**Consolidated, Community Living and P/FDS Waiver Amendments**

**Effective** **Date: March 1, 2021**

**KEY**

**Bold** = Recommended additions

**Strikethrough** = Recommended removal

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| **Waivers Impacted** | **Appendix**  | **Waiver Section** | **Current Approved Language** | **Recommended Revised Language** | **Reason for Change** |
| Consolidated, Community Living and P/FDS Waivers | B-3-c | Reserved Waiver Capacity | Purpose: Hospital/Rehabilitation CareODP reserves waiver capacity for participants requiring hospital/rehabilitation care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave. Settings which are considered hospital/rehabilitation care include medical and psychiatric hospital settings, rehabilitation care programs and nursing homes. Settings which are not considered hospital/rehabilitation care include residential treatment facilities, state mental health hospitals, approved private schools and private and state ICFs/ID.  | Purpose: Hospital/Rehabilitation CareODP reserves waiver capacity for participants requiring:* Hospital **care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave when they are not receiving any waiver services during that time; or**
* Rehabilitation care beyond 30 consecutive days and up to 6 consecutive months from the first date of leave.

**Waiver capacity will be reserved for participants in the following settings:**  ~~which are considered hospital/rehabilitation care include~~ medical and psychiatric hospital settings, rehabilitation care programs and nursing homes. **Waiver capacity for this purpose will not be reserved for participants in the following settings** ~~which are not considered hospital/rehabilitation care include~~ residential treatment facilities, state mental health hospitals, approved private schools and private and state ICFs/ID.  | This waiver amendment allows certain waiver services to be provided to participants in a medical hospital setting when criteria are met. This change aligns the waivers with the Social Security Act, which was amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to allow services to be delivered in a hospital.When participants are receiving waiver services in a medical hospital setting, they are not to be disenrolled from the waiver and waiver capacity does not need to be reserved. Reserved waiver capacity continues to be needed for participants who do not receive waiver services while in a medical hospital and participants who are admitted to other settings where waiver services cannot be rendered (psychiatric hospital settings, rehabilitation care programs and nursing homes).  |
| Consolidated and Community Living Waivers | C-1/C-3 | Residential Habilitation | Beginning 1/1/2018, the following Residential Enhanced Staffing add-on may be utilized: * Supplemental Habilitation staffing in emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.
 | Beginning 1/1/2018, the following Residential Enhanced Staffing add-on may be utilized: * Supplemental Habilitation staffing in emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.

**Supplemental Habilitation may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication;**
* **Intensive personal care; and/or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital.  |
| Consolidated and Community Living Waivers | C-1/C-3 | Life Sharing | Beginning 1/1/2018, the following Residential Enhanced Staffing add-on may be utilized: \* The provision of Supplemental Habilitation staffing in emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.  | Beginning 1/1/2018, **Supplemental Habilitation may be used as a Life Sharing**  ~~the following Residential Enhanced~~ Staffing add-on ~~may be utilized:~~ * Supplemental Habilitation staffing **is used in** emergency situations or to meet a participant’s temporary medical or behavioral needs. Supplemental Habilitation staff can be authorized for no more than 90 calendar days unless a variance is granted by the AE.

