

Changes to the Consolidated, P/FDS and Community Living Waivers Effective October 1, 2019

KEY – Bold = Recommended additions
Strikethrough= Recommended removal
Blue Row = Information has been added or revised due to public comment

Waiver(s) Impacted	Appendix	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
P/FDS and Community Living Waivers	A-4	Role of Local/Regional Non-State Entities	AEs perform the following delegated waiver administration functions: 1. Participant waiver enrollment – Receive/review applications, ensure initial and annual completion of PUNS or its successor and refer applicants for an eligibility decision. 2. Level of care (LOC) determination – Compile necessary documentation for a LOC determination, review documentation and make a determination regarding whether the applicant/participant meets LOC criteria. 3. Review of service plans – Includes review, clarification and approval of service plans. 4. Qualified provider enrollment – Provider recruitment. 5. Quality assurance and improvement activities – Conduct qualified provider reviews, oversee provider corrective action plans, refer providers to ODP for sanctions and/or disqualification.	AEs perform the following delegated waiver administration functions: 1. Participant waiver enrollment – Receive/review applications, ensure initial and annual completion of PUNS or its successor and refer applicants for an eligibility decision. AEs must plan to enroll individuals who will graduate from special education each year and who are not eligible to continue their education through the next year in a waiver that will ensure their health and safety needs are met. 2. Level of care (LOC) determination – Compile necessary documentation for a LOC determination, review documentation and make a determination regarding whether the applicant/participant meets LOC criteria. 3. Review of service plans – Includes review, clarification and approval of service plans. 4. Qualified provider enrollment – Provider recruitment. 5. Quality assurance and improvement activities – Conduct qualified provider reviews, oversee provider corrective action plans, refer providers to ODP for sanctions and/or disqualification.	The Governor’s proposed budget for July 1, 2019 through June 30, 2020 (Year 3) does not include funding for a high school graduate initiative because 2019 graduates were included in the FY2018-19 budget and the Office of Developmental Programs (ODP) is able to plan for and serve 2020 high school graduates in the P/FDS waiver without additional funding. AEs will be responsible to manage reserved capacity to ensure that a P/FDS waiver is available for students graduating in May/June of 2020.
Consolidated Only	B-3-a	Unduplicated Number of Participants	Year 1 – 18752 Year 2 – 18881 Year 3 – 18881 Year 4 – 18881 Year 5 – 18881	Year 1 – 18752 Year 2 – 18881 Year 3 – 18881 18,981 Year 4 – 18881 18,981 Year 5 – 18881 18,981	The Governor’s proposed budget for July 1, 2019 through June 30, 2020 (Year 3) includes funding for 100 people to receive services in the Consolidated Waiver. This funding would be for people who meet the criteria for unanticipated emergency reserved capacity.

Community Living Waiver	B-3-a	Unduplicated Number of Participants	Year 1 – 1050 Year 2 – 2650 Year 3 – 2650 Year 4 – 2650 Year 5 – 2650	Year 1 – 1050 Year 2 – 2650 Year 3 – 2650 3,415 Year 4 – 2650 3,415 Year 5 – 2650 3,415	The Governor’s proposed budget for July 1, 2019 through June 30, 2020 includes funding for 765 people to receive services in the Community Living Waiver. This funding would be for people who have an emergency PUNS (either from the waiting list or who are currently enrolled in the P/FDS Waiver).
Consolidated Waiver	B-3-c	Reserved Waiver Capacity	<p><i>Purpose (provide a title or short description to use for lookup):</i> Age-Out and Transitions</p> <p><i>Purpose (describe)</i> Administrative Entities (AEs) work in conjunction with Supports Coordination Organizations to anticipate and prioritize the needs of individuals/participants who are expected to require waiver services within the year due to:</p> <ol style="list-style-type: none"> 1. Aging out of services received from the Office of Children, Youth and Families. 2. Aging out of services received from the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit through Medical Assistance. 4. Discharge from a Residential Treatment Facility (RTF). 5. Release from prison. 6. Discharge from a state hospital. <p>ODP allows AEs to reserve existing capacity for individuals/participants who require future services due to the criteria above. Capacity may be reserved up to 120 days prior to the expected need for services. This allows the AEs and Supports</p>	<p><i>Purpose (provide a title or short description to use for lookup):</i> Age-Out and Transitions</p> <p><i>Purpose (describe)</i> Administrative Entities (AEs) work in conjunction with Supports Coordination Organizations to anticipate and prioritize the needs of individuals/participants who are expected to require waiver services within the year due to:</p> <ol style="list-style-type: none"> 1. Aging out of services received from the Office of Children, Youth and Families. 2. Aging out of services received from the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit through Medical Assistance. 3. Discharge from a Residential Treatment Facility (RTF). 4. Release from prison. 5. Discharge from a state hospital. 6. Transition of a child (under age 21) with medical needs from an extended hospital stay or from a facility licensed under 55 Pa. Code Chapter 3800, 6400 or 6600 that does not meet waiver HCBS requirements. <p>ODP allows AEs to reserve existing capacity for individuals/participants who require future services due to the criteria above. Capacity may be reserved up to 120 days prior</p>	The Governor’s proposed budget for July 1, 2019 through June 30, 2020 includes funding for 100 people to receive services in the Consolidated Waivers. Included in this number is funding to serve 10 children with medical needs who will transition from an extended hospital stay or from a home that is licensed under 55 Pa. Code Chapter 3800 or 6400 that is not eligible for waiver funding or an intermediate care facility for individuals with intellectual disability (ICF/ID) licensed under 55 Pa. Code Chapter 6600. The intent is to provide support that families need to be able to keep these children at home. If a family is unable to care for a child at home, this change will enable ODP and the family to find another home in the community where the child can live with nurturing caregivers.

