

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Community Participation Support		
Statutory Service	Homemaker/Chore		
Statutory Service	Residential Habilitation		
Statutory Service	Respite		
Statutory Service	Supported Employment		
Statutory Service	Supports Coordination		
Other Service	Assistive Technology		
Other Service	Career Planning		
Other Service	Community Transition Services		
Other Service	Family Support		
Other Service	Home Modifications		
Other Service	Life Sharing		
Other Service	Nutritional Consultation		
Other Service	Small Group Employment		
Other Service	Specialized Skill Development		
Other Service	Transportation		
Other Service	Vehicle Modifications		

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Statutory Service

Service:

Day Habilitation

Alternate Service Title (if any):

Community Participation Support

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Category 2:

Sub-Category 2:

Category 3:**Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Community Participation Support (CPS) provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. CPS should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, & strengths while reflecting his or her desired outcomes related to employment, community involvement & membership. To achieve this, each participant must be offered opportunities and needed support to participate in community activities that are consistent with the individual's preferences, choices and interests.

CPS is intended to flexibly wrap around or otherwise 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.

This service is expected to result in the participant developing & sustaining a range of valued social roles & relationships; building natural supports; increasing independence; increasing potential for employment; and experiencing meaningful community participation & inclusion.

Activities include the following supports for:

- Developing skills & competencies necessary to pursue competitive integrated employment;
- Participating in community activities, organizations, groups, or clubs to develop social networks;
- Identifying and participating in activities that provide purpose & responsibility;
- Fine and gross motor development & mobility;
- Participating in community opportunities related to the development of hobbies or leisure/cultural interests or to promote personal health & wellness (yoga class, hiking group, etc.);
- Participating in volunteer opportunities or community adult learning opportunities;
- Opportunities focused on training & education for self-determination and self-advocacy;
- Learning to navigate the local community, including learning to use public/private transportation & other transportation options available in the local area;
- Developing and/or maintaining social networks & reciprocal relationships with members of the broader community (neighbors, coworkers, and other community members who do not have disabilities & who are not paid or unpaid caregivers) through natural opportunities & invitations that may occur;
- Assisting participants, caregivers, & providers with identifying and utilizing supports not funded through the waiver that are available from community service organizations, such as churches, schools, colleges/universities & other post-secondary institutions, libraries, neighborhood associations, clubs, recreational entities, businesses & community organizations focused on exchange of services (e.g. time banks); and
- Assisting participants & caregivers with providing mutual support to one another (through service/support exchange) & contributing to others in the community.

The service includes planning & coordination for:

- Developing skills & competencies necessary to pursue competitive integrated employment;
- Promoting a spirit of personal reliance & contribution, mutual support & community connection;
- Developing social networks & connections within local communities;
- Emphasizing, promoting & coordinating the use of unpaid supports to address participant & family needs in addition to paid services
- Planning and coordinating a participant's daily/weekly schedule for CPS; and
- Assistance with medication administration and the performance of health-related tasks to the extent state law permits.

Support provided may include development of a comprehensive analysis of the participant in relation to following:

- Strongest interests & personal preferences.
- Skills, strengths, & other contributions likely to be valuable to employers or the community.
- Conditions necessary for successful community inclusion and/or competitive integrated employment.

Fading of the service and less dependence on paid support for ongoing participation in community activities & relationships is expected. Fading strategies similar to those used in Supported Employment should be utilized whenever appropriate. On-call and remote support is covered for participants for whom the provider has coordinated community activities in which the participant is supported through unpaid supports and/or as a component of the fading strategy where on-call and remote support is needed as a back-up.

The provider may bill for on-call and remote support when all of the following conditions are met:

- The activity was coordinated by the provider of CPS services;
- The participant does not receive Residential Habilitation services;
- The participant requires on-call or remote support for health & safety reasons;
- The provider informs the participant & anyone identified by the participant of what impact the on-call and remote support will have on the participant's privacy (if any). Effective communication must be provided, including use of any necessary auxiliary aids or services, to ensure that the participant can receive and convey information consistent with the requirements of the Americans with Disabilities Act. If there are impacts on the participant's privacy, the provider must obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of on-call & remote support; and
- Remote support is available immediately to the participant & on-call staff can be available for direct service within a maximum of 30 minutes (less if agreed upon by the service plan team).

Personal care assistance is included as a component of CPS but does not comprise the entirety of the service. This service also includes transportation as an integral component of the service; for example, transportation to a community activity. The CPS provider is not, however, responsible for transportation to & from a participant's home.

CPS services must be necessary to achieve the expected outcomes identified in the participant's service plan. If the participant receives Specialized Skill Development services, CPS services include implementation of the Behavioral Support Plan (BSP), the Crisis Intervention Plan (CIP) and/or the Systematic Skill Building plan (SBP). This service includes collecting and recording the data necessary to support review of the service plan, the BSP, the CIP and/or the SBP.

This service may be provided in the following settings:

- Community locations – Locations must be non-disability specific & meet all federal standards for home and community-based settings. When provided in community locations, this service cannot take place in licensed facilities, or any type of facility owned, leased or operated by a provider of other ODP services. Services are provided in a variety of integrated community locations that offer opportunities for the participant to achieve his or her personally identified goals for developing employment skills, community inclusion, involvement, exploration, and for developing & sustaining a network of positive natural supports. A maximum of 3 participants can be served simultaneously by any one provider at a community location at any one time.
- Community hubs – These settings primarily serve as a gathering place prior to & after community activities. Participants' time will be largely spent outside of the community hub, engaged in community activities. Community hubs should be non-disability specific, accessible, provide shelter in inclement weather, & be locations used by the general public. Community hubs could be locations that are focused on a specialty area of interest for participant(s) served (for example, employment interest area, volunteer site, related to arts, outdoors, music or sports).

A community hub could be a private home but is not the home of support staff. The participant's home may only serve as a hub on an occasional & incidental basis. The use of a community hub must be driven by the interest of the participant(s) served. A maximum of 6 participants can be served simultaneously by any one provider at any one point in time in a community hub.

- Adult Training Facilities (subject to licensure under 55 Pa. Code Chapter 2380) – CPS may be provided in Adult Training Facilities which meet all federal standards for home and community-based settings.
- Older Adult Daily Living Centers (subject to licensure under 6 Pa. Code Chapter 11) – For participants 60 years or older, or participants with dementia or dementia-related conditions, CPS may be provided in Older Adult Daily Living Centers which meet all federal standards for home and community-based settings.

Services in community locations or community hubs assist participants in vocational skill development, which means developing basic skills & competencies necessary for a participant to pursue competitive integrated employment. This includes the development & implementation of a preliminary plan for employment that identifies & addresses the participant's basic work interests, as well as skills & gaps in skills for his or her work interests. It may include situational assessments, which means spending time at an employer's place of business to explore vocational interests & develop vocational skills.

Vocational skill development also includes identifying available transportation to help the participant get to and from work & teaching the participant & his or her family (as appropriate) about basic financial opportunities and benefits information for a move into competitive integrated employment.

Effective 01/01/22, participants that are currently being paid to complete vocational tasks or work-related activities in any allowable CPS setting must be compensated at minimum wage or higher. Participants that begin to receive CPS on or after 07/01/21, that are being paid to complete vocational tasks or work-related activities in any allowable CPS setting must be compensated at minimum wage or higher.

CPS may be provided at the following staff-to-individual ratios in a licensed facility:

- Level 2- 1:4 to 1:6
- Level 3- 1:2 to 1:3
- Level 4- 1:1
- Level 5- 2:1 to 1:1

CPS may be provided at the following staff to individual ratios in community locations & community hubs:

- Basic- 1:2 to 1:3
- Level 1- 2:3
- Level 2- 1:1
- Level 3- 2:1.

The use of Level 5 in facility locations and Level 3 in community locations are based on the participant's behavioral or medical support needs.

CPS may not be provided in a licensed Adult Training Facility that is newly funded on or after January 1, 2020 and serves more than 25 individuals in the facility at any one time including individuals funded through any source.

Starting 1/1/22, CPS 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.

More information about CPS requirements is located in the Additional Needed Information Section of the Main Module.

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- Level 5- 2:1 to 1:1

CPS may be provided at the following staff to individual ratios in community locations & community hubs:

- Basic- 1:2 to 1:3
- Level 1- 2:3
- Level 2- 1:1
- Level 3- 2:1.

The use of Level 5 in facility locations and Level 3 in community locations are based on the participant's behavioral or medical support needs.

CPS may not be provided in a licensed Adult Training Facility that is newly funded on or after January 1, 2020 and serves more than 25 individuals in the facility at any one time including individuals funded through any source.

Starting 1/1/22, CPS 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.

More information about CPS requirements is located in the Additional Needed Information Section of the Main Module.

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

A participant may be authorized for a maximum of 40 units of on-call and remote support per week. Only activities completed by direct service professionals as specified in the service definition are compensable as CPS services. The cost of purchasing devices, maintenance of the devices & service fees may not be billed under this service definition.

Participants are not required to be referred to OVR when they will be working on skill development and/or participating in activities prior to receiving CPS services since they are prohibited from being paid subminimum wage.

A participant may not receive CPS services in a licensed Adult Training Facility for more than 75 percent of his or her support time, on average, per month.

A service exception may be granted, as determined by the participant and service plan team if one of the following circumstances apply:

- The participant receives fewer than 12 hours (48 units) per week of CPS by the provider;
- The participant has current medical needs that limit the amount of time the person can safely spend in the community;
- The participant has an injury, illness, behaviors or change in mental health status that result in a risk to themselves or others; or
- The participant declines the option to spend time in the community having been provided with opportunities to do so consistent with his or her preferences, choices and interests.

CPS services may not be provided at the same time as the direct provision of any of the following: Specialized Skill Development; Community Support; Small Group Employment; Career Planning (Job Finding), Supported Employment; Transportation; 15-minute unit Respite; and Nutritional Consultation.

When Systematic Skill Building services are delivered at the same time as CPS, staff that provide Systematic Skill Building cannot deliver services that would otherwise be performed by CPS staff.

Total combined hours for CPS, Community Support, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct), and Small Group Employment are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

This service is generally provided between 8:00am and 5:00pm, but is not restricted to those hours of the day. Alterations from typical day/work hours should be based on the participant's natural rhythms and preferred activities (not for convenience of a provider).

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

A participant may be authorized for a maximum of 14 hours per day of the following services (whether authorized alone or in combination with one another):

- Specialized Skill Development: Community Support.
- CPS.

A service exception may be made to the 14 hour per day limitation in accordance with ODP policy, when the participant has a physical health, mental health or behavioral need that requires services be provided more than 14 hours per day.

Effective 10/1/2021, when CPS services are not provided with any other employment service (Small Group Employment, Supported Employment or Career Planning) and the participant is not competitively employed, the hours of authorized CPS cannot exceed 40 hours (160 15-minute units) per participant per calendar week.

Service Delivery Method *(check each that applies):*

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Adult Training Facility or Older Adult Day Facility
Agency	Agency Community Participation Support Provider (Non-Facility)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Agency

Provider Type:

Adult Training Facility or Older Adult Day Facility

Provider Qualifications

License (specify):

Providers of facility-based day habilitation services with a waiver service location in Pennsylvania must be licensed under 55 Pa. Code Chapter 2380 relating to Adult Training Facilities or under 6 Pa. Code Chapter relating to Older Adult Day Services. A comparable license is required for providers with a waiver service location in states contiguous to Pennsylvania.

Certificate (specify):

For programs providing vocational skill development to participants, program specialists and supervisors of direct service professionals in facilities licensed under 55 Pa. Code Chapter 2380 must have one of the following by 1/1/22 or within six months of hire if hired after 7/1/21:

- 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.

All direct service professionals, program specialists, and supervisors of direct service professionals who provide CPS must complete the Department-approved training on CPS by 1/1/22. After 7/1/21, all new hires must complete the Department-approved training on CPS within 60 days of hire and, until they have completed the training, be supervised by someone who has completed the training.

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of CPS have automobile insurance.
7. Have documentation that all vehicles used in the provision of CPS have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide CPS.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Agency

Provider Type:

Agency Community Participation Support Provider (Non-Facility)

Provider Qualifications

License (specify):

Certificate (specify):

For programs providing vocational skill development to participants, program specialists and supervisors of direct service professionals must have one of the following by 1/1/22 or within six months of hire if hired after 7/1/21:

- 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.

All direct service professionals, program specialists, and supervisors of direct service professionals who provide CPS must complete the Department-approved training on CPS by 1/1/22. After 7/1/21, all new hires must complete the Department-approved training on CPS within 60 days of hire and, until they have completed the training, be supervised by someone who has completed the training.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of CPS have automobile insurance.
7. Have documentation that all vehicles used in the provision of CPS have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide CPS.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:**Service:****Alternate Service Title (if any):****HCBS Taxonomy:****Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Homemaker/Chore services are provided to participants who live in private homes.

HOMEMAKER

Homemaker services enable the participant or the family member(s) or friend(s) with whom the participant resides to maintain their primary private home. This service can only be provided when a household member is temporarily absent or unable to manage the home and when no landlord or provider agency staff is responsible to perform the homemaker functions. Homemaker services include cleaning, laundry, meal preparation, and other general household care.

CHORE

Chore services consist of services needed to restore or maintain clean, sanitary, and safe conditions in the home. Chore services consist of heavy household activities such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; ice, snow, and/or leaf removal; and yard maintenance. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Maintenance in the form of upkeep and improvements to the participant's home is excluded from federal financial participation.

Homemaker/Chore services can only be provided in the following situations:

- Neither the participant, nor anyone else in the household, is capable of performing the function; and
- No other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for the provision.

