

Consolidated, Community Living and P/FDS Waiver Amendments

Effective Date: November 1, 2023

KEY

“All Intellectual Disability/Autism Waivers (ID/A) Waivers” – Consolidated, Community Living, and P/FDS Waivers

Black Bold Font = Additions proposed and submitted to CMS. No changes were made because of public comment.

Strikethrough = Information removed

Red Bold Font = Information added because of public comment and submitted to CMS.

Purple Bold Font = Changes made after original submission to CMS.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	Main Module	Additional Needed Information (Optional)	<p>Teleservices are the delivery of direct services using remote technology. The following direct services may be rendered via teleservices:</p> <ul style="list-style-type: none"> • Community Participation Support (refer to the service definition for limits regarding use of this method of service delivery) • In-Home and Community Support (refer to the service definition for limits regarding use of this method of service delivery) • Supported Employment • Therapy Services • Supports Broker • Behavioral Support • Communication Specialist • Companion (refer to the service definition for limits regarding use of this method of service delivery) • Consultative Nutritional Services • Music and Art Therapy • Specialty Telehealth and Assessment Team <p>Supports Coordination teleservices may also be rendered through the waivers. The Specialty Telehealth and Assessment Team service is rendered solely</p>	Participants enrolled in ODP’s waivers have a high utilization of medical services including emergency rooms and hospitalization. Specialty Telehealth and Assessment Team services are being added to the waivers as they have proven in other states to result in reduced costs and improved health outcomes.

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			<p>through teleservices. Due to the nature of Supports Coordination and Specialty Telehealth and Assessment Team services, requirements for teleservices are different and are therefore included in the Supports Coordination and Specialty Telehealth and Assessment Team service definitions in Appendix C.</p>	
Community Living Waiver	B-3-a	Unduplicated Number of Participants	<p>Waiver Year 1 – 5432-6000 Waiver Year 2 – 5432-6200 Waiver Year 3 – 5432-6200 Waiver Year 4 – 5432-6200 Waiver Year 5 – 5432-6200</p>	<p>The budget approved for FY 23/24 (July 1, 2023 through June 30, 2024) includes serving 750 additional people in the Community Living Waiver. Since Waiver Years reflect calendar years, not all 750 people would be enrolled in the waiver by December 31, 2023. Those individuals would be enrolled in Waiver Year 2. The increases in number of unduplicated people served in the waiver also reflect the increased turnover that occurs when more people are enrolled in the waiver.</p>
All ID/A Waivers	C-1/C-3	Assistive Technology	<p>An item, piece of equipment, or product system, acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant’s functioning or increase their 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:</p> <ul style="list-style-type: none"> • Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant. Leasing of equipment and devices is only allowable short term: <ul style="list-style-type: none"> ○ For emergency substitution of a device or equipment until repairs are made or a replacement can be purchased; or 	<p>This change is the result of public comment recommending that leasing of devices should be allowed short-term for specific purposes.</p>

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			<ul style="list-style-type: none"> ○ To allow a participant to try equipment and device(s) to determine whether the equipment or device(s) will be a good fit for the participant's needs. 	
All ID/A Waivers	C-1/C-3	Assistive Technology	<p>Electronic devices that are separate from not used for the delivery of Remote Supports are included under Assistive Technology to meet a communication or prompting need or to enable participants to independently control devices and appliances in their home and community. 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.</p>	The purpose of this proposed change is to enhance opportunities for waiver participants to independently control devices and appliances in their home and community through the use of electronic devices covered under the Assistive Technology service. Electronic devices used for the delivery of Remote Supports are covered under the Remote Supports service.
All ID/A Waivers	C-1/C-3	Community Participation Support	<p>Community Participation Support (CPS) provides opportunities & support for community inclusion and building interest in & 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 their desired outcomes related to employment, community involvement & membership. To achieve this, each participant must be offered opportunities & needed support to participate in community activities that are consistent with the participant's preferences, choices and interests. Each participant's preferences, choices, skills, strengths and interests may change based on their experiences, and as a result, providers must have conversations at least quarterly about community activities in which the participant would like to participate. CPS should include a comprehensive analysis of the participant in relation to the following:</p> <ul style="list-style-type: none"> • Strongest interests & personal preferences for community activities, 	ODP is proposing to permanently remove the variance requirement for participants who spend less than 25% of the time while they are receiving Community Participation Support participating in community activities as a result of feedback ODP has received and data ODP reviewed during the suspension of the variance requirement as a result of the COVID-19 pandemic. ODP will continue to ensure that providers are offering each participant the opportunity to participate in community activities through the Quality

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			<ul style="list-style-type: none"> • Skills, strengths, & other contributions likely to be valuable to employers or the community, and • Conditions necessary for successful community inclusion and/or competitive integrated employment. <p style="text-align: center;">***</p> <p>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. Providers with service locations where more than 10% of individuals who are receiving services are spending less than 25% of their time in community settings on average are required to describe the following for the service location in the provider’s Quality Management Plan required by 55 Pa Code § 6100.45 and its Action Plan:</p> <ul style="list-style-type: none"> • The number/ percent of individuals not receiving at least 25% of their services in community settings, • The number of individuals who want to increase the amount of time they spend in the community, • Action steps for increasing time in the community for each participant identified in the previous bullet, including timeframes for achieving each action step, • Barriers to supporting individuals with engaging in community activities, including action steps to address the barriers and timeframes for achieving each action step, • The methods used by the provider to offer options to receive services in integrated community settings in-line with each participant’s preferences, choices and interests for community activities and the frequency such options will be offered, 	<p>Assessment and Improvement (QA&I) process. Providers will also be required to include information in a Quality Management Plan when the amount of time individuals spend participating in community activities at a service location is low.</p> <p>ODP is clarifying that conversations about community activities should occur at least quarterly to ensure that each participant’s experiences from the previous quarter informs their choice of activities for the next quarter. The requirement to have a conversation at least quarterly is consistent with the timeframes for progress note discussed in bulletin 00-22-03.</p> <p>ODP is clarifying that assisting a participant with obtaining counseling related to accessing employment supports and services is included as part of the Community Participation service. Examples of this assistance include helping a participant with contacting the Ticket to Work Help Line, obtaining their Benefits Planning Query statement from their local Social Security Administration</p>

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			<ul style="list-style-type: none"> • Successful community experiences, such as building relationships, employment opportunities and natural supports for individuals served, and • The staff position responsible for reviewing and updating the information demonstrating the efforts to provide exposure and opportunities to participate in community activities in the: <ul style="list-style-type: none"> ○ Action Plan of the Quality Management Plan, at least quarterly, and ○ Quality Management Plan, at least annually. <p style="text-align: center;">***</p> <p>CPS 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 supports for:</p> <ul style="list-style-type: none"> • Developing skills & competencies necessary to pursue competitive integrated employment; • Assisting participants with contacting relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on current benefits; • Participating in community activities, organizations, groups, or clubs to develop social networks; <p style="text-align: center;">***</p> <p>Support provided may include development of a comprehensive analysis of the participant in relation to following:</p>	<p>office, or completing other paperwork or releases that are needed to obtain services through the Work Incentives Planning and Assistance program.</p>