			<p>Coordination Organizations to plan accordingly prior to the transition and a possible crisis/emergency situation.</p> <p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS or its successor. This is evidenced by the service plan process that is required for all participants and requires that service options be promoted and fully explored with every individual.</p> <p>Year 1 – 200 Year 2 – 200 Year 3 – 200 Year 4 – 200 Year 5 – 200</p>	<p>to the expected need for services. This allows the AEs and Supports Coordination Organizations to plan accordingly prior to the transition and a possible crisis/emergency situation.</p> <p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS or its successor. This is evidenced by the service plan process that is required for all participants and requires that service options be promoted and fully explored with every individual.</p> <p>Year 1 – 200 Year 2 – 200 Year 3 – 200 210 Year 4 – 200 210 Year 5 – 200 210</p>	
P/FDS Waiver	B-3-c	Reserved Waiver Capacity	<p><i>Purpose (provide a title or short description to use for lookup):</i> Graduate Waiting List Initiative</p> <p><i>Purpose (describe)</i> ODP has reserved capacity in Year 1 for the waiting list initiative to serve approximately 820 students graduating from special education in May or June of 2017 and who are not eligible to continue their education through the next year. In accordance with ODP policy as enumerated in Appendix A, any new individual identified for enrollment must be identified as having an emergency need. The students identified for the waiting list initiative may not meet this requirement which makes it necessary to reserve capacity for them to ensure they have access to the waiver.</p>	<p><i>Purpose (provide a title or short description to use for lookup):</i> Graduate Waiting List Initiative</p> <p><i>Purpose (describe)</i> ODP has reserved capacity in Years 1 through 5 for the waiting list initiative to serve approximately 820 students graduating from special education in May or June of 2017 and who are not eligible to continue their education through the next year. In accordance with ODP policy as enumerated in Appendix A, any new individual identified for enrollment must be identified as having an emergency need. The students identified for the waiting list initiative may not meet this requirement which makes it necessary to reserve capacity for them to ensure they have access to the waiver.</p> <p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS or its successor. This</p>	<p>The Governor’s proposed budget for July 1, 2019 through June 30, 2020 (Year 3) does not include funding for a high school graduate initiative because 2019 graduates were included in the FY2018-19 budget and the Office of Developmental Programs (ODP) is able to plan for and serve 2020 high school graduates in the P/FDS waiver without additional funding. AEs will be responsible to manage reserved capacity to ensure that a P/FDS waiver is available for students graduating in May/June of 2020.</p>

			<p>All participants enrolled in the Waiver have comparable access to all services offered in the Waiver regardless of whether he or she is enrolled due to meeting reserved capacity criteria or the criteria for emergency status in PUNS or its successor. This is evidenced by the service plan process that is required for all participants and requires that service options be promoted and fully explored with every participant.</p> <p><i>Describe how the amount of reserved capacity was determined:</i> ODP is proposing to fund approximately 820 individuals in Year 1. The capacity is reserved to the extent that resources have been identified to support it.</p> <p><i>The capacity that the State reserves in each waiver year is specified in the following table:</i> Year 1 – 820 Year 2 – 0 Year 3 – 0 Year 4 – 0 Year 5 - 0</p>	<p>is evidenced by the service plan process that is required for all participants and requires that service options be promoted and fully explored with every participant.</p> <p><i>Describe how the amount of reserved capacity was determined:</i> ODP is proposing to fund approximately 820 individuals in Year 1. Reserved capacity has been determined by the historical number of individuals who have graduated from special education and who are not eligible to continue their education through the next year. The capacity is reserved to the extent that resources have been identified to support it.</p> <p><i>The capacity that the State reserves in each waiver year is specified in the following table:</i> Year 1 – 820 Year 2 – 0 700 Year 3 – 0 700 Year 4 – 0 700 Year 5 – 0 700</p>	
Consolidated, P/FDS and Community Living Waivers	B-6-f	Process for Level of Care Evaluation/Reevaluation	<p>The following four criteria must be met to document a diagnosis of intellectual disability and determine eligibility upon initial certification:</p> <ol style="list-style-type: none"> 1. A licensed psychologist, certified school psychologist, psychiatrist, or licensed physician who practices psychiatry certifies that the individual has significantly sub-average intellectual functioning which is documented by either: 	<p>The following four criteria must be met to document a diagnosis of intellectual disability and determine eligibility upon initial certification:</p> <ol style="list-style-type: none"> 1. A licensed psychologist, certified school psychologist, psychiatrist, or licensed physician (which includes a developmental pediatrician) who practices psychiatry certifies that the individual has significantly sub-average intellectual functioning which is documented by either: 	The scope of professionals who can diagnose intellectual disability has been expanded to include developmental pediatricians and any licensed physician.
Consolidated, P/FDS and Community	C-1/C-3	Community Participation Support	Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and	Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated	ODP is adding the expectation that all providers of Community Participation Support services must offer each

Living Waivers			potential for competitive integrated employment. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and membership.	employment. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and 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.	participant opportunities to participate in community activities that are consistent with the individual's preferences, choices and interests. This aligns with <i>Everyday Lives</i> recommendations and requirements from the Centers for Medicare and Medicaid Services.
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Community Participation Support	For participants age 18 and older, fading of the service and less dependence on paid support for ongoing participation in community activities and relationships is expected. Fading strategies, similar to those used in Supported Employment should be utilized whenever appropriate.	For participants age 18 and older, fading of the service and less dependence on paid support for ongoing participation in community activities and relationships is expected. Fading strategies, similar to those used in Supported Employment should be utilized whenever appropriate. Effective 10/1/19, 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: <ul style="list-style-type: none"> • The activity was coordinated by the provider of Community Participation Support services, • The participant does not receive Residential Habilitation services, • The participant requires on-call or remote support for health and safety reasons, • The provider must inform the participant, and 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 then obtain either the participant's consent in writing or the written consent of a legally responsible party for the 	To ensure that participants have needed support to successfully fade their Community Participation Support services, an on-call and remote support is proposed to be added as a covered component of the service. Based on public comment received, clarification was added regarding the requirements to provide effective communication to ensure that the participant can receive and convey information consistent with the requirements of the Americans with Disabilities Act.

				<p>participant. This process must be completed prior to the utilization of on-call and remote support, and</p> <ul style="list-style-type: none"> • Remote support is available immediately to the participant and on-call staff can be available for direct service within a maximum of 30 minutes (less if agreed upon by the service plan team). <p>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 Community Participation Supports services. The cost of purchasing devices, maintenance of the devices and service fees may not be billed under this service definition.</p>	
<p>Consolidated, P/FDS and Community Living Waivers</p>	C-1/C-3	Community Participation Support	<p>Community Participation Support may be provided at the following levels in a licensed facility:</p> <ul style="list-style-type: none"> • Basic - Staff-to-individual ratio of 1:11 to 1:15. • Level 1 - Staff-to-individual ratio of 1:7 to 1:10. • Level 2 - Staff-to-individual ratio of 1:2 to 1:6. • Level 3 - Staff-to-individual ratio of 1:1. • Level 3 Enhanced - Staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse. • Level 4 - Staff-to-individual ratio of 2:1 to 1:1. • Level 4 Enhanced - Staff-to-individual ratio of 2:1 to 1:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma. <p>Community Participation Support may be provided at the following levels in community locations and community hubs:</p> <ul style="list-style-type: none"> • Basic - Staff-to-individual ratio of 1:3. • Level 1 - Staff-to-individual ratio of 2:3. • Level 2 - Staff-to-individual ratio of 1:2. • Level 3 - Staff-to individual ratio of 1:1. 	<p>Community Participation Support may be provided at the following levels staff to individual ratios in a licensed facility:</p> <ul style="list-style-type: none"> • Basic - Staff-to-individual ratio of 1:11 to 1:15. • Level 1 - Staff-to-individual ratio of 1:7 to 1:10. • Level 2 – 1:4 to 1:6 • Level 2 3 - Staff-to-individual ratio of 1:2 to 1:6 1:3. • Level 3 4 - Staff-to-individual ratio of 1:1. • Level 3 4 Enhanced - Staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse. • Level 4 5 - Staff-to-individual ratio of 2:1 to 1:1. • Level 4 5 Enhanced - Staff-to-individual ratio of 2:1 to 1:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma. <p>Community Participation Support may be provided at the following levels staff to individual ratios in community locations and community hubs:</p> <ul style="list-style-type: none"> • Basic - Staff-to-individual ratio of 1:3. • Level 1 - Staff-to-individual ratio of 2:3. • Level 2 - Staff-to-individual ratio of 1:2. • Level 3 2 - Staff-to-individual ratio of 1:1. 	<p>ODP is proposing to make planning, authorizing and billing for the Community Participation Support service more efficient by reducing the number of procedure codes and changing the staffing levels to more accurately reflect service delivery.</p>