Participants authorized to receive Homemaker/Chore services may not be authorized to receive the following services as Homemaker/Chore functions are built into the rates for these services: Residential Habilitation or Life Sharing.

This service must be delivered in Pennsylvania.

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

Homemaker/Chore services are limited to 40 hours per participant per ISP plan year when the participant or family member(s) or unpaid caregiver(s) with whom the participant resides is temporarily unable to perform the homemaker/chore functions. A person is considered temporarily unable when the condition or situation that prevents him or her from performing the homemaker/chore functions is expected to improve.

There is no limit when the participant lives independently or with family members or unpaid caregivers who are permanently unable to perform for the homemaker/chore functions. A person is considered permanently unable when the condition or situation that prevents them from performing the homemaker/chore functions is not expected to improve.

The service plan team is responsible to determine whether a person is temporarily or permanently unable to perform the homemaker/chore functions. The service plan team's determination should be documented in the service plan.

Service Delivery Method *(check each that applies):*

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Homemaker/Chore Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Homemaker/Chore

Provider Category:

Agency

Provider Type:

Homemaker/Chore Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Statutory Service

Service:

Residential Habilitation

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

02 Round-the-Clock Services

Sub-Category 1:

02011 group living, residential habilitation

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Residential Habilitation services are direct and indirect services provided to participants who live in licensed provider owned, rented or leased residential settings when services provided in a more integrated setting cannot meet the participant's health and safety needs. This service is built on the principle that every participant has the capacity to engage in lifelong learning.

As such, through this service, participants will acquire, maintain, or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that Residential Habilitation is provided in community settings outside of the residence, the settings must be inclusive rather than segregated.

Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility, transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources. The intent of this service is to reduce the need for direct personal assistance by improving the participant's capacity to perform these tasks independently.

The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment process (including the ODP-established battery of assessments and the Health Risk Screening Tool) and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with his or her personal preferences and to achieve his or her desired outcomes. Residential Habilitation services are often the primary residence of the participant and as such, it is his or her home. Respect for personal routines, rhythms, rights, independence, privacy and personalization are intrinsic to the service as is access to experiences and opportunities for personal growth.

This service includes the following from a qualified Behavioral Specialist:

- Conducting 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 Behavioral Support Plan (BSP) may be designed;
- Development of and updates to an individualized, comprehensive BSP that includes positive practices and least restrictive interventions to be used by people coming into contact with the participant to increase and improve the participant's adaptive behaviors. The BSP will be developed within 60 days of the start date of the Residential Habilitation service;
- Development of and updates to a Crisis Intervention Plan (CIP) that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator 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;
- Entering the BSP and the CIP into HCSIS;
- Meeting with the participant, family members, Supports Coordinator, and other providers to explain the BSP and the CIP to ensure all parties understand the plans and to ensure consistency in the application of strategies;
- Implementation of the BSP and CIP, which involves collecting and recording the data necessary to evaluate progress and the need for plan revisions; and
- Ensuring behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies.

The Residential Habilitation provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (which includes prompting, instruction, modeling and reinforcement) will be provided as needed to enable the participant to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Develop and maintain positive interactions and relationships with residents of one home and share meals and activities, as appropriate.
3. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying out prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home and community such as fire or injury; knowing

how and when to seek assistance.

4. Manage or participate in management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.

5. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services.

6. Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.

7. Make decisions including identifying options/choices and evaluating options/choices against personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.

8. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping, managing savings accounts and utilizing programs such as ABLE accounts.

9. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media, or other technology consistent with the participant's preferences. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.

10. Use a range of transportation options including buses, trains, cab services, ride shares, driving, and joining car pools, etc. The Residential Habilitation provider is responsible for providing transportation to activities related to health, community involvement and the service plan. The Residential Habilitation provider is not responsible for transportation for which another provider is responsible.

11. Reside in the same home to develop and manage relationships as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.

12. Develop and maintain relationships with members of the broader community and to manage problematic relationships.

13. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.

14. Develop personal interests such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to explore.

15. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances, sporting events, faith-based services, and other recreational activities.

If the participant receives Systematic Skill Building, the Residential Habilitation services include implementation of the Systematic Skill Building Plan (SBP). Residential Habilitation includes collecting and recording the data necessary to support review of the service plan and the SBP.

The Residential Habilitation provider is also responsible for providing physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

Residential Habilitation services must be necessary to achieve the expected outcomes identified in the participant's service plan. Prior to Residential Habilitation services being authorized, the Supports Coordinator, in collaboration with the service plan team, must justify the need for Residential Habilitation services by completing a Residential

Habilitation Request Form. This process is designed to ensure that services are provided in the most integrated environment.

Residential Habilitation providers must ensure that each participant has the right to the following:

1. To receive scheduled and unscheduled visitors, and to communicate and meet privately with individuals of his or her choice at any time.
2. To send and receive mail and other forms of communication, unopened and unread by others.
3. To have unrestricted and private access to telecommunications.
4. To manage and access his or her own finances.
5. To choose any individual with whom they will be sharing a bedroom.
6. To furnish and decorate his or her bedroom and the common areas of the home.
7. To lock his or her bedroom door.
8. To have a key to an entrance door of the home.
9. To decide what to eat, when to eat and have access to food at any time.
10. To make informed health care decisions.

When any of these rights are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. When any of these rights are modified due to requirements in a court order, the modification must still be included in the service plan and the plan must be implemented.

Because the origin of the rights modification is a court order, team agreement is not a requirement for implementation of the modification.

Any use of Independent Living Technology must comply with 42 C.F.R. § 442.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.

The Residential Habilitation setting must be located in PA and must be one of the following eligible settings:

1. Community Residential Rehabilitation Services (CRRS) for the Mentally Ill, (55 Pa. Code Chapter 5310): CRRS are characterized as transitional residential programs in community settings for participants with chronic psychiatric disabilities. This service is full-care CRRS for participants with intellectual disability and mental illness. Full-care CRRS is a program that provides living accommodations for participants who are psychiatrically disabled and display severe community adjustment problems. A full range of personal assistance and psychological rehabilitation is provided for participants in a structured living environment. Host homes, as defined in section 5310.6 are excluded.
2. Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400): A licensed Community Home is a home where services are provided to individuals with an intellectual disability or autism. A Community Home is defined in 55 Pa. Code Chapter 6400 as, "A building or separate dwelling unit in which residential care is provided to one or more individuals with an intellectual disability or autism".

More information about Residential Habilitation requirements is located in the Additional Needed Information Section of the Main Module.

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

The following Residential Enhanced Staffing add-on may be utilized:

- Supplemental Habilitation staffing in emergency situations or to meet a participant's temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless an exception to this limit is granted by ODP.

Supplemental Habilitation may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:

- Identified in the 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.

This service can only be provided in a hospital setting to assist the participant with one or more of the following:

- Communication;
- Intensive personal care; and/or
- Behavioral support/stabilization as enumerated in the behavior support plan.

A setting that is a duplex, two bilevel units and two side-by-side apartments enrolled to provide waiver services on or after the effective date of 55 Pa. Code Chapter 6100 regulations shall not exceed a program capacity of 4 in both units.

A participant who is receiving Residential Habilitation may also receive Community Support and/or Systematic Skill Building with the following limitations:

- Community Support may not be delivered within the licensed Residential Habilitation home;
- Effective 10/1/2021, a participant receiving Residential Habilitation is limited to a total of 416 hours per service plan year of Systematic Skill Building-Consultative and/or Systematic Skill Building-Direct.
- Systematic Skill Building staff cannot deliver services in the licensed Residential Habilitation setting that would otherwise be performed by Residential Habilitation staff.

Participants authorized to receive Residential Habilitation services are not precluded from receiving Assistive Technology, but may not receive the Remote Monitoring component.

Remote Monitoring is intended to reduce the participant's need for direct support that would typically be provided as part of the Residential Habilitation service. As such, Remote Monitoring is built into the Residential Habilitation rate and cannot be authorized as a discrete service.

The following may not be authorized for participants who receive Residential Habilitation services: Life Sharing; Respite (15-minute or Day); Homemaker/Chore; Nutritional Consultation; Home Modifications; and Vehicle Modifications. Transportation is included in the Residential Habilitation rate and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the service plan. The Residential Habilitation rate will also include Specialized Skill Development: Behavioral Specialist services. Behavioral Specialist may only be authorized as a discrete service when it is used to support a participant to access Community Support, Community Participation Support or to maintain employment when provided at the participant's place of employment.

Residential Habilitation services may not be provided in licensed Personal Care Homes or Assisted Living Residences and may only be provided in Domiciliary Care Homes if the home is licensed by the Department under 55 Pa. Code Chapters 6400 or 5310 and certified by the local Area Agency on Aging (6 Pa. Code Chapter 21).

All settings must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each setting must be separate from any other ODP-funded residential setting and must be dispersed in the community and not surrounded by other ODP-funded residential settings. Settings that share only one common party wall are not considered contiguous. Settings should be located in the community and surrounded by the general public. New settings or changes to existing settings must be approved by ODP or its designee utilizing ODP's criteria. Residential Habilitation may not be provided in a home enrolled on or after the effective date of 55 Pa. Code Chapter 6100 regulations that is adjacent to any of the

following regardless of the funding source of the individuals served:

- Licensed public and private (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 Pa. Code Chapter 2800).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Exceptions are allowed for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.

Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing, or Supported Living being provided.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Licensed Residential Habilitation

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Residential Habilitation

Provider Category:

Agency

Provider Type:

Licensed Residential Habilitation

Provider Qualifications

License (*specify*):

Licensed Residential Habilitation providers with a waiver service location in Pennsylvania must be licensed under 55 Pa. Code Chapter 6400 or 55 Pa. Code Chapter 5310.

Certificate (*specify*):

BEHAVIORAL SPECIALIST

When serving participants with behavior support needs, the Residential Habilitation provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Residential Habilitation service, complete responsibilities as described in the service definition.

Behavioral Specialists must meet the education or licensure criteria in one of the following four sets of requirements:

1. A Pennsylvania Behavior Specialist License;
2. A Master's Degree or higher in Social Work, Psychology, Education, or Applied Behavior Analysis;
3. A Master's Degree or higher with 50% or more coursework in Applied Behavior Analysis; or
4. A Master's Degree or higher in a human services field related to Social Work, Psychology or Education (and is housed in the institution's Department or School of Social Work, Psychology, or Education) with 33% or more coursework in Applied Behavior Analysis.

In addition to the above requirements, Behavioral Specialists must also complete the following:

1. Training in conducting a Functional Behavioral Assessment (FBA) and in using positive behavioral support. The training must be provided by either ODP's Bureau of Supports for Autism and Special Populations (BSASP) or by an accredited college or university. If this training was not provided by the BSASP, ODP must review and approve the course description; and
2. Training developed by BSASP for Specialized Skill Development (SSD): Behavioral Specialist Services for people with autism spectrum disorders.

ASSISTIVE TECHNOLOGY PROFESSIONAL

Effective January 1, 2022, when rendering remote support services to participants, the Residential Habilitation provider must have an assistive technology professional (direct, contracted, or in a consulting capacity) available who has a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The assistive technology professional is responsible for the following as part of the Residential Habilitation service:

1. Completion of evaluations of participants' assistive technology needs, including a functional evaluation of the impact of appropriate assistive technology and remote support.
2. Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote support technology and remote support; how the technology and remote support will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the technology and/or remote support.
3. Informing the participant, and anyone identified by the participant, of what impact the remote support technology and remote support will have on the participant's privacy. This information must be provided to the participant in a form of communication reasonable calculated to be understood by the participant. After this has been completed, the Residential Habilitation provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote support technology and remote support, and any time there is a change to the remote support technology devices utilized or remote support.
4. Ensuring that the remote support technology is in good working order.

This information will be provided to the participant and service plan team for discussion and inclusion of the technology in the service plan.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Meet the requirements of 55 Pa. Code Chapter 6400 or 55 Pa. Code Chapter 5310, as applicable.
5. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
6. Have Commercial General Liability Insurance.
7. Have documentation that all vehicles used in the provision of the Residential Habilitation service have automobile insurance.
8. Have documentation that all vehicles used in the provision of the Residential Habilitation service have current State motor vehicle registration and inspection.
9. Have Workers' Compensation Insurance in accordance with state law.
10. At least one of the following must have experience working with individuals with an intellectual disability and/or autism and have a bachelor's degree:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
11. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.
12. Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave his or her position.
13. In the case of an entity newly enrolled to provide Residential Habilitation services, or a current provider hiring new executive level staff, one of the following positions:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director
 must have a bachelor's degree and a minimum of five years' experience in an executive-level position relating to the provision of residential services to individuals with an intellectual disability, developmental disability, autism and/or serious mental illness, with responsibility for all of the following:
 - Day-to-day residential agency operations;
 - Oversight of the development and implementation of residential agency-wide policies and procedures;
 - Supervision of management-level staff; and
 - Compliance with applicable state and federal regulations.
14. Notify the BSASP Regional Office within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.
15. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.
16. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
17. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide the Residential Habilitation service.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):**HCBS Taxonomy:****Category 1:**

09 Caregiver Support

Sub-Category 1:

09011 respite, out-of-home

Category 2:

09 Caregiver Support

Sub-Category 2:

09012 respite, in-home

Category 3:**Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Respite services are direct services that are provided to supervise and support participants living in private homes on a short-term basis for planned or emergency situations, giving the person(s) normally providing care a period of relief that may be scheduled or due to an emergency .