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			<ul style="list-style-type: none"> • 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. <p style="text-align: center;">***</p> <p>A community hub could be a private home but is not the home of support staff or any individual employed by, or on the board or similar committee responsible for executive decisions of, the provider of the service. The participant's home may only serve as a hub on an occasional & incidental basis.</p> <p style="text-align: center;">***</p> <p>Prevocational 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 and includes:</p> <ul style="list-style-type: none"> • The development & implementation of a preliminary plan for employment that identifies: & addresses <ul style="list-style-type: none"> ○ The participant's basic work interests, and ○ as well as Skills & gaps in skills for the participant's his or her work interests, including how those will be addressed. • Situational assessments, which means spending time at an employer's place of business to explore vocational interests & develop vocational skills. <p style="text-align: center;">***</p>	

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			<p>The following limits will be phased in regarding the amount of time a participant can receive CPS services in a licensed Adult Training Facility or a licensed Vocational Facility:</p> <ul style="list-style-type: none"> ● A participant may not receive CPS services in a licensed Adult Training Facility or a licensed Vocational Facility for more than 75 percent of his or her support time, on average, per month. <p>A variance may be granted, as determined by the service plan team if one of the following circumstances apply:</p> <ul style="list-style-type: none"> ● 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 him or herself or others; or ● The participant declines the option to spend time in the community having been provided with opportunities to do so consistent with their preferences, choices and interests. 	
All ID/A Waivers	C-1/C-3	Community Participation Support	<p><i>Provider Qualifications</i></p> <p>Enhanced levels of service are based on the participant's behavioral or medical support needs. At least one staff person must have one of the following certifications or degrees to provide enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service:</p> <ul style="list-style-type: none"> ● NADD Competency Based Clinical Certification. ● NADD Competency-Based Dual Diagnosis Certification. ● NADD Competency-Based Direct-Support Professional Certification. ● Registered Behavior Technician. 	This change is the result of public comment recommending that Therapeutic Recreation be added as a degree that can provide enhanced levels of service.

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			<ul style="list-style-type: none"> • Certified Nursing Assistant. • Board Certified Assistant Behavior Analyst. • Bachelor’s Degree or higher in Psychology, Education, Special Education, Counseling, Social Work, Gerontology or Therapeutic Recreation. 	
All ID/A Waivers	C-1/C-3	Home Accessibility Adaptations	<p>The following are covered as modifications to a household subject to funding under the Waivers:</p> <ul style="list-style-type: none"> • Accessible alerting systems for smoke/fire/CO2 for individuals with sensory impairments. • Widened doorways, landings, and hallways. • Handrails that are considered a structural home modification. • An additional doorway needed to ensure the safe egress of the participant during emergencies, when a variance is approved by the ODP Regional Office. • Swing clear and expandable offset door hinges. 	Handrails are being returned as a home accessibility adaptation that can be covered through the waivers. As Pennsylvania works on implementing coverage of Home Accessibility DME through Medical Assistance, we have received clarification that handrails that are considered a structural home modification do not meet the definition of equipment and appliances in the federal regulations under 42 CFR 440.70(b)(3) that are covered under the MA state plan.
All ID/A Waivers	C-1/C-3	In-Home and Community Support	<p><i>Provider Qualifications</i></p> <p>Enhanced levels of service are based on the participant's behavioral or medical support needs. The Support Service Professional must have one of the following certifications or degrees to provide Level 2 enhanced or Level 3 enhanced services to participants who do not require a nurse to provide the enhanced level of service:</p> <ul style="list-style-type: none"> • NADD Competency-Based Clinical Certification. • NADD Competency-Based Dual Diagnosis Certification. • NADD Competency-Based Direct-Support Professional Certification. 	This change is the result of public comment recommending that Therapeutic Recreation be added as a degree that can provide enhanced levels of service.

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			<ul style="list-style-type: none"> • Registered Behavior Technician. • Certified Nursing Assistant. • Board Certified Assistant Behavior Analyst. • Bachelor’s Degree or higher in Psychology, Education, Special Education, Counseling, Social Work, Gerontology or Therapeutic Recreation. 	
All ID/A Waivers	C-1/C-3	Music Therapy, Art Therapy and Equine Assisted Therapy	<p>Therapy services consist of the following individual and group therapies for no more than 4 individuals that are not primarily recreational or diversionary:</p> <ul style="list-style-type: none"> • Art Therapy; • Music Therapy; and • Equine Assisted Therapy. 	This change is the result of public comments recommending that the waivers include additional options for participants to benefit from group Music Therapy, Art Therapy and Equine Assisted Therapy based on each participant’s needs and preferences.
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation, Life Sharing, and Supported Living	<p>Participants authorized to receive Residential Habilitation/Life Sharing/Supported Living services:</p> <ul style="list-style-type: none"> • May receive Assistive Technology Remote Supports Equipment and Technology (procedure code W6087) to purchase or lease devices or equipment or technology that will be used exclusively by the a participant for the delivery of remote supports as a method of Residential Habilitation/Life Sharing/Supported Living service delivery. The devices or equipment must meet the Assistive Technology service definition requirements. All items purchased through Remote Supports 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. 	ODP is proposing to allow participants who receive remote supports as a method of residential service delivery to also receive Equipment and Technology needed for the delivery of the service through the Remote Supports service. This proposed change will mitigate confusion currently caused by allowing the equipment and technology to be purchased through Assistive Technology and provide additional transparency regarding which participants are receiving remote supports as a method of residential service delivery.