			<ul style="list-style-type: none"> • Level 3 Enhanced - Staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse. • Level 4 - Staff-to-individual ratio of 2:1. • Level 4 Enhanced - Staff-to-individual ratio of 2:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma. 	<ul style="list-style-type: none"> • Level 3 2 Enhanced - Staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse. • Level 4 3 - Staff-to-individual ratio of 2:1. • Level 4 3 Enhanced - Staff-to-individual ratio of 2:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma. 	
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Community Participation Support	<p>Community Participation Support may not be provided in a licensed Adult Training Facility or a licensed Vocational Facility that enrolls on or after March 17, 2019 and serves more than 25 individuals in the facility at any one time including individuals funded through any source.</p> <p>Starting 1/1/22 Community Participation Support services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 individuals at any one time including individuals funded through any source.</p>	<p>Community Participation Support may not be provided in a licensed Adult Training Facility or a licensed Vocational Facility that enrolls is newly funded on or after March 17, 2019 January 1, 2020 and serves more than 25 individuals in the facility at any one time including individuals funded through any source.</p> <p>Starting 1/1/22 Community Participation Support services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 individuals at any one time including individuals funded through any source.</p> <p>Community Participation Support may not be provided in a licensed facility that enrolls on or after the effective date of 55 Pa. Code Chapter 6100 regulations in a location that is adjacent to, attached to or located in the same building as any of the following regardless of the funding source of the individuals served:</p> <ul style="list-style-type: none"> • Hospital (medical or psychiatric). • Skilled Nursing Facility (55 Pa. Code Chapters 201 through 211). • Licensed public or private ICF/ID (55 Pa. Code Chapter 6600) or ICF/ORC. • Licensed Child Residential Services (55 Pa. Code Chapter 3800). • Licensed Community Residential Rehabilitation Services for the Mentally Ill (CRRS) (55 Pa. Code Chapter 5310). 	<p>Adding clarification about where new facilities can be located to align with federal and state regulations to ensure settings are integrated in the community and ensure participation in the community to the extent desired by each individual and is in alignment with each individual's preferences, choices and interests.</p> <p>Due to the delay of 55 Pa. Code Chapter 6100 regulations, the date that newly funded licensed facilities may serve no more than 25 individuals has been moved back to January 1, 2020.</p>

				<ul style="list-style-type: none"> • Licensed Personal Care Homes (55 Pa. Code Chapter 2600). • Licensed Assisted Living Residences (55 pa. Code Chapter 2800). • Unlicensed or Licensed Family Living Homes (55 Pa. Code Chapter 6500). • Unlicensed or Licensed Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400). • 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). 	
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Community Participation Support – Provider Qualifications	<p><i>Provider Qualifications for Adult Training Facility or Older Adult Day Facility, Prevocational Facility, Agency Community Participation Support Provider (Non-Facility)</i></p> <p>For programs providing prevocational training to participants, program specialists and supervisors of direct service professionals must have one of the following by 1/1/19 or within six months of hire if hired after 7/1/18:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators 	<p><i>Provider Qualifications for Adult Training Facility or Older Adult Day Facility, Prevocational Facility, Agency Community Participation Support Provider (Non-Facility)</i></p> <p>For programs providing prevocational training to participants, program specialists and supervisors of direct service professionals must have one of the following by 1/1/19 7/1/19 or within six months of hire if hired after 7/1/18 1/1/19:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. 	The waiver qualification requirements are being revised to give program specialists and supervisors six months to complete certification requirements.

			(ACRE) organizational member that has ACRE-approved training.		
Community Living Waiver	C-1/C-3	Residential Habilitation	N/A	Unlicensed Residential Habilitation has been added as a service available in the Community Living Waiver. Please see the posted waiver submitted to CMS for the full definition and provider qualifications.	Based on public comment received, unlicensed Residential Habilitation has been added to the Community Living Waiver as the cost of services fall under the annual limit on services in this waiver.
Consolidated Waiver	C-1/C-3	Residential Habilitation	A setting enrolled to provide waiver services prior to 7/1/17, shall not exceed a program capacity of 8. With ODP's written approval, a residential habilitation setting with a program capacity of 8 may move to a new location and retain the program capacity of 8. A setting enrolled to provide waiver services on 7/1/17 or later shall not exceed a program capacity of 4. With ODP's written approval, an ICF/ID licensed in accordance with 55 Pa. Code Chapter 6600 with a licensed capacity of 5 to 8 individuals may convert to a residential habilitation setting exceeding the program capacity of 4.	A setting enrolled to provide waiver services prior to 7/1/17, shall not exceed a program capacity of 8. With ODP's written approval, a residential habilitation setting with a program capacity of 5 to 8 may move to a new location and retain the program capacity of 5 to 8 . A setting enrolled to provide waiver services on or after 7/1/17 shall not exceed a program capacity of 4. 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. With ODP's written approval, an ICF/ID licensed in accordance with 55 Pa. Code Chapter 6600 with a licensed capacity of 5 to 8 individuals may convert to a residential habilitation setting exceeding the program capacity of 4.	ODP is adding clarification about the number of people who can be served in Residential Habilitation homes. These changes align with federal and state regulations to ensure settings are integrated in the community.
Consolidated Waiver	C-1/C-3	Residential Habilitation	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 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.	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 (including 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.	Adding clarification that Residential Habilitation services provided to each participant must align with recommendations provided in the Health Risk Screening Tool.
Consolidated and Community Living Waivers	C-1/C-3	Life Sharing and Supported Living	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 and person-centered planning processes. The type and amount	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 (including the Health Risk Screening Tool) and person-centered planning processes. The type and amount of	Adding clarification that Life Sharing and Supported Living services provided to each participant must align with recommendations provided in the Health Risk Screening Tool.

			of assistance are delivered to enhance the autonomy of the participant, in line with their personal preference and to achieve their desired outcomes.	assistance are delivered to enhance the autonomy of the participant, in line with their personal preference and to achieve their desired outcomes.	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation and Life Sharing	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.	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 or 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: <ul style="list-style-type: none"> • 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). <p>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.</p>	Adding clarification about where newly enrolled homes (also known as service locations) can be located to align with federal and state regulations to ensure settings are integrated in the community.