In emergency situations, Respite services may be provided in a home licensed under 55 Pa. Code Chapters 6400, 6500, or 5310 beyond the home's approved program capacity (but not beyond the home's licensed capacity) or in a non-waiver funded licensed residential setting or in a hotel when approved by ODP. Settings considered non-waiver funded licensed residential settings include residential settings located on a campus or that are contiguous to other ODP-funded residential settings (settings that share one common party wall are not considered contiguous). This will also include settings enrolled on or after the effective date of the Chapter 6100 regulations that are located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

An emergency circumstance is defined as a situation where:

- A participant's health and welfare is at immediate risk;
- A participant experiences the sudden loss of his or her home (due to, for example, a fire or natural disaster). This is not intended to replace a residential provider's responsibility to secure an alternative if there is a need for an emergency location;
- A participant loses the care of a relative or unrelated caregiver, without advance warning or planning; or
- There is an imminent risk of institutionalization.

To the degree possible, the respite provider must maintain the participant's schedule of activities including activities that allow participation in the community.

Respite services may only be provided in the following location(s):

- Participant's private home located in Pennsylvania
- Unlicensed Life Sharing home that is located in Pennsylvania
- Unlicensed private home that is located in Pennsylvania, Washington DC, or Virginia or a state contiguous to Pennsylvania.
- Licensed Family Living Home (55 Pa. Code Chapter 6500) located in Pennsylvania
- Licensed Community Home (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity of 1 to 4. ODP may approve the provision of Respite services above a home's approved program capacity on a case-by-case basis.
- Licensed Community Residential Rehabilitation Services for the Mentally Ill Home (55 Pa. Code Chapter 5310) located in Pennsylvania.
- Other private homes, hotels, or rentals during temporary travel in accordance with ODP's travel policy.
- Community settings that maintain the participant's schedule of activities.

When Respite is provided in a Residential Habilitation or Life Sharing setting, the setting must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. A variance to these criteria can be requested in accordance with ODP policy.

Respite services may not be provided in Hospitals, Personal Care Homes or public ICFs/ID (ICFs/ID that are owned and operated by any state).

This service may be provided at the following levels in private homes, including Life Sharing homes (licensed or unlicensed):

- Basic - Staff-to-individual ratio of 1:4. (This level does not apply to Respite provided in a Life Sharing home.)
- Level 1 - Staff-to-individual ratio range of 1:3. (This level does not apply to Respite provided in a Life Sharing home.)
- Level 2 - Staff-to-individual ratio range of 1:2.
- Level 3 - Staff-to-individual ratio of 1:1.
- Level 4 - Staff-to-individual ratio of 2:1.

This service includes activities to improve the participant's capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Respite includes on-site modeling of behavior, behavior support, intensive behavior episode

intervention, training, cueing, and/or supervision. To the degree possible, the respite provider must maintain the participant's schedule of activities.

If the participant receives Behavioral Specialist Services, this service includes implementation of the Behavioral Support Plan (BSP) and, if necessary, the Crisis Intervention Plan (CIP). The service includes collecting and recording the data necessary to support review of the service plan and the BSP.

Participants can receive two categories of Respite services in private homes (excluding Life Sharing provided in private homes): Day Respite and 15-minute Respite.

- Day Respite in private homes must be provided for periods of more than 16 hours and is billed using a day unit.
- 15-minute Respite in private homes is provided for periods of 16 hours or less, and is billed using a 15-minute unit.

Participants may not be authorized for 15-minute unit Respite provided in Residential Habilitation settings and Life Sharing settings. Day Respite is the only type of Respite allowable to be provided in these settings. Day Respite authorized in these settings must be provided for periods of more than 8 hours.

Room and board costs are included in the fee schedule rate solely for Respite provided in a licensed residential setting. For this reason, there may not be a charge for room and board to the participant for Respite that is provided in a licensed residential setting. This service does not include room and board when delivered in the participant's home.

Travel time may not be billed by the provider as a discrete unit of Respite service.

Participants authorized to receive Respite services (15-minute or Day) may not be authorized to receive Residential Habilitation services during the same time period.

Participants authorized to receive 15-minute unit Respite services may not receive the direct portion of the following services at the same time: Community Support, Community Participation Support, Supported Employment Small Group Employment, or Nutritional Consultation.

Participants receiving day unit Respite may receive Community Support only to allow the continuation of routinely planned activities that occur when the participant is not receiving Respite. In these circumstances, Community Support may only be delivered in the community.

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

Respite services are limited to:

- 30 units of day respite per ISP plan year, and
- 480 units of 15-minute unit respite per participant per ISP plan year.

In the event that Respite services would be needed beyond the above limits for behavioral or medical support needs or for emergency circumstances, an exception to this limit may be requested. In this situation, the Supports Coordinator will convene a service plan meeting of the participant and other team members within 5 business days of the need for an exception being identified to assure the participant's health and welfare through other supports and services, including requesting an exception to the limitation on Respite services.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

When Respite is provided in a residential or family setting in Pennsylvania, proof of the following licensure must be provided when applicable:

- 55 Pa. Code Chapter 6400 when Respite is provided in Community Homes for people with intellectual disabilities or autism;
- 55 Pa. Code Chapter 6500 when Respite is provided in Family Living Homes;
- 55 Pa. Code Chapter 5310 when Respite is provided in licensed Community Residential Rehabilitation Services for the Mentally Ill Home.

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia, or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Respite service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Respite service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Respite services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Statutory Service

Service:

Supported Employment

Alternate Service Title (if any):

HCBS Taxonomy:**Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Supported Employment services are individualized services, for the benefit of a single participant at one time, to provide assistance to participants who need ongoing support to maintain a job in a self-employment or competitive employment arrangement in an integrated work setting in a position that meets a participant's personal and career goals. Participants receiving Supported Employment services must be compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by employees without disabilities.

Supported Employment may also be used to support a participant who is self-employed to provide ongoing assistance, counseling and guidance once the business has been launched.

Supported Employment is specific to the participant and can be provided both directly to the participant and indirectly for the benefit of the participant. For instance, if the participant has lost skills, or requirements of the job are expected to change, or a co-worker providing natural supports is leaving, the employer may wish to consult with the Supported Employment provider in person, by phone, by email or by text, regarding how best to address that issue and effectively support the participant.

Supported Employment may include personal assistance as an incidental component of the service.

If the participant receives Specialized Skill Development services, the Supported Employment service includes implementation of the Behavioral Support Plan (BSP) the Crisis Intervention Plan (CIP), and/or the Systematic Skill Building plan (SBP). The Supported Employment service includes collecting and recording the data necessary to support review of the service plan, the BSP, and the SBP.

Travel time may not be billed by the provider as a discrete unit of this service.

Supported Employment may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Supported Employment includes two components: Intensive Job Coaching and Extended Employment Supports.

Intensive Job Coaching includes onsite job training and skills development, assisting the participant with development of natural supports in the workplace, coordinating with employers, coworkers (including developing coworker supports) and customers, as necessary, to assist the participant in meeting employment expectations and addressing issues as they arise, such as training the participants in using public transportation to and from the place of employment. Supported Employment services do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Intensive Job Coaching provides on-the-job training and support to assist participants in stabilizing in a supported or self-employment situation. Intensive Job Coaching supports participants who require on-the-job support for more than 20% of their work week at the outset of the service, with the expectation that the need for support will diminish during the Intensive Job Coaching period (at which time, Extended Employment Supports will be provided if ongoing support is needed).

Intensive Job Coaching at the same employment site must be reauthorized after 6 months and may only be reauthorized twice, for a total of 18 consecutive months of Job Coaching support for the same position. A participant who needs Intensive Job Coaching at the same employment site for more than 18 consecutive months must request an exception to the limit consistent with ODP policy.

Intensive Job Coaching may be reauthorized for the same location after a period of Extended Employment Supports, due to a change in circumstances (such as new job responsibilities, personal life changes, or a change of supervisor).

Extended Employment Supports are ongoing support available for an indefinite period as needed by the participant for 20% or less of their work week. Extended Employment Supports are available to support participants in maintaining their paid employment position or self-employment situation. This may include reminders of effective workplace practices and reinforcement of skills gained prior to employment or during the period of Intensive Job Coaching, coordinating with employers or employees and coworkers (including maintaining coworker supports). At least 1 visit per month to the participant at the work place is required in order to understand the current circumstances at the job site and to evaluate the participant's level of need for the Supported Employment service, firsthand. This monthly monitoring will inform the employment supports provided by this service.

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

Intensive Job Coaching may be authorized every 6 months for a total of 18 consecutive months.

Extended Employment Supports may be authorized up to a maximum of 416 hours per year, with the year starting on the ISP authorization date.

Supported Employment services cannot be provided in facilities that are not a part of the general workplace.

Providers of Supported Employment services may not also be the employer of the participant to whom they provide Supported Employment.

The total combined hours for Community Support, Community Participation Support, Small Group Employment and Supported Employment services (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

The direct portion of Supported Employment may not be provided at the same time as the direct portion of the following: 15-minute unit Respite, Community Participation Support, Community Support, Career Planning (Job Finding), Small Group Employment, Transportation, and Nutritional Consultation.

Supported Employment services may not be rendered under the waiver until it has been verified that:

- The services are not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;
- It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent or a participant has received an offer of competitive integrated employment prior to OVR making an eligibility determination, then OVR services are considered to not be available to the participant; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and solely needs supported employment to maintain the participant's current job.

In the event that OVR closes the order of selection, the following process will be followed from the effective date until the closure is lifted:

- A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Supported Employment.
- A participant who has not been referred to OVR may receive Supported Employment without a referral to OVR.

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 Supported Employment services; or
- Payments that are passed through to users of Supported Employment services.

Service Delivery Method *(check each that applies):*

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person

Relative

Legal Guardian**Provider Specifications:**

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Supported Employment****Provider Category:**

Agency

Provider Type:

Agency

Provider Qualifications**License** (*specify*):**Certificate** (*specify*):

Staff working directly with the participant must have one of the following by 7/1/2021 or within 6 months of hire if hired after 1/1/2021:

- 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.

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 6 months from the date of hire to allow the new hire time to obtain the certification.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Supported Employment service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Supported Employment service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Complete required training developed by BSASP for Employment/Vocational Services for people with autism spectrum disorders.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Employment services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Statutory Service

Service:

Case Management

Alternate Service Title (if any):

Supports Coordination

HCBS Taxonomy:**Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Supports Coordination involves the location, coordination, and monitoring of needed services and supports. The Supports Coordinator 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.

The maximum caseload for a Supports Coordinator is 35 waiver participants, including participants in other Pennsylvania HCBS waivers, unless the requirement is waived by ODP in order to ensure a sufficient supply of Supports Coordinators in the waiver. A Supports Coordinator may not act as his or her own supervisor.

The service includes both the development of a service plan and ongoing supports coordination as follows:

1) Initial Plan Development:

The Supports Coordinator:

- *Conducts a battery of assessments in accordance with ODP policy to inform the initial and ongoing service plan development. The results of the assessments are reviewed and changes to the ISP are finalized during the ISP team meeting described in Appendix D-1-d;
- * Develops an initial service plan using a person-centered planning approach to help the planning team develop a comprehensive service plan to meet the participant's identified needs in the least restrictive manner possible. The planning team includes the Supports Coordinator, the participant, and other individuals the participant chooses;
- *Ensures participant choice of services and providers by providing information to ensure participants make fully informed decisions;
- *Facilitates community transition for individuals who received Medicaid-funded institutional services (i.e., ICF/ID, ICF/ORC, nursing facility, and Institution for Mental Disease) and who lived in an institution for at least 90 consecutive days prior to their transition to the waiver. Supports Coordination activities for people leaving institutions must be coordinated with and must not duplicate institutional discharge planning;
- * Assists the participant and his or her representative with finding, arranging for, and obtaining services specified in a service plan;
- * Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help the participant achieve the goals specified in the ISP.
- * Provides information to participants on the right to a fair hearing and assists with fair hearing requests when needed and upon request;
- * Assists participants in gaining access to needed services; and
- * Assists participants in participating in civic duties.

2) Ongoing Supports Coordination:

Upon completion of the initial plan, the Supports Coordinator:

- *Provides ongoing monitoring of the services included in the participant's service plan as described in Appendix D-2-a of the waiver. The Supports Coordinator must meet the participant in person no less than quarterly to ensure the participant's health and welfare, to review the participant's progress, to ensure that the service plan is being implemented as written, and to assess whether the team needs to revise the ISP. Within each year, at least one visit must occur in the participant's home. At least one visit must occur in a location outside the home where the participant receives services, if services are furnished outside the home. In addition, the Supports Coordinator must contact the participant, his or her guardian, or a representative designated by the participant in the ISP at least monthly, or more frequently as necessary to ensure the participant's health and welfare. These contacts may also be made in person. Monitoring the health and welfare of participants includes the review of information in health risk screening tools, when applicable, or whether there have been any changes in orders, plans or medical interventions prescribed or recommended by medical or behavioral professionals and whether those changes are being implemented;
- *If the participant receives Behavioral Specialist Services, the Supports Coordinator ensures the participant's Behavioral Support Plan and Crisis Intervention Plan are consistent with the service plan, and reconvenes the planning team if necessary;
- *Reconvenes the planning team to conduct a comprehensive review of the service plan at least annually or sooner if a participant's needs change or if a participant requests that the planning team be reconvened;
- *Reviews participant progress on goals/objectives and initiates service plan team discussions or meetings when services are not achieving desired outcomes;
- *The Supports Coordinator annually completes the battery of assessments in accordance with ODP policy as part of the comprehensive review of the service plan. The Supports Coordinator will use information from the assessments, as well as any additional assessments completed based on the unique needs of the participant, to revise the service

plan to address all of the participant's needs;

- * At the annual service plan meeting, the Supports Coordinator will provide the participant and his or her family with information on competitive integrated employment during the planning process and upon request;
- * Informs participants about and facilitates access to unpaid, informal, local, generic, and specialized non-waiver services and supports that may address the identified needs of the participant and help achieve the goals specified in the service plan;
- * Provides information to participants on the right to a fair hearing and assists with fair hearing requests when needed and upon request
- * Assists participants in participating in civic duties;
- * Coordinates service planning with providers of service to ensure there are no gaps in service or inconsistencies between services; coordinates with other entities, resources and programs as necessary to ensure all areas of the participant's needs are addressed; and contacts family, friends, and other community members as needed to facilitate coordination of the participant's natural support network;
- * Assists with resolving barriers to service delivery;
- * Keeps participants and others who are responsible for planning and implementation of non-waiver services included in the service plan informed of participant's progress and changes that may affect those services;
- * Responds to and assesses emergency situations and incidents and assures that appropriate actions are taken to protect the health and welfare of participants;
- * Arranges for modifications of services and service delivery, as necessary to address the needs of the participant, and modifies the service plan accordingly;
- * Works with ODP on the authorization of services on an ongoing basis and when ODP identifies issues with requested services; and
- * Communicates the authorization status of services to ISP team members, as appropriate.