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			<ul style="list-style-type: none"> • May not receive the discrete Remote Supports service. Remote supports is intended to reduce the participant’s need for direct support that would typically be provided as part of the Life Sharing service. Remote supports is built into the Life Sharing rate & cannot be authorized as a separate service in the service plan. Requirements for the delivery of remote supports as part of the Life Sharing service are in the Main Module- Additional Needed Information (Optional) section of this waiver. <p>The following services may not be authorized for participants who receive Life Sharing/Residential Habilitation/Supported Living services: Homemaker/Chore; In-Home and Community Supports; Family/Caregiver Training and Support; Remote Supports; and Consultative Nutritional Services.</p>	
Consolidated and Community Living Waivers	C-1/C-3	Residential Habilitation, Life Sharing, and Supported Living	<p><i>Provider Qualifications for providers rendering Residential Habilitation, Life Sharing or Supported Living</i></p> <p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in Pennsylvania. 2. Actively provided direct non-residential HCBS as a provider enrolled to provide ODP Waiver services for the two years prior to enrolling to provide Residential Habilitation, Life Sharing, or Supported Living and be in good standing (not subject to sanctions or enforcement actions by the Department). 3. Annually submit to ODP the most recent financial statement that has been audited by an independent Certified Public Accountant. 	Supporting participants through residential services can be complex and dynamic. Providing Residential Habilitation, Life Sharing or Supported Living services requires a provider to be prepared to meet the needs of each participant supported and initiate and participate in ongoing planning and support to facilitate each participant’s vision for an Everyday Life. ODP gathered residential providers across Pennsylvania that provide high quality services to obtain input and feedback about their operations which support their success and the success of participants they support. ODP proposes changes to the

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				<p>qualifications providers must meet to ensure that all residential providers are financially prepared and new providers have prior experience prior to delivering residential services.</p>
Consolidated Waiver	C-1/C-3	Life Sharing	<p><i>Provider Qualifications for Life Sharing Agencies Serving Participants with a Medically Complex Condition</i></p> <p>20. Have a risk/crisis plan that identifies potential risks and the strategy for risk mitigation and crisis response. Have a risk mitigation policy that identifies possible risks for participants with a medically complex condition and what the provider will do to mitigate those risks. Risks could include medical equipment or technology dependent equipment malfunctions, late delivery of medical supplies or medications, and absence or late arrival of medical staff.</p> <p style="text-align: center;">***</p> <p>The Life Sharers/Host Families that who is employed or has a contract with the Life Sharing agency to provide Life Sharing services to participants with a medically complex condition who are not related to the Life Sharer must meet the additional following standards:</p> <ol style="list-style-type: none"> 1. Have one of the following: <ul style="list-style-type: none"> • A high school diploma, GED, or equivalent (including a written attestation from the educational organization), or • Documentation of at least one post-secondary course that was completed post high school graduation. 	<p>This change provides clarification regarding information that must be included in a Life Sharing agency’s risk mitigation policy to ensure the health and safety of participants with a medically complex condition.</p> <p>Changes to requirements for life sharers were made in response to public input recommending removal of barriers for relatives who may not have a high school diploma or are unable to obtain validation of high school graduation but have been providing the necessary care and support to their loved ones and who have the knowledge to provide the medical care needed, as attested by the Life Sharing provider.</p>

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			<p>2. Receive training by a medical professional that is specific to the participant’s medical needs prior to rendering the service....</p> <p>The Life Sharer who is employed or has a contract with the Life Sharing agency to provide Life Sharing services to participants with a medically complex condition who are related to the Life Sharer must meet the additional following standards:</p> <p>1. Have one of the following:</p> <ul style="list-style-type: none"> • A high school diploma, GED, or equivalent (including a written attestation from the educational organization), • Documentation of at least one post-secondary course that was completed post high school graduation, or • A written attestation from the Life Sharing agency that the Life Sharer has demonstrated basic skills to provide, comprehend, and ensure the health and safety of the participant. <p>2. Receive training by a medical professional that is specific to the participant’s medical needs prior to rendering the service....</p>	
All ID/A Waivers	C-1/C-3	Supports Coordination	<p><i>Supports Coordination Provider Qualifications</i></p> <p>Supports Coordination Organizations must meet the following standards during the initial and ongoing qualification process:</p> <p>21. Participate in established AE forums to address risk management, systemic issues and provider viability concerns.</p> <p>22. Comply with HIPAA.</p>	ODP proposes changes to the qualifications providers must meet to ensure that all Supports Coordination Organizations are financially prepared to deliver Supports Coordination services.

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			<p>23. Annually submit to ODP the most recent financial statement that has been audited by an independent Certified Public Accountant.</p> <p>24. Comply with Department standards related to SCO qualification and enrollment</p>	
All ID/A Waivers	C-1/C-3	Respite	<p>A variance for Respite services in the following settings may be requested when the participant has a Needs Group 3 or 4 or higher that indicates medical or behavioral needs and the participant is unable to locate a respite provider to render services in a community setting:</p> <ul style="list-style-type: none"> • Licensed Intermediate Care Facilities for individuals with an Intellectual Disability (55 Pa. Code 6600) that are owned and operated by private agencies. • Licensed Nursing Homes (28 Pa. Code Chapters 201, 203, 205, 207, 209 and 211). • Licensed Community Homes (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity of 5 to 8. <p style="text-align: center;">***</p> <p>This service may be provided at the following levels in Residential Habilitation or Life Sharing settings:</p> <ul style="list-style-type: none"> • Needs Group 1. • Needs Group 2. • Needs Group 3. • Needs Group 4. • Needs Group 5 (this only applies to Residential Habilitation settings) 	This change reflects the proposed implementation of a Needs Group 5 for participants who receive Residential Habilitation and have medical and/or behavioral needs that exceed those reflected in Needs Group 4.

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All ID/A Waivers	C-1/C-3	Respite	<p><i>Provider Qualifications</i></p> <p>Enhanced levels of service are based on the participant's behavioral or medical support needs. At least one staff (direct, contracted, or in a consulting capacity) providing enhanced levels of Respite must have one of the following professional certifications or degrees:</p> <ul style="list-style-type: none"> • NADD Competency-Based Clinical Certification; • NADD Competency-Based Dual Diagnosis Certification; • NADD Competency-Based Direct-Support Professional Certification; • Registered Behavior Technician; • Certified Nursing Assistant; • Board Certified Assistant Behavior Analyst; or • Bachelor's Degree or higher in Psychology, Special Education, Education, Counseling, Social Work, Gerontology or Therapeutic Recreation. 	This change is the result of public comment recommending that Therapeutic Recreation be added as a degree that can provide enhanced levels of service.
All ID/A Waivers	C-1/C-3	Supported Employment	<p>Career assessment includes:</p> <ul style="list-style-type: none"> • Gathering and conducting a review of the participant's interests, skills, and work or volunteer history. • Conducting situational assessments to assess the participant's interest and aptitude in a particular type of job. • Conducting informational interviews. • Identifying types of jobs in the community that match the participant's interests, strengths and skills. • Assisting participants with contacting relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on current benefits. • Developing a career assessment report that specifies recommendations regarding the participant's needs, interests, strengths, and characteristics of potential work environments. The career assessment report must also 	ODP is clarifying that assisting a participant with obtaining counseling related to accessing employment supports and services is included as part of all components of the Supported Employment service. Examples of this assistance include helping a participant with contacting the Ticket to Work Help Line, obtaining their Benefits Planning Query statement from their local Social Security Administration office, or completing other paperwork or releases that are needed to obtain services through the Work Incentives Planning and Assistance program.

