that the individual continues to require an ICF/ID or ICF/ORC level of care in accordance with the criteria outlined in Appendix B-6-d of this Waiver. The reevaluation is based on an assessment of the individual's current social, psychological, and physical condition, as well as the individual's continuing need for home and community-based services. An individual shall meet the criteria for eligibility only when a representative of the Medicaid agency, based on review of the individual's social and psychological history, determines that the individual will benefit from a professionally developed and supported program of activities, experiences or therapies.</p> <p>All individuals require annual reevaluation of need for an ICF/ID or ICF/ORC level of care to continue to qualify for services funded under the Waiver.</p>	
B-6-h	Evaluation/Reevaluation of Level of Care	<p>Once enrolled in the waiver, level of care reevaluations are determined by the state Medicaid agency by persons who have at least three years of professional experience developing, implementing, or evaluating a human service program, and a bachelor's degree; or an equivalent combination of experience and training. Reevaluations are based on Supports Coordinators performing assessments and gathering information that is necessary to make an LOC determination as well as diagnoses and LOC recommendation made may by a physician, physician's assistant, or certified registered nurse practitioner licensed in the United States.</p>	<p>ODP is removing this language as it is in this section by error. ODP has modified Appendix B-6-f to describe the process for reevaluation.</p>
C-1/C-3	Day Habilitation	<p>Direct Day Habilitation may be provided using remote technology in homes where participants reside in accordance with ODP policy.</p> <p>Remote Day Habilitation may only be rendered to a participant in their Residential Habilitation home (Community Home) when the participant:</p> <ul style="list-style-type: none"> • Routinely participates in Day Habilitation services in person outside the home; and • Has a medical or behavioral condition that precludes their in person participation for a temporary period of time. <p>More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	<p>CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p> <p>The date that licensed facilities are required to render Day Habilitation to 150 or fewer people has been delayed by a</p>

		<p style="text-align: center;">***</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Participants may receive a maximum of 520 hours (2080 15-minute units) of direct service provided using remote technology per ISP year.</p> <p>Beginning 1/1/22 1/1/23, Day Habilitation services may not be provided in any facility required to hold a 2380 license that serves more than 150 individuals at any one time including individuals funded through any source.</p>	<p>year. This change is based on public comment that due to the COVID-19 pandemic, providers have not had the opportunity to do thoughtful transition planning for people that would enable them to meet this requirement.</p>
C-1/C-3	Supported Employment	<p>Direct Supported Employment services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	<p>CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p>
C-1/C-3	Career Planning	<p>Direct Career Planning services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	<p>CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p>
C-1/C-3	Small Group Employment	<p>Small Group Employment services are direct services that provide community employment opportunities in which the participant is working alongside other people with disabilities. The intent of this service is to support individuals in the acquisition of knowledge, skills and experiences that lead in transition to competitive integrated employment, including self-employment. Small Group Employment occurs in a location other than may not be provided in a facility subject to Title-55 Pa. Code Chapter 2380 or Chapter 2390 regulations such as an integrated industry, business, or community setting. Small Group Employment does not include Supported Employment services. Participants must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.</p>	<p>ODP is providing clarification for the Small Group Employment service to ensure it is delivered as intended.</p>