The Supports Coordinator must ensure that the participant's initial and annual approved service plans are distributed to the participant, family, and ISP team members who do not have access to HCSIS within a timeframe established by ODP policy, or upon request.

During temporary travel Supports Coordination may be provided in Pennsylvania or other locations as per the ODP travel policy.

Travel time may not be billed by the provider as a discrete unit of this service.

If a participant refuses Supports Coordination services, ODP staff will perform the Supports Coordination tasks described in this waiver to assure health and welfare of the participant.

Supports Coordination Organizations must use HCSIS to maintain case records that document the following for all individuals receiving Supports Coordination:

- 1) The name of the individual.
- 2) The dates of the Supports Coordination services.
- 3) The name of the provider agency (if relevant) and the person providing the Supports Coordination.
- 4) The nature, content, units of the case management services received and whether goals specified in the ISP have been achieved.
- 5) Whether the individual has declined services included in the ISP.
- 6) The need for, and occurrences of, coordination with other Supports Coordinators or case managers.
- 7) A timeline for obtaining needed services.
- 8) A timeline for reevaluation of the ISP.

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

Support Coordination may not duplicate payments made to public agencies or private entities under the Medicaid State plan or other program authorities. A participant's Supports Coordination Organization may not provide any other waiver services for that individual. A Supports Coordination Organization which is enrolled as an Organized Healthcare Delivery System (OHCDS) may furnish Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications. A participant's Supports Coordination Organization may not have a fiduciary relationship with providers of the participant's other services, except for Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications. A participant's Supports Coordination Organization may not own or operate providers of Community Transition Services, Assistive Technology, Home Modifications, Transportation and Vehicle Modifications with which it is acting as an OHCDS.

Supports Coordination services to facilitate transition from an institution to the community are limited to services provided within 180 days of the person leaving the facility. Providers may not bill for this service until the date of the person's entry into the waiver program.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Supports Coordination Organization

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supports Coordination

Provider Category:

Agency

Provider Type:

Supports Coordination Organization

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Supports Coordination Organizations (SCO) must meet the following standards during the initial and ongoing qualification process:

1. Have a waiver service location in Pennsylvania.
2. Function as a conflict-free entity. A conflict-free SCO, for purposes of this service definition, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. An SCO may become an Organized Health Care Delivery System (OHCDS) for any vendor service authorized in the participant's ISP. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDS. SCOs must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in Appendix I-3-g-ii of the current approved waivers, as well as 55 Pa. Code § 6100.803.
3. Have conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff.
4. Each Supports Coordinator Supervisor can supervise a maximum of 7 Supports Coordinators.
5. Have current State motor vehicle registration and inspection for all vehicles owned, leased, and/or hired and used as a component of the Supports Coordination service.
6. Have automobile insurance for all automobiles owned, leased, and/or hired and used as a component of the Supports Coordination service.
7. Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Have sufficient SCO personnel to carry out all functions to operate.
10. Have the ability to utilize ODP's Information System to document and perform Supports Coordination activities.
11. Cooperate with and assist, as needed, ODP and any state and federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse.
12. Cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP's designees.
13. Comply with HIPAA.
14. Comply with Department standards related to SCO qualification and enrollment.

Minimum qualifications for Supports Coordinator Supervisors:

1. Must have knowledge of Pennsylvania's intellectual disability and autism service system which includes successful completion of:
 - Person-Centered Thinking training
 - Person-Centered Planning training
2. Effective 1/1/2022, must meet the following educational and experience requirements:
 - A bachelor's degree with a major coursework in sociology, social work, psychology, gerontology, criminal justice or other related social sciences; and two years' experience as a Supports Coordinator; or
 - Have a combination of at least six years of professional experience in developmental disabilities, special education, mental health, counseling, guidance, social work or health and rehabilitative services; and at least 24 college-level credit hours in sociology, social work, psychology, gerontology or other related social science
3. Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide Supports Coordination services.
5. Complete a minimum of 24 hours of training each year.

Minimum Qualifications for Supports Coordinators:

1. Meet the following minimum educational and experience requirements:
 - A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science; or
 - Two years' experience as a County Social Service Aide 3 and two years of college level course work, which includes at least 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service; or
 - Any combination of experience and training which includes 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case

management functions; or

- A combination of 12 college credits in sociology, social work, psychology, gerontology, criminal justice, or other related social science and two years professional experience in developmental disabilities, special education, mental health, counseling psychology, school psychology, social work or health and rehabilitative services.

2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

3. Have a valid driver's license if the operation of a vehicle is necessary to provide Support Coordination services.

4. Newly hired Supports Coordinators must successfully complete ODP required Supports Coordination Orientation Curriculum.

5. Complete a minimum of 24 hours of training a year.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Technology

HCBS Taxonomy:

Category 1:

14 Equipment, Technology, and Modifications

Sub-Category 1:

14010 personal emergency response system (PERS)

Category 2:

14 Equipment, Technology, and Modifications

Sub-Category 2:

14031 equipment and technology

Category 3:

Sub-Category 3:

Category 4:**Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant's functioning or increase a participant's ability to exercise choice and control.

Assistive Technology services include direct support in the selection, acquisition, or use of an assistive technology device, limited to:

- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant;
- Selecting, designing, fitting, customizing, adapting, installing, maintaining, repairing, or replacing assistive technology devices. Repairs are only covered when it is more cost effective than purchasing a new device and are not covered by a warranty;
- Training or technical assistance for the participant, or where appropriate, the participant's family members, guardian, advocate, staff, authorized representative, or other informal support on how to use and/or care for the Assistive Technology device;
- Extended warranties;
- Ancillary supplies, software, and equipment necessary to the proper functioning of assistive technology devices, such as replacement batteries and materials necessary to adapt low-tech devices;
- Independent evaluation as required for this service, if not available through the State Plan, other waiver services, or private insurance; and
- Independent living technology, including remote support services and equipment.

Electronic devices that are separate from independent living technology are included under Assistive Technology to meet a communication or prompting need. Examples of electronic devices include: tablets, computers and electronic communication aids. There must be documentation that the device is a cost-effective alternative to a service or piece of equipment. When multiple devices are identified as being effective to meet the participant's need, the least expensive option must be chosen. Applications for electronic devices that assist participants with a need identified are also covered for participants.

Generators are covered for the participant's primary private home. Generators are not covered for any home other than the participant's primary private residence.

Independent living technology includes both the equipment necessary to support independent living to the extent possible and ongoing remote support services. The purpose of independent living technology is to assist participants in obtaining and or maintaining their independence and safety within their home and community and decrease their need for assistance from others.

Independent living technology involves the use of remote support services and/or equipment in conjunction with additional technological support and services. Examples of equipment and services covered as independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS tracking watches, panic pendants and equipment necessary to operate remote support services. This service includes the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the independent living technology equipment. Internet service may be provided in private homes only when the remote support provider indicates internet service is required for the remote support equipment to function and the provider approves the internet service prior to purchase to ensure it meets the needs for the delivery of remote support.

Independent living technology is fully integrated into the participant's overall system of support.

The independent living technology provider must inform the participant, and anyone identified by the participant, of what impact the independent living technology will have on the participant's privacy. This information must be provided to the participant in a form of communication understood by the individual. After this has been completed, the independent living technology provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. Consent must be obtained prior to purchasing and installing independent living technology equipment and prior to any change to equipment or remote support services.

Prior to purchasing and installing equipment necessary for remote support services, and upon any change to equipment or remote support services, the ISP team, in conjunction with the potential independent living technology provider is responsible for the completion of the following:

- An evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the technology;

how the technology will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the technology.

- A cost benefit analysis for all options. If the participant is receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how the technology will substitute for at least an equivalent amount of waiver services within 60 calendar days after installation, training and full use by the participant has begun. If the participant is not receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how the technology is more cost effective than waiver services.
- An outcome monitoring plan that outlines the outcomes the participant is to achieve by using independent living technology, how the outcomes will be measured and the frequency that the monitoring will be completed which must be at least quarterly and more frequently if needed.

Once the independent living technology has been approved on the service plan, the independent living technology provider is responsible for the following:

- Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as needed.
- Delivery of the equipment to the participant's residence and, when necessary, to the room or area of the home in which the equipment will be used.
- Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment.
- Adjustments and modifications of the equipment.
- Transferring the equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider.
- Conducting monthly testing of the equipment to ensure the equipment is in good working condition and is being used by the participant. For remote monitoring devices that are in daily use there will be a means to continuously monitor the functioning of the devices and a policy or plan in place to address malfunctions.
- Maintenance and necessary repairs to the equipment. Replacement of equipment is covered when the device no longer meets the participant's needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer.
- Ensure equipment used for remote support services meets the following:
 - o Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant's needs.
 - o Is designed so that it can be turned off only by the person(s) indicated in the service plan.
 - o Has 99% system uptime that includes adequate redundancy.
 - o Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted by the equipment within ten minutes.
 - o If the evaluation plan identifies the need for a staffed call center, a backup plan must be in place that meets the needs of the participant. In the most demanding situation, that may mean that there is another call center that is part of a network. In less demanding situations, it may be an alternate location that can become operational within a time frame that meets the needs of the participant. In any event, an adequate "system down" plan must be in place.
 - o If a main hub is part of the installed system, it must be A/C powered and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the remote monitoring equipment if power loss occurs. There must be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back-up support, if required, is put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods; hard-wired, wireless, or cellular. The main hub must also have the ability to send via one or more different modes: text, email or audio notifications, as well as the ability, if in the evaluation plan, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.
 - o Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio).
 - o Has the capability to include environmental controls that are able to be added to, and controlled by, the installed independent living technology system if identified in the evaluation plan.
 - o Have a battery life expectancy lasting six months or longer, and notification must be given if a low battery condition is detected.

All items purchased through Assistive Technology shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant, or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the

extent necessary to meet the participant's needs and be for the primary use of the participant. If the participant receives Specialized Skill Development, Assistive Technology must be consistent with the participant's behavioral support plan, crisis intervention plan, and/or systematic skill building plan.

Assistive technology devices (with the exception of independent living technology) costing \$500 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. Multiple devices processed in the same transaction do not need to be recommended by an independent evaluation unless any one device on the invoice costs more than \$500.

The independent evaluation must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist or a professional certified by the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The independent evaluator must be familiar with the specific type of technology being sought and may not be a related party to the Assistive Technology provider. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive, appropriate option from the list must be selected for inclusion on the service plan.

More information about Assistive Technology requirements is located in the Additional Needed Information Section of the Main Module.

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

The following list includes items excluded as Assistive Technology (this is not an exhaustive list of excluded items):

- Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan;
- Air conditioning systems or units, heating systems or units, water purifiers, air purifiers, vaporizers, dehumidifiers, and humidifiers;
- Recreational or exercise equipment; and
- Swimming pools, hot tubs, whirlpools and whirlpool equipment, and health club memberships.

Assistive Technology has the following limits:

- A lifetime limit of \$10,000 per participant for all Assistive Technology except remote support services completed as part of independent living technology unless an exception to this limit is granted by ODP. This lifetime limit includes:

- o A lifetime limit of \$5,000 for generators for the participant's primary residence only. The lifetime limit on generators may not be extended using the exceptions process and generators for a secondary residence are not available through the waiver. While generators have a separate lifetime limit, the amount spent on a generator is included in the overall Assistive Technology lifetime limit of \$10,000.

- o Electronic devices. No more than one replacement electronic device is allowed every 5 years.

- o Remote support equipment utilized as part of independent living technology.

- o Repairs, warranties, ancillary supplies, software and equipment.

- An annual limit of \$5,000 for remote support services completed as part of independent living technology.

Intensive remote support above the annual limit of \$5,000 is allowed if an exception is granted by ODP. This limit is not included in the overall Assistive Technology lifetime limit of \$10,000.