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			<p>specify training or skills development necessary to achieve the participant's career goals.</p> <p style="text-align: center;">***</p> <p>Job finding or development includes employer outreach and orientation, job searching, job development, resume preparation and interview assistance. Other activities may include:</p> <ul style="list-style-type: none"> • Participation in individual planning for employment, • Development of job-seeking skills, • Development of job skills specific to a job being sought, • Job analysis, • Assisting participants with contacting relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on current benefits, • Consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant, and • Self-employment assistance. <p>Job finding or development may include customized job development. Customized job development means individualizing the employment relationship between employees and employers in a way that matches the needs of the employer with the assessed strengths, skills, needs, and interests of the participant, either through task reassignment, job carving, or job sharing. Job finding or development may also include negotiating the conditions for successful employment with a prospective employer including tasks, wages, hours and support.</p> <p style="text-align: center;">***</p>	<p>ODP is defining the timeframe by which a fading plan for Job Coaching and Support needs to be developed.</p>

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			<p>Job coaching and support consists of training the participant on job assignments, periodic follow-up, or ongoing support with participants and their employers. This may include systematic instruction. The service must be necessary for participants to maintain acceptable job performance and work habits, including assistance in learning new work assignments, maintaining job skills, and achieving performance expectations of the employer. Other examples of activities include:</p> <ul style="list-style-type: none"> • Direct intervention with an employer, • Employment-related personal skills instruction, • Support to re-learn job tasks, • Training to assist participants in using transportation to and from work, • Worksite orientation, • Job aide development, • Coordination of accommodations, • Assisting participants with contacting relevant agencies and obtaining documents needed to access employment supports and services that educate participants on the impact of employment on current benefits, • Ensuring assistive technology is utilized as specified in the plan, • Maintenance of appropriate work and interpersonal behaviors on the job, • Follow-along services at the work site after OVR-funded services are discontinued or OVR referral requirements are satisfied, and • Technical assistance and instruction for the participant’s coworkers that will enable peer support. <p style="text-align: center;">***</p> <p>As part of a participant’s ongoing use of job coaching and support, it is expected that the provider will develop a fading plan or fading schedule within 6 months of the first day of service delivery. The fading plan or fading schedule that will address how use of this service will decrease as the participant’s productivity and</p>	

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			<p>independence on the job increases and as he or she develops unpaid supports through coworkers and other on-the-job resources are developed. Ongoing use of job coaching and support is limited to providing supports for participants not otherwise available through the employer such as support offered through regular supervisory channels, reasonable accommodation required under the Americans with Disabilities Act, available and appropriate natural supports, or on-the-job resources available to employees who do not have a disability.</p>	
All ID/A Waivers	C-1/C-3	Benefits Counseling	<p>Benefits Counseling may only be provided after Benefits Counseling services provided by a Community Work Incentives Coordinator through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined and documented by the Supports Coordinator that such services were not available either because of ineligibility or because services are not available within 30 calendar days. (this is only required once per year; i.e., it must be repeated if Benefits Counseling is needed in a subsequent year). This process must be completed when there has been an interruption in service where the participant has not received Benefits Counseling services in more than nine months.</p>	This change is the result of public comment recommendation to allow a person to continuously receive Benefits Counseling for more than one year without having to be re-referred to the WIPA.
All ID/A Waivers	C-1/C-3	Remote Supports	<p>The purpose of Remote Supports services is to assist participants age 16 and older in obtaining and/or maintaining their independence and safety within their private home and in the community and to decrease the need for assistance from others. Remote Supports is used during periods of time that direct services are not required. Remote Supports as a separate service cannot be authorized on the service plan when a participant is receiving Life Sharing, Residential Habilitation, or Supported Living services.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p>	ODP is proposing to allow participants who receive remote supports as a method of residential service delivery to also receive the equipment and technology needed for the delivery of remote services through the Remote Supports service. This proposed change will mitigate confusion currently caused by allowing the equipment and technology to be purchased through