**Supplemental Habilitation may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication;**
* **Intensive personal care; and/or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. |
| Consolidated and Community Living Waivers | C-1/C-3 | Supported Living | In emergency situations or to meet a participant’s temporary medical or behavioral needs, participants authorized to receive Supported Living may also be authorized to receive Supplemental Habilitation for no more than 90 calendar days unless a variance is granted by the AE.  | In emergency situations or to meet a participant’s temporary medical or behavioral needs, participants authorized to receive Supported Living may also be authorized to receive Supplemental Habilitation for no more than 90 calendar days unless a variance is granted by the AE. **Supplemental Habilitation, may be delivered in a hospital in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication;**
* **Intensive personal care; and/or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Community Participation Support | This service may be provided in the following settings:* Community locations
* Community hubs
* Adult Training Facilities
* Older Adult Daily Living Centers
* Vocational Facilities
 | This service may be provided in the following settings:* Community locations
* Community hubs
* **Private homes where individuals reside when direct services are provided using remote technology in accordance with ODP policy for a maximum of 10 hours (40 15-minute units) per week.**
* Adult Training Facilities
* Older Adult Daily Living Centers
* Vocational Facilities
 | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Community Participation Support | *Specify applicable (if any) limits on the amount, frequency, or duration of this service:*A participant may be authorized for a maximum of 40-units of on-call and remote support per week. Only activities completed by direct service professionals as specified in the service definition are compensable as CPS services. The cost of purchasing devices, maintenance of the devices & service fees may not be billed under this service definition. | *Specify applicable (if any) limits on the amount, frequency, or duration of this service:*A participant may be authorized for a maximum of 40-units of on-call and remote support per week. Only activities completed by direct service professionals as specified in the service definition are compensable as CPS services. The cost of purchasing devices, maintenance of the devices & service fees may not be billed under this service definition.**Individuals residing in private homes may receive a maximum of 40 units of direct service provided using remote technology per week. A maximum of 1040 units of planning and coordination activities may be billed per participant per fiscal year.** | Community Participation Support involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers. To ensure this occurs limits are proposed to the amount of time that direct services can be provided using remote technology. Limits are also proposed on the amount of units that can be billed for planning and coordination activities. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | In-Home and Community Supports | In general, this service is provided in a participant’s private home or other community setting. In-Home and Community Support shall not be provided in a licensed setting, unlicensed residential setting or camp. | In general, this service is provided in a participant’s private home**,** ~~or~~ other community settings**, or in a hospital when the participant is hospitalized**. In-Home and Community Support shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting.**In-Home and Community Support services may also be delivered in a hospital, in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication;**
* **Intensive personal care; and/or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | In-Home and Community Support | In-Home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that In-Home and Community Support is provided in community settings, the settings must be inclusive rather than segregated.\* \* \*Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual assistance as identified in the service plan to ensure medical or behavioral stability and that are able to be performed by a trained non-medically-licensed individual. These tasks include the following: * Taking vital statistics when monitoring has been prescribed by a licensed professional, such as post-surgical care,
* Positioning,
* Performing range of motion exercises as directed by a licensed professional,
* Administering prescribed medications (other than over the counter medications),
* Applying prescribed treatments,
* Monitoring for seizure activity for a participant with convulsive (grand mal) epilepsy that is not able to be controlled by medication,
* Maintaining the functioning of devices whose malfunction would put the participant at risk of hospitalization, and
* Crisis intervention in accordance with the participant's behavior support plan.

If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.  | In-Home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. **Direct In-Home and Community Support services may be provided using remote technology in accordance with ODP policy.** To the extent that In-Home and Community Support is provided in community settings, the settings must be inclusive rather than segregated.\* \* \*Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual **in-person** assistance as identified in the service plan to ensure medical or behavioral stability and that are able to be performed by a trained non-medically-licensed individual. These tasks include the following: * Taking vital statistics when monitoring has been prescribed by a licensed professional, such as post-surgical care,
* Positioning,
* Performing range of motion exercises as directed by a licensed professional,
* Administering prescribed medications (other than over the counter medications),
* Applying prescribed treatments,
* Monitoring for seizure activity for a participant with convulsive (grand mal) epilepsy that is not able to be controlled by medication,
* Maintaining the functioning of devices whose malfunction would put the participant at risk of hospitalization, and
* Crisis intervention in accordance with the participant's behavior support plan.