Assistive Technology provided to individuals living in provider owned, leased or operated settings must comply with 42 C.F.R. 442.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative**Legal Guardian****Provider Specifications:**

Provider Category	Provider Type Title
Agency	Agency
Agency	Independent Living Technology Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Assistive Technology****Provider Category:**

Agency

Provider Type:

Agency

Provider Qualifications**License** (*specify*):**Certificate** (*specify*):**Other Standard** (*specify*):

Agencies must meet the following standards:

1. 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.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCDs or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Independent Living Technology Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

To provide independent living technology, the agency must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The physical location of a company that sells a good may be located anywhere in the United States or the American territories.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Have Commercial General Liability Insurance.
5. Comply with all federal, state and local regulations that apply to the operation of its business or trade, including but not limited to, the Electronic Communications Privacy Act of 1986 and section 2399.52 of the Revised Code.
6. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
7. Have a participant support call center that is staffed 24 hours a day, 7 days a week, or an automated call center if identified in the evaluation plan.
8. Enroll directly with ODP to render the remote support, develop and implement a quality management plan and provide orientation and annual training to staff on recognizing and reporting incidents when intensive remote support will be provided above \$5,000 per year.
9. Develop and implement a quality management plan.
10. Provide orientation and annual training to staff on recognizing and reporting incidents when intensive remote support will be provided above \$5,000 per year.
11. Have a policy outlining the process for providing emergency replacement devices or parts within one business day if the devices installed at the participant's residence fail and cannot be repaired if identified in the evaluation plan. If device failure occurs on a weekend or holiday, the replacement devices or parts may require one or two additional business days.
12. Provide access to a secure and encrypted website that displays critical system information about each independent living technology device installed in a participant's residence.
13. Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities.
14. Document that any technology system provider utilized to supply equipment needed for remote support services meets the following criteria:
 - The technology system provider has been in this line of business a minimum of 3 years.
 - The technology system provider has 3 references related to the provider's business history and practices.
15. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

OHCDS or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP.
New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services**C-1/C-3: Service Specification**

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Career Planning

HCBS Taxonomy:**Category 1:**

03 Supported Employment

Sub-Category 1:

03030 career planning

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

The Career Planning service provides support to the participant to identify a career direction; develop a plan for achieving competitive, integrated employment at or above the minimum wage; and obtain a job placement in competitive, integrated employment or self-employment. If the participant receives Specialized Skill Development services, the Career Planning service must be consistent with the participant's Behavioral Support and Crisis Intervention Plans and/or Systematic Skill Building Plan. Career Planning may be authorized on a service plan concurrent with Supported Employment, Community Participation Support (CPS), or Small Group Employment if the participant wants to obtain a better job or different job while continuing paid work.

Vocational Assessment and Job Finding.

1. Vocational Assessment

Vocational Assessment evaluates the participant's preferences, interests, skills, needs and abilities for the purpose of developing a Vocational Profile, which is an inventory of actions, tasks or skill development that will position the participant to become competitively employed. The Vocational Profile also specifies restrictions as well as skills and needs of the participant that should be considered in the process of identifying an appropriate job placement, consistent with the participant's desired vocational outcome. It is specific to the participant and may be provided both directly to the participant and indirectly for the benefit of the participant.

Vocational Assessment includes:

- The discovery process, which includes but is not limited to identifying the participant's current preferences, interests, skills and abilities, including types of preferred and non-preferred work environments; ability to access transportation, with or without support; existing social capital (people who know the participant and are likely to be willing to help the participant) and natural supports which can be resources for employment. Discovery also includes review of the participant's work history.
- Community-based job try-outs or situational-vocational assessments.
- Identifying other experiential learning opportunities such as internships or short-term periods of employment consistent with the participant's skills and interests as appropriate for exploration, assessment and discovery.
- Facilitation of access to ancillary job-related programs such as Ticket to Work, including Ticket Outcome and Milestone payments, and work incentives programs, as appropriate.
- Facilitation of access to benefits counseling services provided by certified individuals.
- Development of a Vocational Profile that specifies recommendations regarding the participant's individual needs, preferences, abilities and the characteristics of an optimal work environment. The Vocational Profile must also specify the training or skill development necessary to achieve the participant's employment goals and which may be addressed by other related services in the participant's service plan.

Results of the Vocational Assessment service must be documented and incorporated into the participant's ISP and shared with members of the ISP team, as needed, to support the recommendations of the Vocational Assessment.

Travel time may not be billed by the provider as a discrete unit of this service.

Vocational Assessment can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

2. Job Finding

Job Finding is an individualized service that provides assistance to the participant in developing or securing competitive integrated employment that fits the participant's needs and preferences and the employer's needs. The Job Finding service is provided to support participants to live and work successfully in home and community-based settings, as specified by the ISP, and to enable the participant to integrate more fully into the community while ensuring the health, welfare and safety of the participant. It is specific to the participant and may be provided both directly to the participant and indirectly to the employer, supervisor, co-workers and others involved in the participant's employment or self-employment for the benefit of the participant.

If the participant has received Vocational Assessment services and has a current Vocational Profile, the Job Finding service will be based on information obtained and recommendations included in the Vocational Profile, as applicable. Documentation of consistency between Job Finding activities and the Vocational Profile, if applicable, is required.

Job Finding includes (as needed by the participant):

- Prospective employer relationship-building/networking;

- Identifying potential employment opportunities consistent with the participant's Vocational Profile;
- Collaboration and coordination with the participant's natural supports in identifying potential contacts and employment opportunities;
- Job search;
- Support for the participant to establish an entrepreneurial or self-employment business, including identifying potential business opportunities, development of a business plan and identification of necessary ongoing supports to operate the business;
- Identifying and developing customized employment positions including job carving;
- Informational interviews with employers;
- Referrals for interviews;
- Support of the participant to negotiate reasonable accommodations and supports necessary for the individual to perform the functions of a job.

Travel time may not be billed by the provider as a discrete unit of this service.

Job Finding may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

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

Career Planning services may not be rendered under the waiver until it has been verified that the services are:

- Not available to the participant under a program funded by either the Rehabilitation Act of 1973, as amended by the Workforce Innovation and Opportunity Act of 2014, or the Individuals with Disabilities Education Act;
- The Office of Vocational Rehabilitation (OVR) has closed the participant's case or has stopped providing services to the participant;
- It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant; or
- The participant is determined ineligible for OVR services.

A participant does not need to be referred to OVR if the participant is competitively employed and is seeking career planning services to find a new job, unless the purpose is job advancement which can be provided by OVR.

In the event that OVR closes the order of selection, the following process will be followed from the effective date until the closure is lifted:

- A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Career Planning services.
- A participant who has not been referred to OVR may receive Career Planning services without a referral to OVR.

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 Planning services; or
- Payments that are passed through to users of Career Planning services.

Career Planning does not include supports that allow a participant to continue paid work once it is obtained.

Vocational Assessment is a time-limited service requiring re-authorization every 90 days. Prior to the request for re-authorization, the ISP team will meet to clarify goals and expectations and review progress. ODP will review the re-authorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the ISP team consider a change of provider.

Job Finding is a time-limited service requiring re-authorization every 90 days. Prior to the request for re-authorization, the ISP team will meet to clarify goals and expectations and review progress and the job finding strategy. ODP will review the re-authorization request and make a determination based on ODP policy. ODP may also recommend technical assistance to the provider or suggest the ISP team consider a change of provider.

Vocational Assessment may be authorized whenever the participant's circumstances or career goals change. Job Finding may be authorized if a placement ends or is determined unsatisfactory to the participant. As a part of determining if Job Finding should be reauthorized, ODP will consider the reasons that the placement did not work for the participant and what changes, if any, will need to be made in the type of placement or career choice.

Transportation costs associated with driving the participant to and from activities related to Career Planning are included in the rate for this service. As such, providers of Career Planning services are responsible for any needed transportation of the participant to complete Career Planning activities.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Career Planning

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Staff working directly with the participant must have one of the following by 7/1/2021 or within 6 months of hire if hired after 1/1/2021:

- 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.

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 6 months from the date of hire to allow the new hire time to obtain the certification.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Career Planning service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Career Planning service have current State motor vehicle registration and inspection.
8. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
9. Have Workers' Compensation Insurance in accordance with state law.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Complete required training developed by BSASP for Employment/Vocational Services for people with autism spectrum disorders.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Career Planning services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Transition Services

HCBS Taxonomy:**Category 1:**

16 Community Transition Services

Sub-Category 1:

16010 community transition services

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Community Transition Services are non-recurring set-up expenses for individuals who are transitioning from an institution to private residence where the person is directly responsible for his or her living expenses. Institutions include ICF/ID, ICF/ORC, nursing facilities, correctional facilities, and psychiatric hospitals, including state hospitals, where the participant has resided for at least 90 consecutive days. Allowable expenses are those necessary to enable an individual to establish his or her basic living arrangement that do not constitute room and board. Community Transition Services are limited to the following:

- Essential furnishings and initial supplies (Examples: household products, dishes, chairs, and tables);
- Moving expenses;
- Security deposits or other such one-time payments that are required to obtain or retain a lease on an apartment or home;
- Set-up fees or deposits for utility or service access (Examples: telephone, electricity, heating); and
- Personal and environmental health and welfare assurances (Examples: pest eradication, allergen control, one-time cleaning prior to occupancy.)

Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process, clearly identified in the service plan, and the person is unable to meet such expense, or when the services cannot be obtained from other sources. Community Transition Services do not include monthly rental or mortgage expense; food, regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

Furnishings and supplies may be purchased in Pennsylvania and states contiguous to Pennsylvania.

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

Community Transition Services are limited to \$4,000 in a participant's lifetime. This limitation generally would not impact participants' health and welfare. This service is only authorized for participants who move from institutional settings into the community. In the event that a participant would need community transition services beyond the above the limits in order to assure health and welfare, the Supports Coordinator based on appropriate documentation of need will convene an ISP meeting of the participant, and other team members to explore alternative resources to meet the participant's health and welfare as outlined in Appendix D.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Supports Coordination Organization
Individual	Independent Vendor

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Community Transition Services

Provider Category:

Agency

Provider Type:

Supports Coordination Organization

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
4. Have Commercial General Liability Insurance.
5. Have Workers' Compensation Insurance in accordance with state law.
6. Supports Coordination Organizations that meet the standards for the Supports Coordination Service may subcontract with providers of Community Transition Services as an Organized Health Care Delivery System as specified in Appendix I-3-g-ii as well as 55 Pa. § 6100.803.
7. All individuals providing services must meet all local and state requirements for that service. All items and services shall be provided according to applicable state and local standards of manufacture, design, and installation.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Community Transition Services****Provider Category:**

Individual

Provider Type:

Independent Vendor

Provider Qualifications**License** (*specify*):
Certificate (*specify*):
Other Standard (*specify*):

Individuals must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
4. Have Workers' Compensation Insurance in accordance with state law.
5. All individuals providing services must meet all local and state requirements for that service. All items and services shall be provided according to applicable state and local standards of manufacture, design, and installation.
6. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family Support

HCBS Taxonomy:

Category 1:

09 Caregiver Support

Sub-Category 1:

09020 caregiver counseling and/or training

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

This service provides counseling and training for the participant's unpaid family and informal network to help develop and maintain healthy, stable relationships among all members of the participant's unpaid informal network, including family members, and the participant in order to support the participant in meeting the goals in the participant's ISP. Family Support assists the participant's unpaid family and informal care network with developing expertise so that they can help the participant acquire, retain or improve skills that directly improve the participant's ability to live independently. Emphasis is placed on the acquisition of coping skills, stress reduction, improved communication, and environmental adaptation by building upon family and informal care network strengths. The waiver may not pay for services for which a third party, such as the family members' health insurance, is liable.

The Family Support service does not pay for someone to attend an event or conference.

Family Support must be necessary to achieve the expected outcomes identified in the participant's ISP. The Family Support provider must update the Supports Coordinator at least quarterly regarding progress toward the goals for the Family Support service. The Family Support provider must maintain quarterly notes in the participant's file and have them available for review by ODP during monitoring. If the participant receives Specialized Skill Development/Behavioral Specialist Services, the Family Support provider must provide this service in a manner consistent with the participant's behavioral support plan and crisis intervention plan.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

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

The Family Support Services may be authorized for a maximum of 40 hours per year, with the year starting on the ISP authorization date. This limitation generally would not impact participant's health and welfare. In the event that Family Support services would be needed beyond the above limits in order to assure health and welfare, based on the family's request or provider assessment that additional services would be needed, the Supports Coordinator will convene an ISP meeting of the participant, and other team members to explore alternative resources to assure the participant's health and welfare through other supports and services as outlined in Appendix D.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Professional Counseling Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family Support

Provider Category:

Agency

Provider Type:

Professional Counseling Agency

Provider Qualifications

License (*specify*):

Staff working for or contracted with agencies who provide training and counseling services must be licensed as one of the following:

- Be a licensed social worker in Pennsylvania (49 Pa. Code Chapter 47) or be a licensed master's level social worker in the state where the service is provided.
- Be a licensed psychologist in Pennsylvania (49 Pa. Code Chapter 41) or be a licensed psychologist in the state where the service is provided.
- Be a licensed professional counselor in Pennsylvania (49 Pa. Code Chapter 49) or be a licensed master's level counselor in the state where the service is provided.
- Be a licensed marriage and family therapist in Pennsylvania (49 Pa. Code Chapter 48) or be a licensed master's level marriage and family therapist in the state where the service is provided.

Certificate (*specify*):
Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
2. Complete standard ODP required orientation and annual training.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services**C-1/C-3: Service Specification**

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 Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

HCBS Taxonomy:**Category 1:**

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

These are physical modifications to the primary private residence of the participant (including homes owned or leased by parents/relatives with whom the participant resides and life sharing homes that are privately owned, rented, or leased by the host family), which are necessary to ensure the health, security of, and accessibility for the participant and/or to enable the participant to function with greater independence in the home. These modifications must be outlined in the participant's ISP. If the participant receives Specialized Skill Development/Behavioral Specialist Services, modifications must be consistent with the participant's behavioral support plan and crisis intervention plan.

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.

All modifications must meet the applicable standards of manufacture, design, and installation and comply with applicable building codes. Modifications not of direct medical or remedial benefit to the participant are excluded.