		<p>Small Group Employment options include mobile work force, work station in industry, affirmative industry, and enclave. Each of these options are delivered in integrated business, industry or community settings that do not isolate participants from others in the setting who do not have disabilities. Services must be provided in a manner that promotes engagement in the workplace and interaction between participants and people without disabilities including co-workers, supervisors, and customers, if applicable. Small Group Employment services are only billable when the participant is receiving direct support during the time that he or she is working and receiving wages through one of these service options or during transportation to a work site.</p> <p style="text-align: center;">***</p> <p>Affirmative Industry is a business that sells products or services where at least 51% of the employees do not have a disability. Supervisory personnel and staff of providers who are paid to render the Small Group Employment service cannot be counted in the percentage of employees who do not have a disability.</p> <p>Enclave is a business model where a small group of participants are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.</p>	
C-1/C-3	<p>Supported Employment, Career Planning, and Small Group Employment</p> <p><i>Provider Qualifications</i></p>	<p>Staff working directly with the participant must have one of the following by 7/1/2021 or within 6nine months of hire if hired after 1/1/2021:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have 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>Effective 7/1/2021, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur for no longer than 6nine months from the date of hire to allow the new hire time to obtain the certification.</p>	The deadline for when staff are required to have one of the certifications after hire has been extended.
C-1/C-3	Supports Coordination	Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator (SC) assists participants in obtaining and coordinating needed waiver and other State plan services, as well as housing, medical, social, vocational, and other community services, regardless of funding source. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a hospital.	ODP is adding a provision that Supports Coordination services can be delivered in a hospital.

C-1/C-3	Assistive Technology	Assistive technology devices costing 500 \$750 or more must be recommended by an independent evaluation of the participant's assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant.	This change is being made to support participants' ability to receive direct services remotely.
C-1/C-3	Home Modifications	<p>Home modifications must have utility primarily for the participant and be specific to the participant's needs. Home modifications that are solely for the benefit of the public at large, staff, significant others, or family members will not be approved. Home modification must be an item that is not part of general maintenance of the home, and be an item of modification that is not included in the payment for room and board. Home modifications include the cost of installation, repair, maintenance, and extended warranties for the modifications; and when necessary to comply with rental/lease agreements, return of the property to its original condition.</p> <p>All modifications must meet the applicable standards of manufacture, design, and installation and shall be provided in accordance with applicable building codes. Modifications not of direct medical or remedial benefit to the participant are excluded. Repairs are only covered when it is more cost effective than replacing the modification.</p> <p>Modifications are limited to: The following are covered as modifications to a household subject to funding under the Waiver:</p> <ul style="list-style-type: none"> A. Alarms and motion detectors on doors, windows, and/or fences; B. Brackets for appliances; C. Locks; D. Modifications needed to accommodate a participant's special sensitivity to sound, light or other environmental conditions; E. Outdoor gates and fences; F. Replacement of glass window panes with a shatterproof or break resistant material; G. Raised or lowered electrical switches and sockets; and Home adaptations for participants with physical limitations, such as ramps, grab bars, widening of doorways H. Widened doorways, landings, and hallways; or I. Modifications of bathroom facilities. <p>For home accessibility durable medical equipment used by participants with a mobility impairment to enter and exit their home or to support activities of daily living covered by medical assistance in the state plan (such as ramps, lifts, stair glides, handrails, and grab bars), Home Modifications shall only include the following:</p> <ul style="list-style-type: none"> • Extended warranties for the home accessibility durable medical equipment. • Repairs of the home, including Repairs needed as a result of the installation, use or removal of the home accessibility durable medical equipment or appliance. 	<p>The Home Modifications service definition was revised to reflect the coverage of home accessibility durable medical equipment through the Medical Assistance state plan. In addition, changes were made to better align the service definition with the Intellectual Disability/Autism Waivers administered by ODP.</p> <p>Please note, the other changes were made to restructure the content for clarity.</p> <p>Changes were made to add clarifying language at the request of CMS.</p>