**Because overnight In-Home and Community Support activities require direct in-person assistance, remote technology cannot be used to provide services during overnight hours.** If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.  | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Companion | Companion services are direct services provided to participants age 18 and older who live in private homes for the limited purposes of providing supervision or assistance that is designed to ensure the participant’s health, safety and welfare and to perform incidental activities of daily living for the participant. This service is intended to assist the individual to participate more meaningfully in home and community life. This service may be provided in home and community settings, including the participant’s competitive employment work place. To the extent that Companion services are provided in community settings, the settings must be inclusive rather than segregated. Companion services shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting. | Companion services are direct services provided to participants age 18 and older who live in private homes for the limited purposes of providing supervision or assistance that is designed to ensure the participant’s health, safety and welfare and to perform incidental activities of daily living for the participant. This service is intended to assist the individual to participate more meaningfully in home and community life. **Direct Companion services may be provided during awake hours using remote technology in accordance with ODP policy. Companion services may not be provided during overnight asleep hours using remote technology.** This service may be provided in home and community settings, including the participant’s competitive employment work place. To the extent that Companion services are provided in community settings, the settings must be inclusive rather than segregated. Companion services shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting.**Companion services may also be delivered in a hospital, in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication;**
* **Intensive personal care; and/or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs.This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Behavioral Supports | 1. During initial behavioral support plan development the Behavioral Specialist must: * Conduct a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;
 | 1. During initial behavioral support plan development the Behavioral Specialist must: * Conduct a ~~comprehensive assessment of behavior and its causes and~~ **Functional Behavioral Assessment** and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed;
 | This change is being made to update waiver language to align with practice standards.  |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Behavioral Supports  | Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis. | Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis. **Direct Behavioral Support services may be provided using remote technology in accordance with ODP policy.** **Behavioral Support services may also be delivered in a hospital, in accordance with Section 1902(h) of the Social Security Act, when the services are:** * **Identified in the participant’s service plan;**
* **Provided to meet needs of the participant that are not met through the provision of hospital services;**
* **Designed to ensure smooth transitions between the hospital and home and community-based settings, and to preserve the participant’s functional abilities; and**
* **Not a substitute for services that the hospital is obligated to provide through its conditions of participation or under Federal or state law, or under another applicable requirement.**

**This service can only be provided in a hospital setting to assist the participant with one or more of the following:** * **Communication; or**
* **Behavioral support/stabilization as enumerated in the behavior support plan.**
 | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs.This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Supports Coordination  | Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for participants. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a nursing home or hospital for less than 30 days. | Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for participants. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a nursing home **for less than 30 days** or **a** hospital **for any duration of time**. ~~for less than 30 days.~~ | This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. Since services can now be rendered when a person is hospitalized for any length of time, Supports Coordination is not limited to 30 days in a hospital setting. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Supports Coordination  | *Provider Qualification Standards*\* \* \*2. Function as a conflict free entity. A conflict-free SCO, for purposes of this service definition, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an SCO may not provide direct or indirect services to participants. The following are considered direct and indirect services:\* \* \*Indirect Services: * All services related to Health Care Quality Units, Independent Monitoring Teams, Organized Health Delivery System Providers, Financial Management Service Providers/Organizations for Waiver participants, and the Statewide Needs Assessment with the exception of Family Driven Support Service funds and the administration of Money Follows the Person (MFP) as approved by CMS.
 | *Provider Qualification Standards*\* \* \*2. Function as a conflict free entity. A conflict-free SCO, for purposes of this service definition, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an SCO may not provide direct or indirect services to participants. The following are considered direct and indirect services:\* \* \*Indirect Services: * All services related to Health Care Quality Units, Independent Monitoring Teams, ~~Organized Health Delivery System Providers,~~ Financial Management Service Providers/Organizations for Waiver participants, and the Statewide Needs Assessment with the exception of Family Driven Support Service funds and the administration of Money Follows the Person (MFP) as approved by CMS.
1. **An SCO may become an OHCDS for any vendor service authorized in the participant’s ISP. A participant's SCO may not own or operate providers of vendor services with which it is acting as an OHCDS. SCOs must enroll and qualify as an OHCDS and comply with all requirements regarding OHCDS in Appendix I-3-g-ii of the current approved waivers, as well as 55 Pa. Code** § **6100.803.**