Modifications are limited to:

- 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
- H. Home adaptations for participants with physical limitations, such as ramps, grab-bars, widening of doorways, or modification of bathroom facilities.

This service may only be delivered in Pennsylvania.

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

This service is limited to no more than \$20,000 per participant over a 10-year consecutive period in the same home. The period begins with the first use of the Home Modifications services. A new \$20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization by the ODP consistent with ODP policy.

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.

At least three bids must be obtained for Home Modifications that cost more than \$1,000. The least expensive bid must be chosen, unless there is documentation from the service plan team that justifies not choosing the lowest bid. If three contractors, companies, etc. cannot be located to complete the Home Modifications, documentation of the contractors or companies contacted must be kept in the participant's file.

Participants authorized to receive Residential Habilitation services may not be authorized to receive Home Modifications.

Service Delivery Method *(check each that applies):*

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by *(check each that applies):*

Legally Responsible Person**Relative****Legal Guardian****Provider Specifications:**

Provider Category	Provider Type Title
Agency	Independent Vendor
Agency	Agency
Individual	Independent Vendors

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Home Modifications****Provider Category:**

Agency

Provider Type:

Independent Vendor

Provider Qualifications**License** (*specify*):

An agency must have a contractor's license for the state of Pennsylvania, if required by trade.

Certificate (*specify*):**Other Standard** (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Workers' Compensation Insurance in accordance state law.
6. Comply with the Pennsylvania Home Improvement Consumer Protection Act.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCDS or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home Modifications

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

An agency must have a contractor's license for the state of Pennsylvania, if required by trade.

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self- assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance state law.
7. Comply with the Pennsylvania Home Improvement Consumer Protection Act.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

OHCDs or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home Modifications

Provider Category:

Individual

Provider Type:

Independent Vendors

Provider Qualifications

License (specify):

An individual provider must have a contractor's license for the state of Pennsylvania, if required by trade.

Certificate (specify):

Other Standard (specify):

An individual provider must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with the Pennsylvania Home Improvement Consumer Protection Act.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCDs or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Life Sharing

HCBS Taxonomy:**Category 1:**

02 Round-the-Clock Services

Sub-Category 1:

02021 shared living, residential habilitation

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Life Sharing services are direct and indirect, provider agency managed services that occur in one of the following locations:

* Private home of a host family. The host family can be the participant's relative(s), legal guardian, or persons who are not related to the participant.

* Private home of the participant where a host family who is not related to the participant moves into the participant's home and shares the participant's home as their primary residence.

For the purposes of Life Sharing the following definitions apply:

* Relative - All relatives may provide Life Sharing services. In accordance with 55 Pa. Code Chapter § 6500.4, a host home that is owned, rented or leased by a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew does not need to be licensed. Relatives whose relationship to the participant are not specified in this list may require licensure based on the amount of care the participant requires as specified at 55 Pa. Code §6500.3(f)(5). Further, the provider agency must develop a pre-service agreement with relatives that states the Life Sharing program requirements that the relative(s) must comply with to be a host family and the conditions that will result in termination of the relative(s) as a host family from the Life Sharing program.

* Private home - A home that is owned, rented or leased by the participant or the host family. Homes owned, rented or leased by a provider are not private homes. Homes owned, rented or leased by a provider and subsequently leased to a participant or his or her relatives are also not private homes.

* Host family - One or more persons with whom the participant lives in a private home. The host family is responsible for, and actively involved in, providing care and support to the participant in accordance with the service plan.

This service is built on the principle that every participant has the capacity to engage in lifelong learning. As such, through the provision of this service, participants will acquire, maintain or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that Life Sharing is provided in community settings outside of the residence, the settings must be inclusive rather than segregated.

Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility, transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources.

Life Sharing services may be provided up to 24 hours a day based on the needs of the participant receiving services. The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment process (including the ODP-established battery of assessments and the Health Risk Screening Tool) and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with his or her personal preferences and to achieve their desired outcomes.

The service includes the following from a qualified Behavioral Specialist:

- Conducting 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 Behavioral Support Plan (BSP) may be designed;
- Development of and updates to an individualized, comprehensive BSP that includes positive practices and least restrictive interventions to be used by people coming into contact with the participant to increase and improve the participant's adaptive behaviors. The BSP will be developed within 60 days of the start date of the Life Sharing service;
- Development of and updates to a Crisis Intervention Plan (CIP) that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator 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;
- Entering the BSP and the CIP into HCSIS;
- Meeting with the participant, family members, Supports Coordinator, and other providers, to explain the BSP and

the CIP to ensure all parties understand the plans and to ensure consistency in the application of strategies;

- Implementation of the BSP and CIP, which involves collecting and recording the data necessary to evaluate progress and the need for plan revisions; and
- Ensuring behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies.

Life Sharing services are often the primary residence of the participant and as such, it is his or her home. Respect for personal routines, rhythms, rights, independence, privacy and personalization are intrinsic to the service as is access to experiences and opportunities for personal growth. The Life Sharing provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (prompting, instruction, modeling, reinforcement) will be provided as needed to enable the participant to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying out prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.
3. Manage or participate in management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.
4. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services.
5. Participate in the development and implementation of the service plan, and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
6. Make decisions including identifying options/choices and evaluating options/choices against personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
7. Manage his or her home; including arranging for utility services, paying bills, home maintenance, and home safety.
8. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping, managing savings accounts and utilizing programs such as ABLE accounts.
9. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media, or other technology consistent with the participant's preferences. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
10. Use a range of transportation options including buses, trains, cab services, ride shares, driving, and joining car pools, etc. Life Sharing providers are responsible to provide transportation to activities related to health, community involvement and the participant's service plan. The Life Sharing provider is not responsible for transportation for which another provider is responsible.
11. Develop and manage relationships with other individuals residing in the same home as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
12. Develop and maintain relationships with members of the broader community and to manage problematic relationships.
13. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries;

attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.

14. Develop personal interests such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to explore.

15. Participate in preferred activities of community life such as shopping or going to restaurants, museums, movies, concerts, dances, sporting events, faith-based services, and other recreational activities.

If the participant receives Systematic Skill Building, the Life Sharing service includes implementation of the Systematic Skill Building Plan (SBP). Life Sharing includes collecting and recording the data necessary to support review of the service plan and the SBP.

Life Sharing services must be necessary to achieve the expected outcomes identified in the participant's service plan. Prior to Life Sharing services being authorized, the Supports Coordinator, in collaboration with the service plan team, must justify the need for Life Sharing services by completing a Residential Request Form. This process is designed to ensure that services are provided in the most integrated environment.

The Life Sharing provider is responsible for identification of risks to the participant and the implementation of actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act and the Adult Protective Services Act, and/or calling emergency officials for immediate assistance. The Life Sharing provider is also responsible for providing physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

Life Sharing services include the support of a life sharing specialist for each participant with overall responsibility for supporting the participant and the host family in the life sharing relationship. The life sharing specialist provides oversight and monitoring of the habilitative outcomes, health and wellness activities, ongoing assessment of supports and needs of the participant as identified in the service plan, as well as coordination of support services, such as relief, for the host family.

More information about Life Sharing requirements is located in the Additional Needed Information Section of the Main Module.

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

Life Sharing services must be delivered in Pennsylvania. During temporary travel, however, this service may be provided in other locations per the ODP travel policy.

No more than 4 people unrelated to the host family can reside in a private home where Life Sharing services are provided. No more than 2 people may receive Life Sharing services in a private home.

Supplemental Habilitation may be used as a Life Sharing Staffing add-on:

* Supplemental Habilitation staffing is used in emergency situations or to meet a participant's temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless an exception to this limit is granted by ODP.

Supplemental Habilitation may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:

- Identified in the 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.

This service can only be provided in a hospital setting to assist the participant with one or more of the following:

- Communication;
- Intensive personal care; and/or
- Behavioral support/stabilization as enumerated in the behavior support plan.

Participants authorized to receive Life Sharing services:

- Are not precluded from receiving Assistive Technology, but may not receive the Remote Support component. Remote Support is intended to reduce the participant's need for direct support that would typically be provided as part of the Life Sharing service. As such, Remote Support is built into the Life Sharing rate and cannot be authorized as a discrete service.
- May receive Vehicle Modifications when the vehicle being adapted and utilized by the participant is not owned, leased or rented by the Life Sharing provider.

The following services may not be authorized for participants who receive Life Sharing services: Residential Habilitation; Homemaker/Chore and Nutritional Consultation. Transportation is included in the rate and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the participant's service plan. The rate will include Specialized Skill Development: Behavioral Specialist Services. Behavioral Specialist Services may only be authorized as a discrete service when it is used to support a participant to access Community Support, Community Participation Support or to maintain employment when provided at the participant's place of employment.

All private homes in which Life Sharing is provided must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each home in which Life Sharing is provided must be separate from any other ODP-funded residential setting and must be dispersed in the community and not surrounded by other ODP-funded residential settings. Homes that share only one common party wall are not considered contiguous. Any home in which Life Sharing is provided should be located in the community and surrounded by the general public. New homes where Life Sharing will be provided or changes to existing homes where Life Sharing services will be provided must be approved by ODP or its designee utilizing the ODP residential habilitation setting criteria. Life Sharing may not be provided in a home enrolled on or after the effective date of 55 Pa. Code Chapter 6100 regulations that is adjacent to any of the following regardless of the funding source of the individuals served:

- Licensed public and private (ICF/ID) (55 Pa. Code Chapter 6600) or ICF/ORC.
- Licensed Personal Care Homes (55 Pa. Code Chapter 2600).
- Licensed Assisted Living Residences (55 Pa. Code Chapter 2800).
- Licensed Adult Training Facilities (55 Pa. Code Chapter 2380).
- Licensed Vocational Facilities (55 Pa. Code Chapter 2390).
- Licensed Older Adult Daily Living Centers (6 Pa. Code Chapter 11).

Exceptions are allowed for Residential Service locations to share one common party wall with one other Residential Service location funded through ODP's waivers in the form of a duplex, two bilevel units, and two side-by-side apartments. This exception does not extend to Residential Service locations that are not funded through ODP's waivers.

Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Life Sharing Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Life Sharing

Provider Category:

Agency

Provider Type:

Life Sharing Agency

Provider Qualifications

License (*specify*):

The agency must be licensed under 55 Pa. Code Chapter 6500 for Family Living Homes as applicable.

Certificate (*specify*):

LIFE SHARING SPECIALIST

The life sharing specialist shall have one of the following four groups of qualifications:

1. A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism.
2. A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability and/or autism.
3. An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability and/or autism.
4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability and/or autism.

BEHAVIORAL SPECIALIST

When serving participants with behavior support needs, the Life Sharing provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Life Sharing service, complete responsibilities as described in the service definition.

Behavioral Specialists must meet the education or licensure criteria in one of the following four sets of requirements:

1. A Pennsylvania Behavior Specialist License;
2. A Master's Degree or higher in Social Work, Psychology, Education, or Applied Behavior Analysis;
3. A Master's Degree or higher with 50% or more coursework in Applied Behavior Analysis; or
4. A Master's Degree or higher in a human services field related to Social Work, Psychology or Education (and is housed in the institution's Department or School of Social Work, Psychology, or Education) with 33% or more coursework in Applied Behavior Analysis.

In addition to the above requirements, Behavioral Specialists must also complete the following:

1. Training in conducting a Functional Behavioral Assessment (FBA) and in using positive behavioral support. The training must be provided by either ODP's Bureau of Supports for Autism and Special Populations (BSASP) or by an accredited college or university. If this training was not provided by the BSASP, ODP must review and approve the course description; and
2. Training developed by BSASP for Specialized Skill Development (SSD): Behavioral Specialist Services for people with autism spectrum disorders.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Meet the requirements of 55 Pa. Code Chapter 6500.
5. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
6. Have Commercial General Liability Insurance.
7. Have documentation that all vehicles used in the provision of the Life Sharing service have automobile insurance.
8. Have documentation that all vehicles used in the provision of the Life Sharing service have current State motor vehicle registration and inspection.
9. Have Workers' Compensation Insurance in accordance with state law.
10. At least one of the following must have experience working with individuals with an intellectual disability and/or autism and have a bachelor's degree:
 - Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
11. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.
12. Have a person fill the role of Chief Executive Officer (CEO) at all times. The agency must have a written plan stating who will fill the role of the CEO should the current CEO leave his or her position.
13. In the case of an entity newly enrolled to provide Life Sharing services, or a current provider hiring new executive level staff, one of the following positions:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director
 must have a bachelor's degree and a minimum of five years' experience in an executive-level position relating to the provision of residential services to individuals with an intellectual disability, developmental disability, autism and/or serious mental illness, with responsibility for all of the following:
 - Day-to-day residential agency operations;
 - Oversight of the development and implementation of residential agency-wide policies and procedures;
 - Supervision of management-level staff; and
 - Compliance with applicable state and federal regulations.
14. Notify the BSASP Regional Office within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.
15. Employ life sharing program specialist(s) who are responsible for up to 8 homes and no more than 16 participants for this or any other service.
16. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.
17. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
18. Comply with Department standards related to provider qualifications.

Life sharers contracting with agencies must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services.

Life sharing specialists must meet the following standards:

1. Receive training which includes interpersonal dynamics, community participation, individual service planning and delivery, relationship building in addition to training required by licensing or agency policy.
2. Be at least 18 years of age.
3. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
4. Complete standard ODP required orientation and annual training.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Nutritional Consultation

HCBS Taxonomy:

Category 1:

11 Other Health and Therapeutic Services

Sub-Category 1:

11040 nutrition consultation

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:**Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Nutritional Consultation provides assistance to participants with an identified food allergy, food sensitivity, or a serious nutritional deficiency, which can include inadequate food and overeating. Nutritional Consultation assists the participant and/or their families and 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. 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. 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.