	<ul style="list-style-type: none"> • Any of the following required to install home accessibility durable medical equipment: <ul style="list-style-type: none"> ○ Adding internal supports such that the support requires access to the area behind a wall or ceiling or underneath the floor to install home accessibility durable medical equipment. ○ Constructing retaining walls or footers for a retaining wall if needed to install home accessibility durable medical equipment. ○ Modifications to an existing deck. ○ Widening a doorway. ○ Upgrades to the home’s electrical system. ○ Demolition of drywall or flooring. <p>Home Modifications do not include modifications that:</p> <ul style="list-style-type: none"> • Are not specifically identified in the service definition. • Are not of direct medical or remedial benefit to the participant. • Are not needed as a result of the participant’s medical needs or disability. • The family or caregiver would be expected to make for an individual without a disability. • Are for general maintenance of the home. • Are part of room and board. • Have a primary benefit for a caregiver, staff person, family member, or the public at large. • Are used in the construction of a new home or a new room in the home. • Are durable medical equipment. <p>Adding total square footage to the home is excluded from this service, unless an adaptation to an existing bathroom is needed to complete the modification (e.g., necessary to configure a bathroom to accommodate a wheelchair).</p> <p>This service may only be delivered in Pennsylvania.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p style="text-align: center;">***</p> <p>Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Building a new room is excluded. Home accessibility adaptations may not be used for the construction of a new home. Durable medical equipment is excluded.</p>	
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C-1/C-3	Nutritional Consultation	<p>Telephone consultation is allowable a) if the driving distance between the provider and the participant is greater than 30 miles; b) if telephone consultation is provided according to a plan for nutritional consultation services based on an in-person assessment of the participant’s nutritional needs; and c) if telephone consultation is indicated in the participant’s service plan. Both the assessment and subsequent direct Nutritional Consultation services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p> <p>If the participant receives Behavioral Specialist Services, the services delivered must be consistent with the participant’s behavioral support plan and crisis intervention plan. This service does not include the purchase of food.</p>	<p>CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p>
C-1/C-3	Specialized Skill Development	<p>1. BSS-Initial BSP Development:</p> <p>The BSS Provider:</p> <ul style="list-style-type: none"> • Conducts a Functional Behavior Assessment (FBA) of behavior and its causes, and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate BSP may be designed; • Develops an individualized, comprehensive BSP – a set of interventions to be used by people coming into contact with the participant to increase and improve the participant’s adaptive behaviors. The BSP may not include physical restraints as behavioral interventions. Physical restraints may only be utilized in accordance with 55 Pa. Code §§6100.348 and 6100.349 in the case of an emergency or crisis to prevent a participant from immediate physical harm to the participant or others. BSPs that include restrictive procedures must be approved by a human rights team prior to implementation. ODP expects that, regardless of the number of providers supporting a participant, continuity of care will be maintained through ongoing team communication and collaboration. Ideally, there should be one BSP for the participant that is integrated and comprehensive and incorporates support strategies for all environments. If there is more than one Behavioral Specialist working with the participant, the BSP can reflect joint authorship. • Develops the BSP within 60 days of the start date of the BSS. • Develops a CIP that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator (SC) and other appropriate waiver service providers will be kept informed of the precursors of the participant’s challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors. • Enters the BSP and the CIP into HCSIS. • Upon completion of plan development, meets with the participant, family members, SC, other providers, and employers to explain the BSP and the CIP to ensure all parties understand the plans. <p>The BSP justifies necessary levels of BSS. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.</p>	<p>This change is being made to update waiver language to clarify when physical restraints are included in behavior support plans to align with regulatory requirements.</p>

		<p style="text-align: center;">***</p> <p>Behavioral Specialist, Systematic Skill Building, and Community Support may be furnished in a participant’s home and at other community locations, such as libraries or stores. This service may also be delivered in an acute care hospital, when the participant is hospitalized and as described below.</p> <p>Behavioral Specialist, Systematic Skill Building, or Community Support services may be delivered in an acute care hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:</p> <ul style="list-style-type: none"> • Identified in a participant’s service plan; • Provided to meet needs of the participant that are not met through the provision of hospital services; • Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and • Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. <p>Systematic Skill Building or Community Support services can only be provided in a hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; • Intensive personal care; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. <p>Behavioral Specialist services can only be provided in a hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. <p>Direct Behavioral Specialist, Systematic Skill Building and/or Community Support services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	<p>Changes to this service definition also aligns the Waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.</p> <p>These changes will take effect in the waivers when Appendix K flexibilities end 6 months after the expiration of the federal public health emergency.</p> <p>CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.</p>
C-1/C-3	Temporary Supplemental Services	<p>Temporary Supplemental Services may be delivered in an acute care hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:</p> <ul style="list-style-type: none"> • Identified in a participant’s service plan; • Provided to meet needs of the participant that are not met through the provision of hospital services; 	<p>This change aligns the waiver with the Social Security Act, which was amended by the CARES Act, to</p>