				This exception does not extend to Residential Service locations that are not funded through ODP's waivers.	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation, Life Sharing and Supported Living	<i>Provider Qualification Requirements</i> 12. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new Chief Executive Officer.	<i>Provider Qualification Requirements</i> 11. 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. 12. Notify the ODP Regional Office and Administrative Entity(ies) within 10 business days of the hiring date of a new CEO, including an interim or acting CEO.	To improve quality, a clarification has been added that the provider must notify ODP and AEs within 10 business days of a current Chief Executive Officer (CEO) leaving. When the CEO leaves, there must be a person designated to be responsible for completing the functions performed by the CEO and ODP and the AE must be notified who that person is. It is imperative that the provider agency have a plan stating who will fill the role of the CEO should that person leave that position.
Community Living Waiver	C-1/C-3	Life Sharing	This service is billed as a day unit and may be provided at the following levels: <ul style="list-style-type: none"> • Needs Group 1 • Needs Group 2 	This service is billed as a day unit and may be provided at the following levels: <ul style="list-style-type: none"> • Needs Group 1 • Needs Group 2 • Needs Group 3 in a 2-person home 	Based on public comment received, Life Sharing for a person with Needs Group 3 who resides in a 2-person home has been added to the Community Living Waiver as the cost of services fall under the annual limit on services in this waiver.
Consolidated, Community Living and P/FDS Waivers	C-1/C-3	Respite	In emergency situations, Respite services may be provided in a Licensed Community Home beyond the home's approved program capacity or in a non-waiver funded licensed residential setting or in a hotel when approved by ODP.	In emergency situations, Respite services may be provided in a home licensed under 55 Pa. Code Chapters 6400, 6500, 3800 or 5310 Community Home 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.	This proposed change aligns the waivers with information written in the Individual Support Plan Manual and Bulletin 00-18-06 relating to variances. Based on public comment received, clarification has been added that providers cannot serve more people than they are licensed to serve.
Consolidated, Community Living and	C-1/C-3	Respite	This service may be provided at the following levels in private homes, including Life Sharing homes (licensed or unlicensed):	This service may be provided at the following levels in private homes, including Life Sharing homes (licensed or unlicensed): <ul style="list-style-type: none"> • Basic - Staff-to-individual ratio of 1:4. (This level does not apply to Respite provided in a Life Sharing home.) 	ODP is proposing to clarify that respite can be provided by nurses for children with medical needs to ensure the

<p>P/FDS Waivers</p>			<ul style="list-style-type: none"> • 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 3 Enhanced - Staff-to-individual ratio of 1:1 with a certified staff member. • Level 4 - Staff-to-individual ratio of 2:1. • Level 4 Enhanced - Staff-to-individual ratio of 2:1 with one certified staff member and one staff member with at least a high school diploma. <p>The use of Level 3 Enhanced, Level 4 and Level 4 Enhanced are based on the participant’s behavioral or medical support needs.</p> <p>Respite services are limited to:</p> <ul style="list-style-type: none"> • 30 units of day respite per participant in a period of one fiscal year, and • 480 units of 15-minute unit respite per participant in a period of one fiscal year. <p>Requests for a variance to this limit may be made for participants who have behavioral or medical support needs or for emergency circumstances using the standard ODP variance process.</p>	<ul style="list-style-type: none"> • 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 3 Enhanced - Staff-to-individual ratio of 1:1 with a licensed nurse (only available to children with medical needs as described below) or a certified staff member. • Level 4 - Staff-to-individual ratio of 2:1. • Level 4 Enhanced - Staff-to-individual ratio of 2:1 with one licensed nurse (only available to children with medical needs as described below) or one certified staff member and one staff member with at least a high school diploma. <p>The use of Level 3 Enhanced, Level 4 and Level 4 Enhanced are based on the participant’s behavioral or medical support needs. Children (under age 21) who have medical needs that require Respite by a nurse can request a variance when the following criteria are met:</p> <ul style="list-style-type: none"> • The child is authorized to receive less than 24 hours a day of nursing through private insurance or Medical Assistance; And one of the following: • The child requires administration of intravenous fluid or medication, which is specified in a written order by a licensed doctor of the healing arts; or • The child uses monitoring, defibrillating or resuscitating equipment, or a combination of the three; or • The child requires other skilled activities that must be provided by a nurse. A list of non-skilled activities that can be performed by professionals other than a 	<p>appropriate level of support is available in the provision of respite care.</p>
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Consolidated, Community Living and P/FDS Waivers	C-1/C-3	Respite	<p><i>Provider Qualifications for Support Service Professional and Agency Providers</i></p> <p><i>License (specify)</i> N/A</p>	<p><i>Provider Qualifications for Respite Camp Agency Providers and Agency Respite Providers</i></p> <p><i>License (specify)</i> For children (under age 21) with medical needs who require Respite by a nurse, at least one staff person (direct, contracted, or in a consulting capacity) who provides enhanced levels of service must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN.</p>	ODP is proposing the availability of Respite provided by nurses for children with medical needs to ensure the appropriate level of support is available in the provision of respite care.