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			<p>Remote Supports services cannot be authorized as a separate service on the service plan for participants who are authorized to receive Residential Habilitation, Life Sharing or Supported Living services as monitoring by and interaction with professionals are covered in the rates for those services.</p> <p>Participants who receive remote supports as a method of Life Sharing, Residential Habilitation, or Supported Living service delivery may be authorized to receive the technology and equipment used for a specific participant in the delivery of remote supports (Remote Supports Equipment and Technology procedure code W6087). Participants who receive Life Sharing, Residential Habilitation, or Supported Living services may not be authorized to receive the Remote Supports Service (procedure code W6088) as this is covered in the rate paid for the residential service. Technology and equipment that will be used by multiple individuals in a Life Sharing, Residential Habilitation or Supported Living home is covered in the residential service rate and may not be authorized through the Remote Supports service.</p> <p>Remote Supports Equipment and Technology that is purchased, not leased, through this service is the property of the participant and must accompany the participant when the participant moves into a new home.</p>	<p>Assistive Technology and provide additional transparency regarding which participants are receiving remote supports as a method of residential service delivery.</p>
All ID/A Waivers	C-1/C-3	Remote Supports	<p><i>Provider Qualification Requirements</i></p> <p><i>Provider Category</i></p> <p>Agency</p> <p><i>Provider Type Title</i></p> <p>Residential Remote Supports Equipment and Technology</p>	<p>ODP proposes a new provider qualification category to make it easy for residential providers to use Remote Supports to purchase technology and equipment for participants receiving remote supports as a method of residential service delivery.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p><i>Other Standard</i> Be an enrolled and qualified provider of Residential Habilitation, Life Sharing, or Supported Living services in an ODP waiver.</p> <p><i>Entity Responsible for Verification</i> ODP or its Designee</p> <p><i>Frequency of Verification</i> 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.</p>	
All ID/A Waivers	C-1/C-3	Remote Supports	<p><i>Provider Qualification Requirements for the Remote Supports Agency</i> <i>Other Standard</i></p> <p>To provide Remote Supports services, the agency must meet the following standards regardless of provider service location:</p> <ol style="list-style-type: none"> 1. Enroll directly with ODP to render the Remote Supports service. 2. 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.) 3. Have a secure, central facility in the United States where staff render Remote Supports that has appropriate and stable connections, including redundant internet and power that ensure continuity of service in the event of a disruption or connection. This facility must be staffed 24 hours a day, 7 days a week. 4. Have staff available to provide in-person training as needed or requested as described in the Remote Supports Implementation Plan. 	ODP proposes changes to qualification requirements for agencies that render Remote Supports in private homes and community settings to reflect the expectation that staff be available for in-person training instead of requiring a service location in Pennsylvania or a state contiguous to Pennsylvania.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
All ID/A Waivers	C-1/C-3	Specialty Telehealth and Assessment Team	<p style="text-align: center;">NEW SERVICE</p> <p>The Specialty Telehealth and Assessment Team service will be implemented in March 2024. The goal of the Specialty Telehealth and Assessment Team service is to provide a right-on-time telehealth assessment when the participant's primary care physician is unavailable or unable to determine the best clinical course of action, often avoiding unnecessary emergency room visits. Specialty Telehealth and Assessment Team services are designed to coordinate participants' care with local emergency departments, urgent care facilities, primary care physicians, and other healthcare providers to enable real time medical support, consultation and coordination on physical health issues and to assist participants, families and providers to understand presenting health symptoms and to identify the most appropriate next steps. If a hospital visit is clinically necessary, this service allows the provider to communicate with the emergency department directly, ensuring advance preparation for the emergency department and potentially decreasing the need for inpatient admission. The Specialty Telehealth and Assessment Team provider is responsible for developing a one or two page summary of their role in service delivery to be shared with other health care professionals involved in the participant's care.</p> <p>The service is consultative in nature related specifically to the presence of an intellectual disability, developmental disability, or autism and provides disability-specific guidance on when best to seek additional or in-person medical treatment for the participant. This is a supportive service that can occur while the participant is in their private or residential home to help assess their need for medical attention. Telehealth assessments may only be completed in bedrooms and bathrooms when the participant has chosen to have the assessment completed in these rooms for privacy or the participant has a</p>	<p>Participants enrolled in ODP's waivers have a high utilization of medical services including emergency rooms and hospitalization. Specialty Telehealth and Assessment Team services have proven in other states to result in reduced costs and improved health outcomes.</p> <p>Clarification that participants must have access to a tablet or smartphone to use the service has been added based on public comment.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>medical condition which makes it difficult or impossible for the assessment to occur in another room in the house. The service serves as a conduit to, rather than a duplication of, medical services covered under the state plan.</p> <p>The service also includes support and consultation to paid and unpaid caregivers otherwise unavailable in any other service and seeks to build the capacity of paid and unpaid caregivers to better understand the best approaches for supporting the participant based on their symptom presentation. Support to caregivers, which is informed by staff with strong expertise in intellectual disability, developmental disability, and autism, is an essential component that is not available elsewhere within the Medicaid state plan or other waiver services.</p> <p>The Specialty Telehealth and Assessment Team service is available 24 hours a day, 7 days a week and includes immediate evaluations, video-assisted examinations, development of treatment plans, and discussion and coordination with participants and/or caregivers.</p> <p>The service includes follow-up consultations with the participant, family, and/or caregiver of the participant within 18 hours of the initial call. Specialty Telehealth and Assessment Team services are unique in both provider qualifications and coverage within Medicaid and does not duplicate (but complements and links to) those services available in the state plan. The combination of required medical experience AND extensive expertise with people with intellectual disabilities, developmental disabilities, or autism is not included in state plan services and the consultative nature of the service distinguishes this service from other state plan benefits. The service does not duplicate supports coordination. The care coordination facilitated by this service becomes a part of rather than duplicating the service plan. Furthermore, this</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>service provides clinically informed, disability specific medical advice and counseling to caregivers that is entirely distinct from any information provided by or available to the Supports Coordinators.</p> <p>The services are limited to additional services not otherwise covered under the state plan, including EPSDT, and must be consistent with waiver objectives of avoiding institutionalization.</p> <p><i>Specify applicable (if any) limits on the amount, frequency, or duration of this service:</i></p> <p>Participants must have access to an electronic tablet or smart phone that has internet service via Wi-Fi or cellular data and is capable of audio and video transmission to utilize Specialty Telehealth and Assessment Team services. Cellular data service and internet service cannot be covered through the waivers as they are considered room and board costs.</p> <p>This service will not duplicate any service available to the participant through the state plan.</p> <p>This service will not supplant care provided by specialists or a primary care physician, including in-person exams as needed.</p> <p>This service is provided as a monthly service and billed in monthly units.</p> <p><i>Service Delivery Method</i> <i>Participant-directed as specified in Appendix E</i> X Provider managed</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p><i>Specify whether the service may be provided by (check each that applies):</i></p> <p><i>Legally Responsible Person</i></p> <p><i>Relative</i></p> <p><i>Legal Guardian</i></p> <p><i>Provider Category:</i></p> <p>Agency</p> <p><i>Provider Qualifications</i></p> <p><i>License:</i></p> <p>This service must be provided or overseen by physicians who are:</p> <ul style="list-style-type: none"> • Licensed to practice medicine in the Commonwealth of Pennsylvania, or have appropriate reciprocity; and • Board Certified or board eligible with the American Board of Medical Specialties (ABMS) <p>Functions which are overseen by a physician with the above qualifications will be provided by a Registered Nurse, Certified Registered Nurse Practitioner, or Physician's Assistant acting within their scope of practice.</p> <p><i>Other Standard (specify)</i></p> <p>Agencies must meet the following standards regardless of provider service location:</p> <ol style="list-style-type: none"> 1. Have a waiver service location in the United States. 2. Have a signed ODP Provider Agreement on file with ODP which requires the provider to comply with all applicable federal and state statutes, regulations, and policies, including but not limited to confidentiality and HIPAA requirements. Providers are required to develop and implement 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>written privacy policies and procedures that are consistent with the Privacy Rule. ODP reviews these policies and procedures when complaints are received regarding privacy or as part of licensing or QA&I when warranted.</p> <ol style="list-style-type: none"> 3. Complete training on Pennsylvania specific mandatory abuse and neglect reporting. 4. Have Commercial General Liability Insurance. 5. Have Workers' Compensation Insurance in accordance with state law. 6. Have a minimum of five years' experience in serving individuals with intellectual and developmental disabilities in their own homes, family homes, licensed residential homes, Intermediate Care Facilities (ICFs), as well as other types of long-term supports and services. 7. Have demonstrated evidence of positive outcomes for individuals served which includes at a minimum: <ol style="list-style-type: none"> a. Reductions in Emergency Room visits and inpatient stays; and b. Caregiver and individual satisfaction with the service. 8. Ensure compliance with Telehealth Platform Requirements that include the specifics of state file acceptance, HIPAA requirements, access timelines and secure communication to participants, families and other caregivers and providers will be outlined and binding in provider contracts and manuals. 9. Ensure compliance with Telehealth Platform Training Requirements, which include timely, accessible initial and ongoing training for participants, family/caregivers and providers; help line capacity and ongoing health education modules, with for those working with participants enrolled with the provider to increase health care knowledge will be specific and binding in provider manuals and contracts. 10. Provide continuing education in the area of intellectual and developmental disabilities to the provider's physician network. 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>11. Submit to ODP or its designee successful results from a self-assessment validating staff qualifications, required documentation, policies and procedures every 3 years.</p> <p>12. Have a comprehensive quality review program and provide a report via secure e-mail of aggregated findings quarterly, as well as one time annually, to the Office of Developmental Programs, which must include, at a minimum, the following:</p> <ul style="list-style-type: none"> a. Data analysis; b. Service outcomes which include reductions in Emergency Room visits and inpatient stays. Additional information may be requested by ODP; c. Participant, family and/or caregivers of participants, and provider satisfaction; and d. Complaints and resolution <p>13. Have a participant support call center that is staffed 24 hours a day, 7 days a week.</p> <p>14. Have publicly posted references related to the provider's business history and practices.</p> <p>15. Provide educational training sessions to the provider's clinical staff on topics relevant to the physical and behavioral health care needs of individuals with intellectual and developmental disabilities at least monthly.</p> <p>All staff who will render this service must have completed specialized training/curriculum on how to provide medical assessment, treatment interventions, and recommendations regarding the physical health care needs of individuals with intellectual disabilities, developmental disabilities or autism.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Physicians providing this service must have access to and be familiar with clinical guidelines for the provision of health care to individuals with intellectual and developmental disabilities. Clinical guidelines must be based on evidence-based practices and clinical expertise and serve to inform the health care decisions and recommendations.</p>	
All ID/A Waivers	C-1/C-3	Specialized Supplies	<p>This service is limited to \$500 per participant per fiscal year. The fiscal year limit is temporarily increased from \$500 to \$1500 to cover needed Personal Protective Equipment. This temporary increase ends on 6/30/24 which is the last day of is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>	<p>Clarifying that June 30, 2024 is the end date for all requirements in the waivers that are temporarily effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>
All ID/A Waivers	C-1/C-3	Supports Broker	<p>This service is limited to a maximum of 1040 (15-minute) units, which is equal to 260 hours, per participant per fiscal year. The limit may be temporarily increased up to 2080 15-minute units per participant per fiscal year. This temporary increase ends on 6/30/24 which is the last day of is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>	<p>Clarifying that June 30, 2024 is the end date for all requirements in the waivers that are temporarily effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>
Community Living Waiver	C-4	Additional Limits on Amount of Waiver Services	<p>A \$85,000 per person per fiscal year total limit is established for all Community Living Waiver services with an exception for Supports Coordination services. The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary exception ends on 6/30/24 which is the last day of is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>	<p>Clarifying that June 30, 2024 is the end date for all requirements in the waivers that are temporarily effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
P/FDS Waiver	C-4	Additional Limits on Amount of Waiver Services	<p>A \$41,000 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, Supported Employment or Benefits Counseling services that are authorized on a participant's service plan. • The limit can be exceeded temporarily to provide needed services for emergency care provision due to the COVID-19 pandemic. This temporary exception ends on 6/30/24 which is the last day of is effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends). • Participants enrolled in the P/FDS Waiver prior to July 1, 2023, can exceed the limit to maintain the number of Community Participation Support and/or Transportation Trip service units authorized in January 2020 or those authorized in the FY22-23 Individual Support Plan, whichever is greater. The purpose of this exception is to ensure that participants will not lose services due to the adoption of temporary enhanced rates for Community Participation Support and Transportation Trip as the fee schedule rates effective in November 2023. As such, maintenance of Community Participation Support units includes any services authorized to replace Community Participation Support. For example, if a participant was authorized for 400 units of Community Participation support in January 2020 and was then authorized for 400 units of In-Home and Community Support in June 2022 to replace Community Participation Support that has remained unavailable, the 400 	<p>An exception to the annual cost limit on services has been added to ensure that participants do not lose services due to changes in rates for Community Participation Support and Transportation Trip services. The exceptions will continue as needed until January 2025, which is the date by which ODP must complete a review of data used to establish rates as required by 55 Pa. Code Chapter 6100. The rate refresh process includes analysis by ODP of whether the annual limit should be changed due to changes in rates, if applicable.</p> <p>Clarifying that June 30, 2024 is the end date for all requirements in the waivers that are temporarily effective for the full state fiscal year in which the Appendix K authority ends (6 months after the federal public health emergency ends).</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>units is the maximum amount of In-Home and Community Support and Community Participation Support the participant can receive under this exception. The exceptions will continue for these participants through June 30, 2025, as long as they remain 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.</p>	
Community Living and Consolidated Waivers	D-2-a	The Frequency with Which Monitoring is Performed	<p>Supports Coordination teleservices may be used to conduct monitoring for three (3) out of the six (6) required face-to-face monitorings per year when both of the following are met:</p> <ul style="list-style-type: none"> • The Supports Coordinator can see and hear the participant, the caregiver(s), and the environment using the technology; and • The Supports Coordinator has given the participant an informed choice to receive the monitoring via teleservices or in-person. <p>For all participants receiving Residential Habilitation, Life Sharing, or Supported Living services, teleservices may not be used to conduct monitoring in the participant’s home and no more than six months can lapse between face-to-face monitorings at the residential setting.</p>	This clarification aligns with current guidance to protect the health and safety of participants receiving residential services.
All ID/A Waivers	F-3-c	Description of grievance/complaint system	<p>ODP's grievance/complaint system is comprised of two main components. The first is a Customer Service Line; the second is in writing via email. Participants, family members and representatives, AEs, providers, advocates, and other interested parties may use these two components to ask questions, request</p>	Information about ODP’s grievance/complaint system has been updated to reflect current processes and align timeframes for provider complaint resolution with requirements in 55 Pa. Code Chapter 6100.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>information, or report any type of issue or complaint, including issues/complaints regarding AE performance.</p> <p>The Customer Service Line (1-888-565-9435) is a general information line operated by ODP. The phone is located at ODP Headquarters and staffed by ODP personnel during normal business hours. Contacts Complaints/grievances can also be received in writing via mail, fax, hand delivery, or email at RA-odpcontactdpw@pa.gov. The DHS website also offers a “feedback” page for users who wish to comment on intellectual disability, developmental disability, and autism services. Feedback, when received, is automatically forwarded to ODP.</p> <p>In addition, all ODP regional offices utilize a “duty officer” system whereby assigned staff are responsible for any complaints/grievances received directly at the regional office. Phone calls and letters are also received directly at ODP and responded to accordingly.</p> <p>When a complaint/grievance is received by ODP through the Customer Service Line or by email, information relating to the complaint/grievance is obtained and entered into a database. Information collected that includes, but is not limited to, the complainant’s contact information and the nature of the complaint. The information is then referred to the appropriate ODP staff person headquarters staff or the appropriate ODP regional office for follow-up. Follow-up activities are planned in conjunction with the AE or provider, if warranted. The complainant is contacted within 24 hours and corrective action is planned in conjunction with the AE or provider, if warranted.</p> <p>Corrective action must occur or be planned within 21 business days, unless there is an imminent health and safety risk, in which case corrective action is taken immediately. If corrective action is not carried out by the AE or provider as</p>	<p>Clarification about who providers must report complaint resolutions to was added based on recommendation from public comment.</p>