		<ul style="list-style-type: none"> • Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and • Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement. <p>Temporary Supplemental Services can only be provided in an acute care hospital setting to assist the participant with one or more of the following:</p> <ul style="list-style-type: none"> • Communication; • Intensive personal care; or • Behavioral support/behavioral stabilization as enumerated in the behavioral support plan. 	allow services to be delivered in a hospital.
C-1/C-3	Therapies - Counseling	<p>Therapy services are direct services provided to assist individuals in the acquisition, retention, or improvement of skills necessary for the individual to live and work in the community; and must be attached to an individualized outcome. The need for the service must be evaluated on a periodic basis, at least annually or more frequently as needed as part of the service plan process. This evaluation must review whether the individual continues to require the current level of authorized services and that the service continues to result in positive outcomes for the individual. It is recognized, however, that long-term Therapy services may be necessary due to an individual’s extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the individual’s service plan.</p> <p>Direct Therapy services may be provided using remote technology in accordance with ODP policy. More information about requirements for services provided using remote technology is located in the Additional Needed Information Section of the Main Module.</p>	CMS has requested all changes related to remote service delivery be removed from this amendment and included in the amendment proposed to be effective July 1, 2022.
C-1/C-3	Provider Qualifications for multiple services	<p><i>Provider Qualifications for providers licensed under 55 Pa. Code Chapter 6400 or 6500</i></p> <p>For all provider types, individuals furnishing this service must:</p> <p style="text-align: center;">***</p> <p>Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15. If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and 	This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff.

		<ul style="list-style-type: none"> • The nature and requirements of the job. <p>Documentation of review must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.</p>	
C-1/C-3	Provider Qualifications for multiple services	<p><i>Provider Qualifications for all direct services that are not licensed under 55 Pa. Code Chapter 6400 or 6500:</i></p> <p>Individuals furnishing this service must:</p> <p style="text-align: center;">***</p> <p>Have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.</p> <p>If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:</p> <ul style="list-style-type: none"> • The nature of the crime; • Facts surrounding the conviction; • Time elapsed since the conviction; • The evidence of the individual’s rehabilitation; and • The nature and requirements of the job. <p>Documentation of the review must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.</p>	This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff.
C-2-a	Criminal History and/or Background Investigations	<p>Provider agencies are required to obtain criminal background checks prior to hiring for all staff that provide direct services to any waiver participant. To comply with this requirement, providers must obtain a report of criminal history record information from the Pennsylvania State Police for staff who have been a resident of the Commonwealth for at least two years. For staff who have been a resident of Pennsylvania for less than two years, or currently reside in another state, a report of Federal criminal history record information must be obtained from the Federal Bureau of Investigation (FBI). A copy of the report(s) received from the Pennsylvania State Police and/or the FBI must be maintained in the provider’s records for a minimum of five years. As part of the waiver program’s annual monitoring cycle, provider qualifications are reviewed. The review includes an examination of providers’ personnel records for all direct care staff working with the participants in the sample to assure that criminal history background</p>	This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff and aligns this section of the AAW with the Consolidated,