 | Allowing SCOs to be Organized Health Care Delivery Systems gives participants more options for receiving needed vendor goods and services.  |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Housing Transition and Tenancy Sustaining Services | Housing Transition services are direct and indirect services provided to participants. Indirect activities that cannot be billed include driving to appointments, completing service notes and progress notes, and exploring resources and developing relationships that are not specific to a participant's needs as these activities are included in the rate. The following direct and indirect activities are billable under Housing Transition:\* \* \** Assisting with the housing search process.
 | Housing Transition services are direct and indirect services provided to participants. Indirect activities that cannot be billed include driving to appointments, completing service notes and progress notes, and exploring resources and developing relationships that are not specific to a participant's needs as these activities are included in the rate. The following direct and indirect activities are billable under Housing Transition:\* \* \** Assisting with the ~~housing search~~ process **of searching for a home that is located in an integrated setting that is dispersed in the community in a noncontiguous location not located on a campus setting. Housing Transition cannot be used to find homes that are developed for or promoted as serving people with an intellectual disability and/or Autism that isolate or segregate the participant from the community of individuals who do not have an intellectual disability and/or Autism.**
 | This change is being made to clarify that the Housing Transition service is intended to support individuals to find homes in integrated settings and not disability specific settings in alignment with the CMS Home and Community Based Settings regulations. All other Housing Transition activities remain in the waiver unchanged. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Assistive Technology | Independent living technology involves the use of remote monitoring services and/or equipment in conjunction with additional technological support and services. Examples of equipment and services covered as independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology. This service includes the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the independent living technology equipment. | Independent living technology involves the use of remote **support** ~~monitoring~~ services and/or equipment in conjunction with additional technological support and services. Examples of equipment and services covered as independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote **support** ~~monitoring~~ equipment necessary to operate the independent living technology. This service includes the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the independent living technology equipment. **Internet service may be provided in private homes only when the remote support provider indicates internet service is required for the remote support equipment to function and the provider approves the internet service prior to purchase to ensure it meets the needs for the delivery of remote support.**  | This change is being made to support participants’ ability to receive remote support. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Assistive Technology | Assistive Technology devices (with the exception of independent living technology) costing $500 or more must be recommended by an independent evaluation of the participant’s assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant.  | Assistive Technology devices (with the exception of independent living technology) costing ~~$500~~ **$750** or more must be recommended by an independent evaluation of the participant’s assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant.  | This change is being made to support participants’ ability to receive services using remote technology. |
| Consolidated, Community Living and P/FDS Waivers | C-1/C-3 | Assistive Technology | Assistive Technology has the following limits: \* \* \** An annual limit of $5,000 for remote monitoring service completed as part of independent living technology. This limit is not included in the overall Assistive Technology lifetime limit of $10,000.
 | Assistive Technology has the following limits: \* \* \** An annual limit of $5,000 for remote ~~monitoring~~ **support** service completed as part of independent living technology. **Intensive remote support above the annual limit of $5,000 is allowed using the standard ODP variance process.**  This limit is not included in the overall Assistive Technology lifetime limit of $10,000.
 | This change allows increased flexibility, participant choice and independence through expanded options to receive remote support to meet the participant’s needs in a cost-effective manner.  |
| Consolidated, Community Living and P/FDS Waivers | C-1/C-3 | Assistive Technology | *Provider Qualification Standards*Independent Living Technology AgencyTo provide independent living technology, the agency must meet the following standards:\* \* \*6. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 7. Have a participant support call center that is staffed 24 hours a day, 7 days a week, or an automated call center if identified in the assessment. | Provider Qualification StandardsIndependent Living Technology AgencyTo provide independent living technology, the agency must meet the following standards:\* \* \*6. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. 7. Have a participant support call center that is staffed 24 hours a day, 7 days a week, or an automated call center if identified in the assessment.**8. Enroll directly with ODP to render the remote support service, develop and implement a quality management plan and provide orientation and annual training to staff on recognizing and reporting incidents when intensive remote support will be provided above $5,000 per year.** | Additional qualification criteria have been added for the provision of intensive remote support to ensure the health and safety of participants and the provision of quality services. No other changes have been made to provider qualification criteria for Independent Living Technology Agencies.  |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Benefits Counseling  | *Provider Qualification Standards*Staff (direct, contracted or in a consulting capacity) who will work directly with the participant to provide Benefits Counseling services shall hold a Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program. | *Provider Qualification Standards*Staff (direct, contracted or in a consulting capacity) who will work directly with the participant to provide Benefits Counseling services shall hold ~~a~~ **one of the following:*** Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program**,** **or**
* **Work Incentive Practitioner credential obtained by completing the Cornell University Work incentives Planning & Utilization for Benefit Practitioners Online Certificate course and satisfying the requirement to maintain the credential (sixty hours of continuing education units for training approved by** **Cornell University within 5 years of obtaining the full credential).**
 | Based on feedback about difficulty accessing the Certified Work Incentives Counselor certification, qualifications are being expanded to give providers the ability to qualify staff and render quality services. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Supported Employment  | Supported Employment services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment. | Supported Employment services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment. **Direct Supported Employment services may be provided using remote technology in accordance with ODP policy.**  | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Communication Specialist | 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.  | 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. **Direct Communication Specialist services may be provided using remote technology in accordance with ODP policy.** | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Music Therapy, Art Therapy, and Equine Assisted Therapy | Direct therapy services provided to a participant who may or may not have a primary diagnosis of mental illness, but who could benefit by the provision of therapy to maintain, improve or prevent regression of the participant’s condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community. Services and intended benefit must be documented in the service plan.  | Direct therapy services provided to a participant who may or may not have a primary diagnosis of mental illness, but who could benefit by the provision of therapy to maintain, improve or prevent regression of the participant’s condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community. **Direct Music and Art Therapy services may be provided using remote technology in accordance with ODP policy.** Services and intended benefit must be documented in the service plan.  | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs.Equine Therapy may not be provided through remote technology. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Therapy Services | Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community, and must be attached to a participant's outcome as documented in his or her service plan. Training caretakers and development and monitoring of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Therapy services. The need for the service must be documented by a professional as noted above for each service and must be evaluated at least annually, or more frequently if needed, as part of the service plan process. | Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community, and must be attached to a participant's outcome as documented in his or her service plan. Training caretakers and development and monitoring of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Therapy services. **Direct Therapy services may be provided using remote technology in accordance with ODP policy.** The need for the service must be documented by a professional as noted above for each service and must be evaluated at least annually, or more frequently if needed, as part of the service plan process. | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Consultative Nutritional Services | Consultative Nutritional Services are direct and indirect services that assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan, and that are not covered by the Medicaid State Plan, and are necessary to improve or sustain the participant’s health status and improve the participant’s independence and inclusion in their community. The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. This service may be delivered in the participant’s home or in the community as described in the service plan. This service requires a recommendation by a physician.  | Consultative Nutritional Services are direct and indirect services that assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan, and that are not covered by the Medicaid State Plan, and are necessary to improve or sustain the participant’s health status and improve the participant’s independence and inclusion in their community. The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. **Direct Consultative Nutritional Services may be provided using remote technology in accordance with ODP policy.** This service may be delivered in the participant’s home or in the community as described in the service plan. This service requires a recommendation by a physician. | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Supports Broker Services | The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of this Waiver. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participant’s needed services.This service is limited to the following list of activities: \* \* \** Developing schedules for Support Service Professionals.
 | The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of this Waiver. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participant’s needed services. **Direct Supports Broker services may be provided using remote technology in accordance with ODP policy.** This service is limited to the following list of activities: \* \* \** Developing schedules for Support Service Professionals.
* **Assisting managing employers (ME) and common law employers (CLE) to ensure that Support Service Professionals (SSPs) are trained and scheduled to support the participant’s needs when hospitalized and to support a smooth transition of the participant from the hospital to home and community-based settings.**
 | Through the COVID-19 pandemic, ODP has learned that there are benefits from rendering certain services remotely, according to the participant’s needs.This change aligns the waivers with the Social Security Act, which was amended by the CARES Act, to allow services to be delivered in a hospital. There have been no other changes to the list of allowable Supports Broker activities.  |
| Consolidated and Community Living Waivers | C-1/C-3 | Residential Habilitation and Life Sharing | *Provider Qualification for Residential Habilitation and Life Sharing:*Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. | *Provider Qualification for Residential Habilitation or Life Sharing:*Staff, consultants and contractors must have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.**If the criminal history clearance results identify a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:*** **The nature of the crime;**
* **Facts surrounding the conviction;**
* **Time elapsed since the conviction;**
* **The evidence of the individual’s rehabilitation;**
* **The nature and requirements of the job; and**
* **The performance of individualized risk assessments.**