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			<p>planned, then ODP staff will contact the appropriate entity to ensure that corrective action is undertaken or planned within 72 hours.</p> <p>Follow-up activities are determined and triaged based on the level of risk to a participant’s health, welfare, or rights as described in the complaint allegation. Allegations that pose a high risk (such as abuse, mistreatment, unsafe living conditions, etc.) are responded to immediately through mechanisms such as licensing inspections or investigations by ODP. Lower-risk allegations are generally acted upon within 3 business days of receipt.</p> <p>ODP will resolve complaints within 30 calendar days of the date the complaint was submitted unless circumstances beyond ODP’s control prevent ODP from resolving the complaint within 30 days. ODP will resolve all complaints as soon as possible.</p> <p>Providers are required to develop procedures to receive, document and manage grievances. The provider is responsible for informing the participant, and persons designated by the participant, upon initial entry into the provider’s program and annually thereafter, of the right to file a grievance and the procedure for filing a grievance. The grievance shall be resolved within 21 days from the date the grievance was received. The initiator of the grievance shall be provided a written notice of the resolution or findings within 30 days from the date the grievance was received.</p> <p>In addition to ODP’s responsibilities, providers are required by 55 Pa. Code § 6100.51 to develop procedures to receive, document and manage complaints they receive from sources other than the Department, including participants and their designated persons. The provider is responsible for informing the participant and persons designated by the participant upon initial entry into the</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>provider’s program and annually thereafter of the right to file a complaint and the procedure for filing a complaint.</p> <p>Providers must resolve complaints and report the findings or resolution to the complainant within 30 days of the date the complaint was submitted unless the provider is unable to resolve the complaint within 30 days due to circumstances beyond the provider’s control, in which case the provider must document the basis for not resolving the complaint within 30 days and report the complaint findings or resolution to the complainant within 30 days after the circumstances beyond the provider’s control no longer exist.</p> <p>ODP or the provider is responsible for informing participants that any of the grievance/complaint systems described above is neither a pre-requisite, nor a substitute for a fair hearing.</p> <p>The AE, ODP or the provider is responsible for informing individuals that any of the grievance/complaint systems described above is neither a pre-requisite, nor a substitute for a fair hearing.</p>	
All ID/A Waivers	G-1-d	Responsibility for Review of and Response to Critical Events or Incidents	<p>Pennsylvania protective service laws requires mandated reporters to notify state protective service agencies of incidents of abuse, neglect, exploitation, abandonment and suspicious death that meet reporting criteria. ODP also complies with Pennsylvania’s ACT 28/26 Neglect and Abuse of Care-dependent person laws in accordance with 18 PA C. S. §§ 2713 and 2713.1, which requires reporting the abuse or neglect of care-dependent persons to the State Attorney General’s office and/or other local District Attorney’s offices.</p> <p>ODP requires separation of the victim from the alleged perpetrator (also known as the “target” of the investigation) when an allegation of abuse, neglect, or</p>	Information about the process for review and response to critical events or incidents has been updated to align with requirements in 55 Pa. Code Chapter 6100.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>exploitation is made. and the individual's health and safety are jeopardized. Targets may not have contact with any participants registered to receive services until the investigation is concluded. This separation may include suspending or terminating the alleged target. In accordance with 55 Pa. Code § 6100.46(b), if there is an incident of abuse, suspected abuse or alleged abuse of a participant involving a staff person, household member, consultant, intern or volunteer, the involved staff person, household member, consultant, intern or volunteer may not have direct contact with a participant until the investigation is concluded and the investigating agency has confirmed that no abuse occurred or that the findings are inconclusive. Additionally, in accordance with 55 Pa. Code § 6100.46(c), the provider shall immediately report the abuse, suspected abuse or alleged abuse to the participant, persons designated by the participant, and ODP.</p> <p>In accordance with ODP policy, when the alleged target is not an employee, staff, volunteer, contractor, consultant, or intern of the provider or SCO (i.e. family member, unpaid caregiver, community member, etc.), the provider or SCO should work with the appropriate protective service entity and take all available action to separate the victim from the alleged target(s). When a participant who is residing with his or her the participant's family experiences an incident that jeopardizes the victim's health and safety, the provider, AE or ODP will seek the assistance of law enforcement or Protective Service Agencies, who have the authority to remove the alleged perpetrator or the victim from the home or environment to ensure safety.</p> <p>In accordance with ODP policy, when the alleged target is another individual receiving services and presents a reasonable expectation of on-going risk to the victim or other individuals, the provider must collaborate with the SCO to identify ways to protect the health, safety and rights of the victim. Actions taken</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>must be implemented using a victim centered approach, which includes a systematic focus on the needs and concerns of the victim to ensure the compassionate and sensitive delivery of services.</p> <p>In accordance with 55 Pa. Code § 6100.402(a), the provider shall take immediate action to protect the health, safety and well-being of the participant following the initial knowledge or notice of an incident, alleged incident, or suspected incident. When incidents of neglect, exploitation, rights violation are alleged and the target is a staff person, consultant, intern or volunteer, ODP requires providers to ensure separation of the victim from the alleged perpetrator when appropriate, when requested by the victim, and anytime the participant’s health, safety, and well-being are jeopardized. Providers must provide details of immediate actions taken in the initial incident report submitted to ODP.</p> <p>Incidents of abuse, neglect, misuse of funds, rights violation and death are investigated by persons that have completed the Department’s approved certification course. Certified Investigators (CI) follow protocols established by the ODP as part of the investigatory process. Investigators accommodate the witness’s communication needs as appropriate and conduct interviews individually, and in a private place, if possible. If the witness requires the presence of a third party, the CI must arrange for third party representation (i.e. a staff person or family member)...</p>	
All ID/A Waivers	G-b-i	Quality Improvement – Methods for remediation	HW2. Number and percent of participants who received information about reporting abuse, neglect, and exploitation. ODP reviews waiver participants records to determine if ensure that participants/families have been provided information about reporting abuse, neglect and exploitation. If there was no documentation that the information was provided within the last 12 months, ODP	Information about where SCs document discussions about reporting abuse, neglect, and exploitation has been updated to reflect current processes.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>will direct the SC to follow-up with the individual participant and his or her family to provide the necessary information. The SC will use the service plan Signature Form to document must record in the ISP Monitoring Tool that information about reporting abuse, neglect, and exploitation was offered as well as to shared and discussed with the participant and document the date follow-up occurred. Documentation of remediation actions is expected to be submitted to ODP by the SCO within 30 days of notification.</p>	
All ID/A Waivers	I-2-a	Rate Determination Methods	<p>3.Payment for vendor goods and services:</p> <p>*ODP reimburses vendor goods and services based on the cost charged to the general public for the good or service. Services reimbursed under this approach are: Home and Vehicle Accessibility Adaptations, Assistive Technology, Specialized Supplies, Remote Supports, Specialty Telehealth and Assessment Team, Education Support, Public Transportation, Participant Directed Goods and Services, Family/Caregiver Training and Support – registration and fees, and Respite Camp.</p>	ODP proposes to pay the cost charged by the provider to the general public for the monthly Specialty Telehealth and Assessment Team service.
All ID/A Waivers	I-3-c		<p><i>Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.</i></p>	Supplemental payments, which are currently approved through Appendix K waivers, are being added to the Consolidated, Community Living, and P/FDS waivers to continue to maximize use of funding for these payments after Appendix K ends in November of 2023.