Travel time may not be billed by the provider as a discrete unit of this service.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

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

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual Dietician-Nutritionist
Agency	Dietician-Nutritionist Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Nutritional Consultation

Provider Category:

Individual

Provider Type:

Individual Dietician-Nutritionist

Provider Qualifications**License** (*specify*):

Individual Dietitian-Nutritionists must be licensed in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or be licensed in the state where the service is provided.

Certificate (*specify*):
Other Standard (*specify*):

Individuals must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Nutritional Consultation****Provider Category:**

Agency

Provider Type:

Dietician-Nutritionist Agency

Provider Qualifications**License** (*specify*):

Staff (direct, contracted, or in a consulting capacity) providing this service must hold a state license in Pennsylvania (49 Pa. Code Chapter 21, subchapter G), or a license in the state where the service is provided.

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for the service.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies must meet the following standards:

1. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
2. Complete standard ODP required orientation and annual training.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Small Group Employment

HCBS Taxonomy:**Category 1:****Sub-Category 1:****Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

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 transition to competitive integrated employment. Small Group Employment may not be provided in a facility subject to 55 Pa. Code Chapters 2380 or 2390. 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.

Small Group Employment options include: mobile work force, work station in industry, affirmative industry, and enclave. 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.

A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider.

A Work Station in Industry involves individual or group training of participants at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the participant(s) demonstrates job expertise and meet established work standards. A Work Station in Industry is an employment station arranged and supported by a provider within a community business or industry site, not within a licensed facility site. An example would be three seats on an assembly line within a computer chip assembly factory. The provider has a contract with the business to ensure that those three seats are filled by adults with disabilities that they support.

Affirmative Industry is a business that sells products or services where at least 51% of the employees do not have a disability.

Enclave is a business model where participants are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.

Small Group Employment 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.

The service includes transportation that is an integral component of the service, for example, transportation to a work site. The Small Group Employment provider is not, however, responsible for transportation to and from a participant's home, unless the provider is designated as the transportation provider in the participant's service plan. In this case, the transportation service must be authorized and billed as a discrete service.

Small Group Employment must be necessary to achieve the expected outcomes identified in the participant's ISP. The Supports Coordinator must review this service at least quarterly, in conjunction with the participant, to assure that expected outcomes are met, to ensure the participant is aware of employment options, and to modify the ISP as necessary. The review must include an assessment of the participant's progress, identification of needs, and plans to address those needs. It is the participant's and services providers' responsibility to notify the Supports Coordinator of any changes in the employment activities and to provide the Supports Coordinator with copies of the referenced evaluation.

If the participant receives Specialized Skill Development services, this service includes implementation of the Behavioral Support Plan (BSP), the Crisis Intervention Plan (CIP) and/or the Systematic Skill Building Plan (SBP). The service includes collecting and recording the data necessary to support review of the service plan, BSP, and the SBP.

Small Group Employment may be provided without referring a participant to OVR as OVR does not provide Small Group Employment services.

Participants authorized to receive Small Group Employment services may not receive the direct portion of the following services at the same time: 15-minute unit Respite, Community Participation Support (CPS), Community Support, Supported Employment, Transportation, and Nutritional Consultation.

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

Total combined hours for Specialized Skill Development/Community Support, CPS, Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) and Small Group Employment are limited to 50 hours in a calendar week. A participant whose needs exceed 50 hours a week must request an exception to the limit consistent with ODP policy.

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 Small Group Employment; or
- Payments that are passed through to users of Small Group Employment.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Small Group Employment

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Staff working directly with the participant to provide Small Group Employment services must have one of the following by 7/1/2021 or within 6 months of hire if hired after 1/1/2021:

- 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.

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 6 months from the date of hire to allow the new hire time to obtain the certification.

Other Standard (*specify*):

Agencies must meet the following standards;

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have General Commercial Liability Insurance.
6. Have documentation that all vehicles used in the provision of Small Group Employment have automobile insurance.
7. Have documentation that all vehicles used in the provision of Small Group Employment have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Small Group Employment services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Specialized Skill Development

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04020 day habilitation

Category 2:

10 Other Mental Health and Behavioral Services

Sub-Category 2:

10040 behavior support

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Specialized Skill Development (SSD) is used to address challenges participants may have because of limited social skills, perseverative behaviors, rigid thinking, difficulty interpreting cues in the natural environment, limited communication skills, impaired sensory systems, or other reasons.

SSD uses specialized interventions to increase adaptive skills for greater independence, enhance community participation, increase self-sufficiency and replace or modify challenging behaviors. The intent of SSD is also to reduce the need for direct personal assistance by improving the participant's capacity to perform tasks independently.

Supports focus on positive behavior strategies that incorporate a proactive understanding of behavior and skill-building, not aversive or punishment strategies.

Services are based on individually-tailored plans developed by people with expertise in behavioral supports and independent living skills development.

Three levels of support include:

A. Behavioral Specialist services (BSS)

BSS provides specialized interventions that assist a participant to increase adaptive behaviors to replace or modify challenging behaviors of a disruptive or destructive nature that prevent or interfere with the participant's inclusion in home and family life or community life. The BSS promotes consistent implementation of the Behavioral Support Plan (BSP) and Crisis Intervention Plan (CIP) across environments and across people with regular contact with the participant, such as family, friends, neighbors and other providers. Consistency is essential to skill development and reduction of problematic behavior.

BSS includes both the development of an initial BSP and ongoing behavioral supports as follows:

1. BSS-Initial BSP Development:

The BSS Provider:

- 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 that includes positive practices and least restrictive interventions to be used by people coming into contact with the participant to increase and improve the participant's adaptive behaviors. The BSP will be developed 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 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; and
- Upon completion of plan development, meets with the participant, family members, Supports Coordinator, other providers, and employers to explain the BSP and the CIP to ensure all parties understand the plans.

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.

2. BSS Ongoing Support: Ongoing support can occur both before and after the completion of the BSP. If the participant needs behavioral support before the BSP and CIP are developed, the Supports Coordinator may submit a request to ODP for ongoing support to be provided during plan development. Upon completion of the initial BSP, the Behavioral Specialist provides direct and consultative supports. This service may be furnished in a participant's home and at other community locations.

2a. BSS Ongoing-Direct supports include:

- Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the BSP, evaluate the effectiveness of the BSP and review recommended revisions;
- Crisis intervention supports provided directly to the participant in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson could reasonably expect that the absence of immediate intervention will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or

result in the imminent damage to valuable property by the participant.

2b. BSS Ongoing-Consultative supports include:

- Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods of implementation, and how progress of the BSP is collected and documented and to understand any revisions that have been made to the plan which have previously been agreed upon with the participant;
- Monitoring and analyzing data collected during the BSP implementation based on the goals of the BSP;
- If necessary, modification of the BSP or the CIP, possibly including a new FBA, based on data analysis of the plans implementation; and
- Crisis intervention supports provided to informal or formal caregivers in response to a behavioral episode that manifests with acute symptoms of sufficient severity such that a prudent layperson, could reasonably expect that the absence of immediate intervention will result in placing the participant and/or the persons around the participant in serious jeopardy including imminent risk of institutionalization or place the participant at imminent risk of incarceration or result in the imminent damage to valuable property by the participant.

The SSD provider must have a Behavioral Specialist available for crisis intervention support 24-hours a day, 7 days a week. The Behavioral Specialist on call for crisis response and the Supports Coordinator must have access to the participant's CIP.

The Supports Coordinator is responsible for ensuring that the participant's BSP and CIP are consistent with the participant's ISP, and will reconvene the planning team if there are any discrepancies. When a BSP or CIP is revised, the Behavioral Specialist must update the BSP and CIP in HCSIS and notify the participant and representative, if applicable, the Supports Coordinator, and all providers responsible for implementing the plan of the changes that were made to the BSP or CIP.

Travel time may not be billed by the provider as a discrete unit of this service.

B. Systematic Skill Building (SSB)

SSB uses evidence-based methods to help the participant acquire skills that promote independence and integration into the community, which are not behavioral in focus. While SSB develops a Skill Building Plan (SBP) based on the participant's goals, the person providing SSB is not the primary implementer of that Plan. People who provide other supports such as Community Support, Supported Employment, CPS, Residential Habilitation, or Life Sharing are primarily responsible for implementation of the SBP. Other people with regular contact with the participant—such as family, friends, neighbors and employers--may also implement the SBP to ensure consistent application of the approach determined most effective for that participant's skill acquisition. Aligning paid and natural supports in using the same SBP also promotes generalization of skills across different environments, often a challenge for individuals with ASD. Possible skills include how to cook or use public transportation.

1. SSB - SBP Development

The SSB Provider:

- Conducts an evaluation of the participant's abilities and learning style that is related to goals in the ISP. The evaluation may include the participant's history with skill acquisition as well as identification of the participant's baseline skills.
- Within 60 days of the start date of SSB, a SBP must be developed to address objectives that are aligned with the goals of SSB. The SBP should be informed by Applied Behavior Analysis and use techniques such as backward and forward chaining, prompting, fading, generalization and maintenance to develop adaptive skills and promote consistency of instructional methods across environments. The SBP includes benchmarks for assessing progress. A participant's SBP may address multiple skills, as appropriate to address different goals or objectives.
- The SBP justifies necessary levels of SSB services. ODP reviews the amount of direct and consultative service requested before authorization to ensure it is appropriate given the needs identified.
- Upon completion of the initial SBP, meets with the participant, family, Supports Coordinator, and other providers to explain the SBP to ensure all parties understand the plan, how to implement it, how to collect necessary data for evaluating effectiveness, and the importance of its consistent application.

2. SSB Ongoing Support: Upon completion of the initial SBP, the SSB provider provides direct and consultative supports. This service may be furnished in a participant's home and at other community locations.

2a. SSB Ongoing-Direct supports include:

- Support of and consultation with the participant to help them understand the purpose, objectives, methods, and documentation of the SBP and review recommended revisions;
- Direct interaction or observation of the participant to evaluate progress and the need to revise the SBP or its objectives.

2b. SSB Ongoing-Consultative supports include:

- Support of family members, friends, waiver providers, other support providers, and employers to help them understand the purpose, objectives, methods, and documentation of the SBP and to understand any revisions that have been made to the plan which have previously been agreed upon with the participant;
- Monitoring and analyzing data collected during implementation of the SBP based on the goals of the SBP;
- Modifying and revising the SBP.

Travel time may not be billed by the provider as a discrete unit of this service.

C. Community Support

Community Support assists participants in acquiring, retaining, and improving communication, socialization, self direction, self-help, and other adaptive skills necessary to reside in the community. Community Support facilitates social interaction; use of natural supports and typical community services available to all people; and participation in education and volunteer activities.

Community Support includes activities that improve capacity to perform activities of daily living (i.e., bathing, dressing, eating, mobility, and using the toilet) and instrumental activities of daily living (i.e., communication, survival skills, cooking, housework, shopping, money management, time management, and use of transportation). Community Support may include personal assistance in completing activities of daily living and instrumental activities of daily living as an incidental component.

Community Support must be necessary to achieve the expected goals and objectives identified in the participant's service plan. It may include implementation of the BSP, the CIP and/or the SBP and collecting and recording the data necessary in order to evaluate progress and the need for revisions to the plan(s).

More information about Specialized Skill Development requirements is located in the Additional Needed Information Section of the Main Module.

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

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.

Total combined hours for Community Support, Community Participation Support (CPS), Supported Employment (Intensive Job Coaching, Direct and Extended Employment Supports, Direct) and Small Group Employment are limited to 50 hours in a calendar week. Exceptions to this limit may be considered based upon a needs assessment and require prior authorization by the BSASP consistent with ODP policy.

Community Support may not be provided at the same time that 15-minute unit Respite, CPS, Small Group Employment, or Supported Employment services (when provided directly to the participant) are provided.

A participant who is receiving Residential Habilitation may also receive Community Support and/or Systematic Skill Building with the following limitations:

- Community Support may not be delivered within the licensed Residential Habilitation home;
- Effective 10/1/2021, a participant receiving Residential Habilitation is limited to a total of 416 hours per service plan year of Systematic Skill Building-Consultative and/or Systematic Skill Building-Direct services.
- Systematic Skill Building staff cannot deliver services in the licensed Residential Habilitation setting that would otherwise be performed by Residential Habilitation staff.

A participant may be authorized for a maximum of 14 hours per day of the following services (whether authorized alone or in combination with one another):

- o Specialized Skill Development: Community Support.
- o CPS.

A service exception may be made to the 14 hour per day limitation in accordance with ODP policy, when the participant has a physical health, mental health or behavioral need that requires services be provided more than 14 hours per day.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Specialized Skill Development

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

The agency must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Specialized Skill Development have automobile insurance.
7. Have documentation that all vehicles used in the provision of Specialized Skill Development have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (directed, contracted or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Behavioral Specialists must meet the education or licensure criteria in one of the following four sets of requirements:

1. A Pennsylvania Behavior Specialist License;
2. A Master's Degree or higher in Social Work, Psychology, Education, or Applied Behavior Analysis;
3. A Master's Degree or higher with 50% or more coursework in Applied Behavior Analysis; or
4. A Master's Degree or higher in a human services field related to Social Work, Psychology or Education (and is housed in the institution's Department or School of Social Work, Psychology, or Education) with 33% or more coursework in Applied Behavior Analysis.