**Documentation of completion of the above bullets must be maintained for any staff that were hired whose criminal history clearance results identified a criminal record.**  | This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff. |
| Consolidated and Community Living Waivers | C-1/C-3 | Residential Habilitation and Life Sharing | *Provider Qualification for Residential Habilitation, Life Sharing, and Supported Living:*In the case of an entity newly enrolled to provide Residential Habilitation/Life Sharing/Supported Living services, or a current provider hiring new executive level staff, one of the following must have a minimum of five years’ experience as a manager with responsibility for providing residential services for individuals with an intellectual disability, developmental disability, autism and/or serious mental illness and a bachelor’s degree.* Executive Director,
* Chief Executive Officer,
* Chief Operations Officer, or
* Director, Assistant or Associate Director
 | *Provider Qualification for Residential Habilitation, Life Sharing, and Supported Living:*In the case of an entity newly enrolled to provide Residential Habilitation/Life Sharing/Supported Living services, or a current provider hiring new executive level staff, one of the following positions: ~~must have a minimum of five years’ experience as a manager with responsibility for providing residential services for individuals with an intellectual disability, developmental disability, autism and/or serious mental illness and a bachelor’s degree.~~* Executive Director,
* Chief Executive Officer,
* Chief Operations Officer, or
* Director, Assistant or Associate Director