		<p>checks were obtained in a timely manner and do not list any offenses that would exclude the staff from providing services to waiver participants. Excluded offenses are in accordance with the Department of Aging's Older Adult Protective Services Act policy. The guidance for these policies can be found in 55 Pa. Code § 51.20 Criminal History Check; 55 Pa. Code § 6400.21 Criminal History Record Check; and 55 Pa. Code § 6500.23 Criminal History Record Check.</p> <p>ODP requires criminal background checks for all staff (which includes contractors or consultants) and volunteers who provide a waiver service through direct contact with a participant or are responsible for the provision of the service for a participant.</p> <p>A volunteer is defined as a person who:</p> <ol style="list-style-type: none"> 1. Provides one or more direct waiver services to a participant as authorized in the service plan, 2. Has unsupervised contact with the participant when providing the service(s), i.e. is alone with the participant, 3. Has freely chosen not to receive monetary compensation for provision of the service(s), and 4. Provides the service(s) on behalf of a qualified provider that has been authorized in a service plan to receive reimbursement for the service(s). <p>Requirements for criminal background checks are specified at 55 Pa. Code § 6100.47 (relating to criminal history checks) and in the qualifications for each waiver service definition. Additionally, Residential Habilitation and Life Sharing providers are subject to the criminal history background check requirements specified in the Older Adults Protective Services Act (35 P.S. § 10225.101 et seq) and 6 Pa. Code Chapter 15 (relating to Protective Services for Older Adults).</p> <p>Compliance with background check requirements is verified through initial and ongoing provider qualification reviews, as well as provider monitoring conducted by ODP or the ODP Designee. For licensed providers, compliance with the licensing regulations is also verified through annual licensing inspections.</p>	<p>Community Living, and P/FDS Waivers.</p>
C-5	Home and Community-Based Settings	<p>CMS requested that information regarding Home and Community-Based Settings be moved to the Main Module, Attachment 2: Home and Community-Based Settings Waiver Transition Plan.</p> <p>Waiver funding cannot be used to provide any service in any private home purchased for, developed for or promoted as serving people with Autism in a manner that isolates or segregates the participant from the community of individuals not receiving waiver services.</p> <p>Further, waiver funding cannot be used to provide any service in a private home that has the effect of isolating the participant from the broader community of individuals not receiving waiver services as evidenced by any of the following:</p>	<p>Language has been added to align with current guidance from CMS.</p> <p>CMS requested that this information be moved to section C-5 of the waivers.</p>

		<ul style="list-style-type: none"> • Due to the design or model of service provision, participants have limited, if any, opportunities for interaction in and with the broader community, including with individuals not receiving waiver services; • The participant’s choice to receive services or engage in activities outside of the home is restricted; or • The home is physically located separate and apart from the broader community and does not facilitate opportunities for the participant to access the broader community and participate in community services, consistent with the participant’s person-centered service plan. 	
G-2-a-i	Safeguards Concerning the Use of Restraints	<p>ODP only permits physical restraints, defined as a manual method that restricts, immobilizes or reduces an individual’s ability to move his arms, legs, head or other body parts freely. Physical restraints may only be used in the case of an emergency or crisis to prevent an individual from immediate physical harm to himself or others. A physical restraint may not be used for more than 30 cumulative minutes within a 2-hour period.</p> <p style="text-align: center;">***</p> <p>Physical restraints must be included in the service behavior support plan and must be approved by a human rights team prior to implementation. The behavior support plan and service plan must be reviewed, and revised, if necessary, according to the time frame established by the human rights team, not to exceed 6 months. The behavior support service plan with permitted restrictive interventions, including physical restraints, must be summarized in the service plan and include: (1) The specific behavior to be addressed. (2) An assessment of the behavior including the suspected reason for the behavior. (3) The outcome desired. (4) Methods for facilitating positive behaviors such as changes in the individual’s physical and social environment, changes in the individual’s routine, improving communications, recognizing and treating physical and behavior health conditions, voluntary physical exercise, redirection, praise, modeling, conflict resolution, de-escalation and teaching skills. (5) Types of restrictive procedures that may be used and the circumstances under which the procedures may be used. (6) A target date to achieve the outcome. (7) The amount of time the restrictive procedure may be applied. (8) The name of the staff person responsible for monitoring and documenting progress with the individual plan.</p>	Clarification was added regarding the expectation that physical restraints be included in behavior support plans in alignment with regulations.