In addition to the above requirements, Behavioral Specialists must also complete the following:

1. Training in conducting a Functional Behavioral Assessment (FBA) and in using positive behavioral support. The training must be provided by either ODP's Bureau of Autism and Special Populations (BSASP) or by an accredited college or university. If this training was not provided by the BSASP, ODP must review and approve the course description; and
2. Training developed by BSASP for Specialized Skill Development (SSD): Behavioral Specialist Services for people with autism spectrum disorders.

Individuals who provide Systematic Skill Building must meet the criteria in one of the following two sets of requirements:

1. A Bachelor's Degree or higher in Social Work, Psychology, Education, or a human services field related to Social Work, Psychology or Education; or
2. A Bachelor's Degree or higher in another field and 3 or more years' experience directly supporting individuals with ASD in the community.

In addition to the above requirements, Systematic Skill Builders must also complete the following:

- Training developed by BSASP for SSD: Systematic Skill Building services for people with autism spectrum disorders.

All individuals providing Specialized Skill Development (Behavioral Specialist, Systematic Skill Building, and Community Support), including staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Complete standard ODP required orientation and annual training.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Community Participation Support.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transportation

HCBS Taxonomy:**Category 1:**

15 Non-Medical Transportation

Sub-Category 1:

15010 non-medical transportation

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Transportation is a direct service that enables participants to access services and activities specified in their approved service plan. This service does not include transportation that is an integral part of the provision of another discrete Waiver service.

The Transportation service consists of:

1. Public Transportation. Public transportation services are vendor services provided to or purchased for participants to enable them to gain access to services, activities in the community and resources as specified in their service plans. Public transportation may be purchased by an OHCDs when the public transportation vendor does not elect to enroll directly.

2. Transportation-Trip. This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation from a participant's home, a waiver service, activity in the community or resource specified in the participant's service plan to a waiver service, activity in the community or resource specified in the participant's service plan or the participant's home. Transportation may be used to travel to and from a job that meets the definition of competitive integrated employment. Taking a participant to a destination and returning the participant to his/her home is considered two trips or two units of service. Trip distances are defined by ODP through the use of zones. Zones are defined as follows:

- Zone 1 - greater than 0 and up to 10 miles;
- Zone 2 - greater than 10 and up to 30 miles; and
- Zone 3 – greater than 30 miles.

Providers that transport more than 6 participants are required to have an aide in the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the participants, the provider's ability to ensure the health and welfare of participants and be consistent with ODP requirements for safe transportation.

Participants authorized to receive Transportation services may not receive the direct provision of the following services at the same time they are receiving Transportation: Community Participation Support, Supported Employment, Career Planning, Family Support, Nutritional Consultation, Specialized Skill Development, and Small Group Employment.

Participants authorized to receive Residential Habilitation or Life Sharing services 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 integrated employment.

Transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42 CFR § 431.53 regarding transportation to and from providers of Medical Assistance services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

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

Expenditure for Transportation is limited to \$4,500 per participant's service plan year.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Transportation Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transportation

Provider Category:

Agency

Provider Type:

Transportation Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Agencies must have Public Utility Commission (PUC) Certification, when required by state law or comparable certificate in contiguous states.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Waiver Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. Public transportation providers are exempt from this requirement.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Transportation services have automobile insurance.
7. Have documentation that all vehicles used in the provision of Transportation services have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) meet the qualifications for this service.
10. Comply with Department standards related to provider qualifications.

Drivers and aides working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete training on the participant's service plan, which includes but is not limited to communication, mobility and behavioral needs.
3. Have criminal history clearances per 35 P.S. § 10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.

Verification of Provider Qualifications

Entity Responsible for Verification:

OHCDs for public Transportation and Transportation-Trip.

ODP or its designee for all types of Transportation providers that enroll directly with the Department.

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1/C-3: Service Specification

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 Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Vehicle Modifications

HCBS Taxonomy:

Category 1:

14 Equipment, Technology, and Modifications

Sub-Category 1:

14020 home and/or vehicle accessibility adaptations

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

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

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Vehicle Modifications are modifications or alterations to an automobile or van that is the waiver participant's primary 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 ISP, to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. The following are specifically excluded:

- Modifications or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the participant
- Regularly scheduled upkeep and maintenance of a vehicle, except upkeep and maintenance of the modifications
- Modifications to a vehicle owned or leased by a provider

Vehicle Modifications cannot be used to purchase or lease vehicles for waiver recipients, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of Vehicle Modifications. In order for this service to be used to fund modifications of a new or used vehicle, a clear breakdown of purchase price versus modifications is required.

Vehicle Modifications funded through the waiver are limited to the following modifications:

- Vehicular lifts
- 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

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

When vehicle modifications are included in an ISP, the Supports Coordinator must collect three bids from providers for the necessary modification and provide the three bids to ODP for consideration during ODP's review of the ISP.

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

Vehicle Modifications services are limited to \$10,000 per participant during a 5-year period. The 5-year period begins with the first utilization of authorized Vehicle Modifications services.

A vehicle that is to be modified, must comply with all applicable State standards.

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.

Vehicle Modification services may also be used to adapt a privately owned vehicle of a Life Sharing host when the vehicle is not owned by the Life Sharing Provider agency.

Vehicle Modifications costing over \$500 must be recommended by an independent evaluation of the participant's needs, including a functional evaluation of the impact of the modification on the participant's needs. This service does not include the independent evaluation. Depending on the type of modification, the evaluation may be conducted by an occupational therapist; a physical therapist, a behavioral specialist, or another professional as approved in the ISP. The organization or professional providing the evaluation shall not be a related party to the Vehicle Modifications provider.

Service Delivery Method (*check each that applies*):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (*check each that applies*):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Independent Vendors
Agency	Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Vehicle Modifications****Provider Category:**

Agency

Provider Type:

Independent Vendors

Provider Qualifications**License** (*specify*):

Trade appropriate.

Certificate (*specify*):**Other Standard** (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCDs or ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Vehicle Modifications****Provider Category:**

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation.
4. Demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

Not applicable - Case management is not furnished as a distinct activity to waiver participants.

Applicable - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

As a waiver service defined in Appendix C-3. *Do not complete item C-1-c.*

As a Medicaid state plan service under §1915(i) of the Act (HCBS as a State Plan Option). *Complete item C-1-c.*

As a Medicaid state plan service under §1915(g)(1) of the Act (Targeted Case Management). *Complete item C-1-c.*

As an administrative activity. *Complete item C-1-c.*

As a primary care case management system service under a concurrent managed care authority. Complete item C-1-c.

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. Criminal History and/or Background Investigations.** Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

No. Criminal history and/or background investigations are not required.

Yes. Criminal history and/or background investigations are required.

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

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 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.

- b. Abuse Registry Screening.** Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

No. The state does not conduct abuse registry screening.

Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.

Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type	
---------------	--

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Required information is contained in response to C-5

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.

Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) state policies that specify the circumstances when payment may be authorized for the provision of **extraordinary care** by a legally responsible individual and how the state ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the state policies specified here.*

Self-directed

Agency-operated

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

The state does not make payment to relatives/legal guardians for furnishing waiver services.

The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

Relatives and legal guardians may be paid to provide services funded through the Waiver on a service-by-service basis. A relative is any of the following by blood, marriage or adoption who have not been assigned as a legal guardian for the participant: a spouse, a parent, a stepparent, stepchildren, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant. For the purposes of this policy, a legal guardian is a person who has legal standing to make decisions on behalf of a participant (e.g. a guardian who has been appointed by the court). The definition of a legal guardian does not apply to agency providers, but does apply to the person actually rendering service to a participant. These individuals may be paid to provide Waiver services when the following conditions are met:

- The individual has expressed a preference to have the relative or legal guardian provide the service(s);
- The service provided is not a function that the relative or legal guardian would normally provide for the participant without charge in the usual relationship among members of a nuclear family;
- The service would otherwise need to be provided by a qualified provider of services funded under the Waiver; and
- The service is provided by a relative or legal guardian who meets the qualification criteria that are established by ODP in Appendix C-3 of the approved Waiver.

Services that relatives or legal guardians can provide are limited to the following: Community Support, Life Sharing, and Transportation-Trip. Relatives and legal guardians who are not the participant's primary caregiver may also provide Respite services when the conditions listed above are met.

A relative or legal guardian may not provide more than 40 hours of Community Support and/or Respite services per week. Forty hours is the total amount regardless of the number of individuals the relative or legal guardian serves under the waiver.

Payments to relatives and legal guardians who provide Community Support, Respite, or Life Sharing are made through a provider agency. Payments are based upon time sheets submitted by the relative or legal guardian to the agency, which is consistent with the participant's authorized services on his or her service plan. The relative or legal guardian who provides services must document service delivery per Department standards and ODP policy requirements. Documentation of service delivery is reviewed during the provider monitoring process.

Relatives and legal guardians may provide Transportation-Trip through an OHCDs.

During the service plan team meeting, the team is responsible for discussing whether having services furnished by relatives or legal guardians is in the best interest of the participant. The decision should be consistent with the information contained in the "know and do", "important to" and "what makes sense" sections of the service plan. ODP, when reviewing and authorizing the service plan, is responsible for ensuring that the participant has been offered a choice of providers and that the provider chosen can meet the needs of the participant.

Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.

Specify the controls that are employed to ensure that payments are made only for services rendered.

Other policy.

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

All willing and qualified providers have the opportunity to enroll as waiver providers at any time. ODP has continuous open enrollment of providers and does not limit the application for provider enrollment to a specific timeframe. Providers must enroll with Pennsylvania's Medicaid program prior to providing waiver services.

Providers interested in providing ODP waiver services contact ODP to obtain information on provider qualification and enrollment. Providers may also be referred by participants.

ODP requires providers who have expressed an interest in providing waiver services to successfully complete a free "new provider orientation training" before they can be enrolled as waiver providers. The intent of applicant orientation is to ensure providers are informed of ODP waiver requirements and ODP's expectations regarding the quality of services.

Following completion of the new provider orientation training, the provider completes and submits a waiver provider agreement in which the provider agrees to render services in accordance with state and federal requirements.

The provider must then be qualified by ODP or its designee as per the qualification criteria outlined in Appendix C-1/C-3 and the ODP established provider qualification process. Following successful qualification, the provider enrolls as an ODP provider in PROMISE, Pennsylvania's Medicaid Management Information System.

ODP also has a dedicated email for questions or concerns related to the new provider orientation training, the provider qualification process, or general inquiries related to enrollment and the enrollment process.

Any provider who is denied the opportunity to enroll to provide Waiver services has the right to appeal such action in accordance with 55 Pa. Code Chapter 41 relating to Medical Assistance Provider Appeal procedures.

Participants have free choice of willing and qualified waiver providers to provide needed services in the participant's approved service plan.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the States quality improvement strategy, provide information in the following fields to detail the States methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.**

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Measure QP1: Number and percent of providers who meet licensing requirements. Numerator = Number of providers who meet licensing requirements.

Denominator = Number of providers requiring a license.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Documentation on file in BSASP/Office of Medical Assistance Programs (OMAP)

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div></div>
Other Specify: <div></div>	Annually	Stratified Describe Group: <div></div>
	Continuously and Ongoing	Other Specify: <div></div>

	Other Specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	
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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>	Annually
	Continuously and Ongoing
	Other Specify: <div style="border: 1px solid black; height: 30px; width: 100%; margin-top: 5px;"></div>

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Measure QP2: Number and percent of providers who meet age, education, experience, and criminal background check requirements per Appendix C prior to service delivery. Numerator = Number of providers who meet age, education, experience, and criminal background check requirements per Appendix C prior to service delivery. Denominator = Number of providers reviewed.

Data Source (Select one):

Other

If 'Other' is selected, specify:

QA&I Process

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval = <div>90% +/-10%</div>
Other Specify: <div></div>	Annually	Stratified Describe Group: <div></div>
	Continuously and Ongoing	Other Specify: <div></div>
	Other Specify: <div></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
	Continuously and Ongoing
	Other Specify: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

c. Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Performance Measure QP3: Number and percent of providers who completed required training. Numerator = Number of providers who completed required training. Denominator = Number of providers reviewed.

Data Source (Select one):

Other

If 'Other' is selected, specify:

QA&I Process

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
State Medicaid Agency	Weekly	100% Review
Operating Agency	Monthly	Less than 100% Review
Sub-State Entity	Quarterly	Representative Sample Confidence Interval =

		90% +/-10%
Other Specify: <input type="text"/>	Annually	Stratified Describe Group: <input type="text"/>
	Continuously and Ongoing	Other Specify: <input type="text"/>
	Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (<i>check each that applies</i>):	Frequency of data aggregation and analysis(<i>check each that applies</i>):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: <input type="text"/>	Annually
	Continuously and Ongoing
	Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

QP2 and QP3. ODP conducts reviews through the ODP QA&I and Provider Qualification Processes on a 3-year cycle for Supports Coordination Organizations (SCO) and providers.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the States method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the state to document these items.

QP2 and QP3: Through the Provider Qualification and QA&I Process, ODP conducts full reviews of 100% of SCOs and providers on a 3-year cycle using the standardized monitoring tools developed by ODP. If the documentation required to verify provider qualifications and training is not in the provider's records, ODP will notify the provider and the provider must locate missing documentation or ensure that requirements are met within 30 days.

ii. Remediation Data Aggregation**Remediation-related Data Aggregation and Analysis (including trend identification)**

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify: <div></div>	Annually
	Continuously and Ongoing
	Other Specify: <div></div>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services**C-3: Waiver Services Specifications**

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services**C-4: Additional Limits on Amount of Waiver Services**

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

Not applicable- The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.

Applicable - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

Limit(s) on Set(s) of Services. There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

Prospective Individual Budget Amount. There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

Budget Limits by Level of Support. Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

Other Type of Limit. The state employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

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.