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Supplemental Payments for Recovery & Service Expansion The below listed one-time supplemental payments will be made available for HCBS providers to support service recovery and expansion. Supplemental payments will be made as one-time payments to providers no later than 3/31/2025.</p> <p><u>Community Participation Support Recovery Payments</u> The following tiered supplemental payments will be effective after Appendix K expires on 11/11/23 based on provider recovery or expansion status as of June 2023 related to provision of Community Participation Support services:</p> <ul style="list-style-type: none"> • Providers exceeding pre-pandemic service capacity* are eligible for payments of \$2,500 per individual receiving Community Participation Support services. • Providers achieving 75-100% of pre-pandemic capacity are eligible for payments of \$1,500 per individual receiving Community Participation Support services. • Providers achieving 50-75% of pre-pandemic capacity are eligible for payments of \$1,000 per individual receiving Community Participation Support services. • Providers achieving under 50% of pre-pandemic capacity are eligible for payments of \$500 per individual receiving Community Participation Support services <p>ODPs expected maximum amount represents a percentage of the aggregated and is 10% for Community Participation Supports. Individual payment amounts were determined by projecting the number of consumers expected to fall in the various incentive categories.</p>	<p>In response to public comment and a slower than projected recovery in community participation support service delivery area, the tiers and payment amounts were adjusted from the Appendix K approved supplemental rates.</p>