<p>Consolidated, Community Living and P/FDS Waivers</p>	<p>C-1/C-3</p>	<p>Supported Employment</p>	<p>Supported Employment services may not be rendered under the Waiver until it has been verified that:</p> <ul style="list-style-type: none"> • The services are not available in the student’s (if applicable) complete and approved Individualized Education Program (IEP) developed pursuant to IDEA; • OVR has closed the participant’s case or has stopped providing services to the participant; • The participant is determined ineligible for OVR services; or • 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. <p>A participant does not need to be referred to OVR if:</p> <ul style="list-style-type: none"> • The participant is competitively employed and solely needs extended supports to maintain the participant’s current job. • The participant is competitively employed and is seeking job assessment or job finding services to find a new job, unless the purpose is job advancement which can be provided by OVR. 	<p>Supported Employment services may not be rendered under the Waiver until it has been verified that:</p> <ul style="list-style-type: none"> • The services are not available in the student’s (if applicable) complete and approved Individualized Education Program (IEP) developed pursuant to IDEA; • OVR has closed the participant’s case or has stopped providing services to the participant; • The participant is determined ineligible for OVR services; or • 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. <p>A participant does not need to be referred to OVR if:</p> <ul style="list-style-type: none"> • The participant is competitively employed and solely needs extended supports to maintain the participant’s current job. • The participant is competitively employed and is seeking job assessment or job finding services to find a new job, unless the purpose is job advancement which can be provided by OVR. <p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>This proposed change increases opportunities for employment by allowing a participant who has received a job offer (where the job meets the definition of competitive integrated employment) and OVR has not made an eligibility determination at that time, to receive Supported Employment services to assist the participant in being successful in that job.</p> <p>A participant should be referred to OVR as soon as that individual indicates any interest in seeking competitive integrated employment or requests an employment-related service. The Supports Coordinator should not wait until the individual receives a job offer to make a referral to OVR.</p> <p>This proposed change will allow individuals to receive services to obtain and sustain competitive integrated employment in the event that OVR establishes a waiting list.</p>
<p>Consolidated, Community Living and P/FDS Waivers</p>	<p>C-1/C-3</p>	<p>Supported Employment – Provider Qualifications</p>	<p><i>Qualification requirements for Support Service Professionals, Individual Providers and Agency providers.</i></p> <p>Support Service Professionals/individuals/staff working directly with the participant must have one of the following by 1/1/19 or within six months of hire if hired after 7/1/18:</p>	<p><i>Qualification requirements for Support Service Professionals, Individual Providers and Agency providers.</i></p> <p>Support Service Professionals/individuals/staff working directly with the participant must have one of the following by 1/1/19 7/1/19 or within six months of hire if hired after 7/1/18 1/1/19:</p>	<p>The waiver qualification requirements were revised to give Support Service Professionals under participant directed services, individual direct service professionals enrolled directly with the Department, and staff working for an agency six months to complete certification requirements.</p>

			<ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Effective 1/1/19, newly hired Support Service Professionals/individuals/staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new Support Service Professional/individual/staff time to obtain the certification.</p>	<ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Effective 1/1/19 7/1/19, newly hired Support Service Professionals/individuals/staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new Support Service Professional/individual/staff time to obtain the certification.</p>	
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Supports Coordination	<p>Monitoring consists of ongoing contact with the participant and his or her family, to ensure services are implemented as per the service plan. Monitoring is intended to ensure that participants and his or her family are getting the support they need, when they need them, in order to see measurable improvements in their lives. Activities under the monitoring function include all of the following, as well as the documentation of the activities:</p> <ul style="list-style-type: none"> • Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant; 	<p>Monitoring consists of ongoing contact with the participant and his or her family, to ensure services are implemented as per the service plan. Monitoring is intended to ensure that participants and his or her family are getting the support they need, when they need them, in order to see measurable improvements in their lives. Activities under the monitoring function include all of the following, as well as the documentation of the activities:</p> <ul style="list-style-type: none"> • Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant. 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. 	<p>This proposed change is to promote the health, wellness and safety of participants during monitoring by Supports Coordinators. This proposed change clarifies that Supports Coordinators are responsible for reviewing whether there have been any changes in plans, orders or medical interventions prescribed or recommended by medical or behavioral professionals and whether those changes are being followed.</p>

<p>Consolidated, P/FDS and Community Living Waivers</p>	<p>C-1/C-3</p>	<p>Advanced Supported Employment</p>	<p>Eligibility for Advanced Supported Employment is limited to participants whose preferences, skills and employment potential cannot be best determined through traditional, standardized means due to the impact of their disability. Specifically, the participant:</p> <ul style="list-style-type: none"> • Has been found ineligible for or has a closed case with Office of Vocational Rehabilitation (OVR) services and chooses not to be re-referred or 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 not to be available to the participant; and ... 	<p>Eligibility for Advanced Supported Employment is limited to participants whose preferences, skills and employment potential cannot be best determined through traditional, standardized means due to the impact of their disability. Specifically, the participant:</p> <ul style="list-style-type: none"> • Has been found ineligible for or has a closed case with Office of Vocational Rehabilitation (OVR) services and chooses not to be re-referred or 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 not to be available to the participant; and ... <p>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:</p> <ul style="list-style-type: none"> • A participant who has been referred to OVR, but does not have an approved Individualized Plan for Employment (IPE) may receive Advanced Supported Employment. • A participant who has not been referred to OVR may receive Advanced Supported Employment without a referral to OVR. 	<p>This proposed change will allow individuals to receive services to obtain and sustain competitive integrated employment in the event that OVR establishes a waiting list.</p>
<p>Consolidated, P/FDS and Community Living Waivers</p>	<p>C-1/C-3</p>	<p>Advanced Supported Employment</p>	<p>Advanced Supported Employment may be provided in a variety of settings including residential habilitation settings when the need is identified in the service plan. Job acquisition and job retention may not occur in an Adult Training Facility (55 Pa. Code Chapter 2380) or a Vocational Facility (55 Pa. Code Chapter 2390).</p>	<p>Discovery activities may be provided within a variety of settings including residential habilitation settings when identified as a need in the service plan or Vocational Facilities and Adult Training Facilities when these facilities are where the participant’s employment or volunteer experience occurred that is being assessed and when identified as a need in the service plan.</p> <p>The direct provision of job acquisition activities may not be provided in a vocational facility or adult training facility.</p> <p>Job retention activities may not be provided in a Vocational Facility (55 Pa. Code Chapter 2390), Adult Training Facility (55 Pa. Code Chapter 2380), Child Residential and Day Treatment Facilities (55 Pa. Code Chapter 3800), Community Residential</p>	<p>ODP is adding clarification regarding where different components of Advanced Support Employment can be provided. This aligns with clarification contained in the Supported Employment service definition.</p>

				<p>Rehabilitation Services for the Mentally Ill (55 Pa. Code Chapter 5310) or any licensed or unlicensed home that provides residential habilitation services funded by ODP.</p> <p>Advanced Supported Employment may be provided in a variety of settings including residential habilitation settings when the need is identified in the service plan. Job acquisition and job retention may not occur in an Adult Training Facility (55 Pa. Code Chapter 2380) or a Vocational Facility (55 Pa. Code Chapter 2390).</p>	
<p>Consolidated, P/FDS and Community Living Waivers</p>	C-1/C-3	Communication Specialist	<p>This is a direct and indirect service that supports participants with nontraditional communication needs by determining the participant’s communication needs, educating the participant and his or her caregivers on the participant’s communication needs and the best way to meet those needs in their daily lives. The service may include one or more of the following activities:</p> <ul style="list-style-type: none"> • Reviewing the participant’s communication needs, including but not limited to the participant’s: <ul style="list-style-type: none"> ○ Current methods of communication (how the participant communicates at the time of the assessment); ○ Preferred methods of communication (How the participant prefers to communicate); ○ Supplementary communication methods; ○ Communication methods that have proven to be ineffective in daily communication; and ○ Educating caregivers in the participant’s current and preferred communication needs. • Helping to establish environments that emphasize the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional. 	<p>This is a direct and indirect service that supports participants with nontraditional communication needs by determining the participant’s communication needs, educating the participant and his or her caregivers on the participant’s communication needs and the best way to meet those needs in their daily lives. The service may include one or more of the following activities:</p> <p>The service begins with a thorough review of Reviewing the participant’s communication needs and skills (both expressive and receptive), including but not limited to the participant’s:</p> <ul style="list-style-type: none"> • Current methods of communication (how the participant communicates at the time of the assessment); • Preferred methods of communication (How the participant prefers to communicate); • Supplementary communication methods; • Communication methods that have proven to be ineffective in daily communication; and • Educating caregivers in the participant’s current and preferred communication needs. <p>Once the review is complete, an action plan is developed. The action plan should be person-specific and created with the service plan team. The plan should include:</p> <ul style="list-style-type: none"> • The participant’s best communication methods, both expressive and receptive; 	<p>ODP is adding clarification that providers of Communication Specialist services must start off by reviewing the participant’s communication needs and skills and developing an action plan. ODP is also adding clarification that teaching American Sign Language is not the intent of this service.</p>

			<ul style="list-style-type: none"> • Providing assistance in the development and implementation of an action plan to remove communication barriers, evaluating the effectiveness of the plan following implementation, and modifying the plan based on the evaluation of its effectiveness. • Educating SCOs, AEs, and other appropriate entities about a participant’s specific needs related to communication access, legal responsibilities and cultural and linguistic needs. • Participating in and assisting in the development of participants’ service plan, as appropriate. <p>(Information in the service definition omitted)</p> <p>This service does not include any of the following activities:</p> <ul style="list-style-type: none"> • Preventing, screening, identifying, assessing, or treating known or suspected disorders relating to speech, feeding and swallowing, or communication disorders. • Screening participants for speech, language, voice, or swallowing disorders. • Teaching participants, families and other caregivers speech reading and speech and language interventions. • Teaching participants, families and other caregivers and other communication partners how to use prosthetic and adaptive devices for speaking and swallowing. • Using instrumental technology to provide nonmedical diagnosis, nonmedical treatment and nonmedical services for disorders of communication, voice and swallowing. 	<ul style="list-style-type: none"> • Current barriers to effective communication; and • Measurable steps to address and eliminate the barriers to expressive and receptive communication from all aspects of the participant’s everyday life. <p>At least annually and at any time necessary, the action plan should be evaluated for effectiveness and modified if needed.</p> <p>The service may include one or more of the following activities:</p> <ul style="list-style-type: none"> • Helping to establish environments that emphasize the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional. • Providing assistance in the development and implementation of an action plan to remove communication barriers, evaluating the effectiveness of the plan following implementation, and modifying the plan based on the evaluation of its effectiveness. • Educating SCOs, AEs, and other appropriate entities about a participant’s specific needs related to communication access, legal responsibilities and cultural and linguistic needs. • Participating in and assisting in the development of participants’ service plan, as appropriate... <p>(Information in the service definition omitted)</p> <p>This service does not include any of the following activities:</p> <ul style="list-style-type: none"> • Preventing, screening, identifying, assessing, or treating known or suspected disorders relating to speech, feeding and swallowing, or communication disorders. • Screening participants for speech, language, voice, or swallowing disorders. 	
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				<ul style="list-style-type: none"> • Teaching participants, families and other caregivers speech reading and speech and language interventions. • Teaching participants, families and other caregivers and other communication partners how to use prosthetic and adaptive devices for speaking and swallowing. • Using instrumental technology to provide nonmedical diagnosis, nonmedical treatment and nonmedical services for disorders of communication, voice and swallowing. • Teaching American Sign Language (ASL) unless the sign that is being taught is participant-specific. ASL lessons are not included in the service. 	
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Companion	This service can be used for hours when the participant is sleeping and needs supervision and/or assistance with tasks that do not require continual assistance, or non-habilitative care to protect the safety of the participant. For example, a companion can be used during overnight hours for a participant who lives on their own but does not have the ability to safely evacuate in the event of an emergency or solely needs routine monitoring for conditions other than post-surgical care and convulsive (grand mal) epilepsy. This service can also be used to supervise participants during socialization or non-habilitative activities when necessary to ensure the participant's safety.	<p>This service can be used for hours when the participant is sleeping and needs supervision and/or assistance with tasks that do not require continual assistance, or non-habilitative care to protect the safety of the participant. For example, a companion Companion services can be used during overnight hours for a participant who lives on their own but does not have the ability to safely evacuate in the event of an emergency or solely needs routine monitoring for conditions other than post-surgical care and convulsive (grand mal) epilepsy. Effective January 1, 2020, caregivers with whom the participant lives may not provide Companion services when the participant has been sleeping 5 or more hours and does not require direct care or supervision during those asleep hours. When direct care or supervision is provided, the caregiver may be reimbursed.</p> <p>This service can also be used to supervise participants during socialization or non-habilitative activities when necessary to ensure the participant's safety.</p>	Based on public comment received, further clarification has been added regarding when caregivers who live with the participant can provide Companion services. An effective date of January 1, 2020 was also added to allow ISP teams to update service plans where this was occurring.
Community Living and	C-1/C-3	Shift Nursing	Effective starting 7/1/17, participants authorized to receive Shift Nursing services may not receive the	Effective starting 7/1/17, participants authorized to receive Shift Nursing services may not receive the following services at	ODP is correcting an error in the service definition that says Shift Nursing services