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>Provider recovery or expansion status is determined by comparing the provider’s pre-pandemic number of program participants (discrete participants in service during FY 2019/2020 with the number of participants in service during FY 2022/2023.</p> <p><u>Employment Services Recovery Payments</u> Providers exceeding pre-pandemic service capacity are eligible for payments of \$2,000 per individual receiving supported employment, benefits counseling, small group employment services.</p> <p>ODPs <i>expected maximum amount</i> represents a percentage of the aggregated and is 30% for Employment Services. Individual payment amounts were determined by projecting the number of consumers expected to fall in the various incentive categories.</p> <p>Program expansion status is determined by comparing the provider’s pre-pandemic discrete number of participants in employment services during FY 2019/2020 with discrete number of participants in employment services during FY 2022/2023.</p> <p><u>Supports Coordination Recovery Payments</u> Supports Coordination Organizations that increase number of individuals served between 1/1/2023-6/30/2023 are eligible for one-time payments of \$7,500 for each accepted referral of an individual with a new Targeted Services Management, or 1915(c) HCBS eligibility determination within the past 6 months.</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<p>ODPs <i>expected maximum amount</i> represents a percentage of the aggregated and is 10% for Supports Coordination Services. Individual payment amounts were determined by projecting the number of consumers expected to fall in the various incentive categories.</p> <p>Program expansion status is determined by reviewing the number of participants served in December 2022 and comparing to participants served between January 1, 2023 and June 30, 2023.</p> <p>METHODOLOGY</p> <p>The methodology used for arriving at these proposed supplemental payments involved an analysis of utilization of the specific services pre-pandemic, trending of utilization throughout the pandemic, growth in enrolled individuals and projected utilization post- pandemic. The expected number of individuals utilizing the services was projected forward and payment amounts were determined specific to the services and available funding.</p> <p>* Capacity is measured by number of Consolidated, P/FDS or Community Living 1915(c) HCBS service participants, point in time.</p> <p>Supplemental Payments for Technology that Enhances the Provision of Waiver Services</p> <p>a. Providers of direct waiver services can receive a one-time supplemental payment for technology related activities that strengthen & enhance waiver services.</p> <p>This initiative is designed to enhance waiver services by:</p>	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • Replacing staff functions with the use of technology, allowing staff time to be directed to other care activities. • Providing participants greater independence & choice using technology • Improving quality of care through implementation of solutions like electronic health records & integrated data solutions. <p>b. SCOs can receive a one-time supplemental payment for technology related activities that enhance HCBS by:</p> <ul style="list-style-type: none"> • Improving capacity to conduct remote monitoring of participants • Improving efficiency of SCs, including maximizing time in the field • Obtaining or enhancing secure inter-office communications • Implementing technology dependent quality improvement strategies. <p>Providers of direct waiver services and SCOs enrolled with ODP as of 3/1/22 are eligible to receive a one-time supplemental payment of up to \$20,000.</p> <p>Providers must utilize the supplemental payments by 10/31/24.</p> <p>ODP reviewed all submissions & notified providers of approval of the project & amount. Providers implement project plans & upon receipt of supporting documentation of expenses will be reimbursed for eligible expenses up to the approved amount.</p> <p>Supplemental Payments for Staff Training, Credentialing, & Business Associates Programs for Employment</p> <p>a. Providers of direct services can receive a one-time supplemental payment for the following activities:</p> <ul style="list-style-type: none"> • Agency adoption of CMS core competency training for Direct Support Professionals (DSPs). 	

Waivers Impacted	Appendix	Waiver Section	Recommended Revised Language	Reason for Change
			<ul style="list-style-type: none"> • DSP National Association for Dual Diagnosis (NADD) certifications. • Agency completion of NADD Accreditation. • LifeCourse Ambassador Series for individuals or agency hosting of the series. • Other activities that promote the development of or enhancement of career ladders for DSPs, portability or expansion of a well-qualified workforce, or employ the principles of LifeCourse. <p>b. Providers of direct services, excluding SCOs, are eligible to receive up to 1% of ODP eligible service revenue from FY19-20, FY20-21 or \$100,000, whichever is greater.</p> <p>Providers must utilize the supplemental payments by 10/31/24.</p> <p>ODP reviewed all submissions & notified providers of approval of the project & amount. Providers implement project plans and upon receipt of supporting documentation of expenses will be reimbursed for eligible expenses up to the approved amount.</p> <p>The following applies to all supplemental payments in this section:</p> <ul style="list-style-type: none"> c. Supplemental payments will be funded through State general funds due to savings from the enhanced Federal funds available as per Pennsylvania's Spending Plan for Section 9817 of the American Rescue Plan Act of 2021. d. Providers are paid using a fee schedule rate for all services for which supplemental payments will be made. All supplemental payments will be retained by providers. 	