P/FDS Waivers			following services at the same time as this service: Respite (15-minute unit and Day); Companion; In-Home And Community Supports; Community Participation Support; Transitional Work; Supported Employment; Advanced Supported Employment; Benefits Counseling; Therapies; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.	the same time as this service: Respite (15-minute unit and Day); Companion; In-Home And Community Supports; Community Participation Support; Transitional Work; Supported Employment; Advanced Supported Employment; Benefits Counseling; Therapies; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.	cannot not be provided at the same time as Music, Art and Equine Assisted Therapy. Public comment pointed out additional inconsistencies among the Consolidated, Community Living and P/FDS waivers. Further revisions were made to ensure all three waivers are consistent.
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Small Group Employment	<p>Small Group Employment services consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan, and it must be documented in the service plan how and when the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Transitional Work services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.</p> <p>Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.</p>	<p>Small Group Employment services are direct services that consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan, and it must be documented in the service plan how and when the provision of this service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Transitional Work services must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.</p> <p>Small Group Employment service 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.</p>	<p>ODP is adding clarification regarding when Small Group Employment can be billed.</p> <p>Based on public comment received, language was further revised to clarify that services are only billable when the participant is <u>receiving direct support</u> during that time that he or she is working and receiving wages or during transportation to a work site.</p>
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Small Group Employment	Small Group Employment services may be provided without referring a participant to OVR unless the participant is under the age of 25. When a participant is under the age of 25, Small Group Employment services may only be authorized as a new service in the service plan when	Effective 7/1/19 , Small Group Employment services may be provided without referring a participant to OVR as OVR does not provide Small Group Employment services. unless the participant is under the age of 25. When a participant is under the age of 25, Small Group Employment services may only be authorized as a new service in the service plan when	Participants who receive Small Group Employment services do not need to be referred to OVR since OVR does not provide Small Group Employment services.

			documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.	documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.	
Consolidated, P/FDS and Community Living Waiver	C-1/C-3	Small Group Employment	<p><i>Provider Qualification Criteria for Agency Providers</i></p> <p>Staff working directly with the participant to provide Small Group Employment services must have one of the following by 1/1/19 or within six months of hire if hired after 7/1/18:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Effective 1/1/19, 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 no longer than six months from the date of hire to allow the new staff time to obtain the certification.</p>	<p><i>Provider Qualification Criteria for Agency Providers</i></p> <p>Staff working directly with the participant to provide Small Group Employment services must have one of the following by 1/1/19 7/1/19 or within six months of hire if hired after 7/1/18 1/1/19:</p> <ul style="list-style-type: none"> • Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or • Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training. <p>Effective 1/1/19 7/1/19, 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 no longer than six months from the date of hire to allow the new staff time to obtain the certification.</p>	The waiver qualification requirements are being revised to give staff six months to complete certification requirements.
Consolidated, P/FDS and Community Living Waivers	C-1/C-3	Transportation	3. 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 to a waiver service or resource specified in the participant's service plan from a participant's private home, from the waiver service or resource to the participant's home, from one waiver service or resource to another waiver service or resource, or transportation to and from a job that meets the definition of competitive integrated employment. Taking a participant to a waiver service and returning the participant to his/her home is considered two trips or two units of	3. 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 to a waiver service or resource specified in the participant's service plan from a participant's private home, from the waiver service or resource to the participant's home, from one waiver service or resource to another waiver service or resource, or transportation to and from a job that meets the definition of competitive integrated employment. Taking a participant to a waiver service 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.	Upon review of data regarding how Transportation Trip is currently used, the number of miles covered in each zone are proposed to change. ODP's goal is to ultimately move Transportation Trip from a cost-based service to a fee schedule service. This change to the number of miles covered in each zone will allow ODP to gather data in cost reports for fiscal year 2019-2020 to help determine the impact of moving Transportation Trip from a cost-based service to a fee schedule service.

			<p>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 20 miles; Zone 2 - greater than 20 and up to 40 miles; and Zone 3 – greater than 40 and up to 60 miles. Providers that transport more than 6 participants are required to have an aide on 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.</p>	<p>Effective July 1, 2019, zones are defined as follows:</p> <ul style="list-style-type: none"> • Zone 1 - greater than 0 and up to 20 10 miles; • Zone 2 - greater than 20 10 and up to 40 30 miles; and • Zone 3 – greater than 40 and up to 60 30 miles. <p>Providers that transport more than 6 participants are required to have an aide on 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...</p>	
P/FDS Waiver	C-4	Additional Limits on Amount of Waiver Services.	<p>A \$33,000 per person per fiscal year total limit is established for all P/FDS Waiver services with the following exceptions:</p> <ul style="list-style-type: none"> • Supports Coordination and Supports Broker services will be excluded from the limit because they are integral to ensuring the success of participants in utilizing traditional service models and participant directed service models. • The limit can be exceeded by \$15,000 for Advanced Supported Employment or Supported Employment services that are authorized on a participant's service plan. • Individual cap exceptions for individuals enrolled in the P/FDS prior to the July 1, 2017 waiver renewal to ensure that participants are not subject to service loss due to changes in service rates and service definitions that became effective with the renewal. The individual cap exception allows participants to be approved at the annualized total budget projected from their approved and authorized service plan for Fiscal Year 2016-2017. These exceptions will continue for these participants through the end of Fiscal Year 2019- 	<p>A \$33,000 per person per fiscal year total limit is established for all P/FDS Waiver services with the following exceptions:</p> <ul style="list-style-type: none"> • Supports Coordination and Supports Broker services will be excluded from the limit because they are integral to ensuring the success of participants in utilizing traditional service models and participant directed service models. • The limit can be exceeded by \$15,000 for Advanced Supported Employment or Supported Employment services that are authorized on a participant's service plan. • Individual cap exceptions for individuals enrolled in the P/FDS prior to the July 1, 2017 waiver renewal to ensure that participants are not subject to service loss due to changes in service rates and service definitions that became effective with the renewal. The individual cap exception allows participants to be approved at the annualized total budget projected from their approved and authorized service plan for Fiscal Year 2016-2017. These exceptions will continue for these participants through the end of Fiscal Year 2019-2020, as long as they are enrolled in the P/FDS waiver and the service plan does not exceed the approved exception level. This process will be monitored and reviewed by ODP or the AE. • Individual cap exceptions for individuals enrolled in the P/FDS prior to July 1, 2019 to ensure that participants are not 	<p>Adding a process to the P/FDS waiver to ensure that participants do not have services reduced or terminated due to changes in the Community Participation Support rates and/or Transportation Trip zones effective July 1, 2019.</p>

			2020, as long as they are enrolled in the P/FDS waiver and the service plan does not exceed the approved exception level. This process will be monitored and reviewed by ODP or the AE.	subject to service loss due to changes in Community Participation Support service rates and/or Transportation Trip zones that became effective on July 1, 2019. The individual cap exception allows participants to be approved at the annualized total budget projected from their approved and authorized service plan for Fiscal Year 2018-2019. These exceptions will continue for these participants through the end of Fiscal Year 2021-2022, as long as they are enrolled in the P/FDS waiver and the service plan does not exceed the approved exception level. This process will be monitored and reviewed by ODP or the AE.	
Consolidated, P/FDS and Community Living Waivers	D-1-d	Service Plan Development Process	<p>(B) The Types Of Assessments That Are Conducted To Support The Service Plan Development Process, Including Securing Information About Participant Needs, Preferences And Goals, And Health Status:</p> <p>(Language from this section has been omitted. Please review the waivers to see all information.)</p> <p>The service plan document itself identifies information about the participant; and summarizes all the assessment, outcomes and actions needed for implementation. Information gathering for the service plan should include physical development, communication abilities and needs, learning styles, strengths and functional abilities, educational background, employment, social/emotional information, medical and clinic needs, personality traits, environmental influences, community participation, interactions, preferences, outcomes, relationships that impact the participant’s quality of life, and an evaluation of risk.</p>	<p>(B) The Types Of Assessments That Are Conducted To Support The Service Plan Development Process, Including Securing Information About Participant Needs, Preferences And Goals, And Health Status:</p> <p>(Language from this section has been omitted. Please review the waivers to see all information.)</p> <p>The service plan document itself identifies information about the participant; and summarizes all the assessment, outcomes and actions needed for implementation. Information gathering for the service plan should include physical development, communication abilities and needs, learning styles, strengths and functional abilities, educational background, employment, social/emotional information, medical and clinic needs (including any needs identified in a health risk screening tool when applicable), personality traits, environmental influences, community participation, interactions, preferences, outcomes, relationships that impact the participant’s quality of life, and an evaluation of risk.</p>	To promote health, wellness and safety, ODP is exploring the use of health risk screening tools. This proposed clarification would ensure that ISPs align with any such tool utilized.
Consolidated, P/FDS and Community Living Waivers	D-1-e	Risk Assessment and Mitigation	The assessment process described above also identifies potential risks for the participant. Through the service plan development process, the participant, his or her family and team members develops strategies to identify, reduce and address identified risks. Each service plan contains detailed	The assessment process described above also identifies potential risks for the participant. Through the service plan development process, the participant, his or her family and team members develops strategies to identify, reduce and address identified risks. Each service plan contains detailed information on supports and strategies designed to mitigate	To promote health, wellness and safety, ODP is exploring the use of health risk screening tools. This proposed clarification would ensure that ISPs align with any such tool utilized.

			information on supports and strategies designed to mitigate risk to the participant. The strategies identified to mitigate risks must reflect person-centered principles and are structured in a manner that supports participant preferences and outcomes.	risk to the participant that should align with health risk screening tools when applicable. The strategies identified to mitigate risks must reflect person-centered principles and are structured in a manner that supports participant preferences and outcomes.	
Consolidated, P/FDS and Community Living Waivers	E-1-ii	Payment for FMS	<p>ODP has developed a standard methodology for reimbursing FMS administrative activities and the administrative payments to the VF/EA FMS and AWC FMS are entirely separate from the funds dedicated to the participant's budget for services.</p> <p>AWC FMS providers receive a monthly per-participant administrative fee for the FMS administrative service provided by the AWC FMS. The monthly administrative fee is established by ODP and the AWC FMS provider and must be applied consistently with each participant within the AWC FMS provider. Administrative claims are submitted by the AWC FMS to PROMISe and payments are made directly to the AWC FMS from the Pennsylvania Treasury.</p>	<p>ODP has developed a standard methodology for reimbursing FMS administrative activities and the administrative payments to the VF/EA FMS and AWC FMS are entirely separate from the funds dedicated to the participant's budget for services.</p> <p>AWC FMS providers receive a monthly per-participant administrative fee for the FMS administrative service provided by the AWC FMS. The monthly administrative fee is established by ODP through the fee schedule rate development process and the AWC FMS provider and must be applied consistently with each participant within the AWC FMS provider. Administrative claims are submitted by the AWC FMS to PROMISe and payments are made directly to the AWC FMS from the Pennsylvania Treasury.</p>	Language regarding how the AWC FMS monthly administrative fee is established has been revised to reflect current practice. Public comment recommended that this language be updated.
Consolidated, P/FDS and Community Living Waivers	I-2-a	Rate Determination Methods	<p>2. Cost-Based: The cost-based rates are developed in accordance with Department standards in 55 Pa. Code Chapter 51, or its successor, as follows:</p> <p>* Providers who do not submit a cost report, do not successfully submit a cost report that is approved by ODP, or fail to submit an audit are assigned rates by ODP. New providers or current providers who offer new services (defined as providers that enroll and qualify to provide a new service after the cost report process is complete for that period and have no cost history) will also be assigned a rate by ODP. ODP assigns rates in the following manner: -A provider is assigned the average of the provider's cost-based rates for an existing service at a new service location if the provider has an</p>	<p>2. Cost-Based: The cost-based rates are developed in accordance with Department standards in 55 Pa. Code Chapter 51, or its successor, as follows:</p> <p>* Providers who do not submit a cost report, do not successfully submit a cost report that is approved by ODP, or fail to submit an audit are assigned rates by ODP. New providers or current providers who offer new services (defined as providers that enroll and qualify to provide a new service after the cost report process is complete for that period and have no cost history) will also be assigned a rate by ODP. ODP assigns rates in the following manner: -A provider is assigned the average of the provider's cost-based rates for an existing service at a new service location if the provider has an approved cost-based rate at another</p>	Language regarding how cost-based rates will be assigned by ODP has been revised to reflect current. Public comment recommended that this language be updated.

		<p>approved cost-based rate at another service location. A provider shall be assigned the average of provider cost-based rates for new HCBS if:</p> <p>(2) A provider is a new provider who was not delivering HCBS during the reporting period of the cost report.</p> <p>-A provider shall be assigned the lowest rate calculated Statewide based on all provider cost reports for HCBS if a provider was required and failed to submit a cost report.</p> <p>-A provider who is required to submit an audit & then fails to do so shall receive the lowest rate calculated Statewide.</p> <p>-A provider who submits an audit which indicates the information in the cost report requires adjustment & the provider does not submit a revised cost report, shall be assigned the lowest rate calculated Statewide.</p> <p>-A provider that chooses to not submit a cost report or the cost report is not approved will be assigned the lowest rate calculated Statewide for each cost-based service.</p>	<p>service location. A provider shall be assigned the state-set rates average of provider cost-based rates for new HCBS if:</p> <p>(2) A provider is a new provider who was not delivering HCBS during the reporting period of the cost report.</p> <p>-A provider shall be assigned the lowest rate calculated Statewide based on all provider cost reports for HCBS if a provider was required and failed to submit a cost report.</p> <p>-A provider who is required to submit an audit & then fails to do so shall receive the lowest rate calculated Statewide.</p> <p>-A provider who submits an audit which indicates the information in the cost report requires adjustment & the provider does not submit a revised cost report, shall be assigned the lowest rate calculated Statewide.</p> <p>-A provider that chooses to not submit a cost report or the cost report is not approved will be assigned the lowest rate calculated Statewide for each cost-based service.</p>	
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