must have a bachelor’s degree and a minimum of five years’ experience **in an executive-level position relating to the provision of residential services** to individuals with an intellectual disability, developmental disability, autism and/or serious mental illness, **with responsibility for all of the following:** * **Day-to-day residential agency operations;**
* **Oversight of the development and implementation of residential agency-wide policies and procedures;**
* **Supervision of management-level staff; and**
* **Compliance with applicable state and federal regulations.**
 | Based on requests for clarification, additional detail has been added regarding professional experience required for at least one executive level staff in Residential Habilitation, Life Sharing and Supported Living.  |
| Consolidated and Community Living Waivers | C-1/C-3 | Residential Habilitation and Supported Living | *Provider Qualification for Residential Habilitation and Supported Living:**Certificate:*

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| PROGRAM SPECIALISTThe program specialist shall have one of the following four groups of qualifications: 1. A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism. 2. A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability and/or autism. 3. An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability and/or autism. 4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability and/or autism.  BEHAVIORAL SPECIALIST When serving participants with behavior support needs, the Residential Habilitation provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Residential Habilitation service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies. Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements: 1. Master’s Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology. 2. A Pennsylvania Behavior Specialist License. 3. Must have a Bachelor’s Degree and work under the supervision of a professional who has a Master’s Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.  In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards: 1. Complete training in conducting and using a Functional Behavioral Assessment. 2. Complete training in positive behavioral support.  |

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 | *Provider Qualification for Residential Habilitation and Supported Living:**Certificate:*PROGRAM SPECIALISTThe program specialist shall have one of the following four groups of qualifications: 1. A master’s degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism. 2. A bachelor’s degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability and/or autism. 3. An associate’s degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability and/or autism. 4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability and/or autism.  BEHAVIORAL SPECIALIST When serving participants with behavior support needs, the Residential Habilitation provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Residential Habilitation service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies. Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements: 1. Master’s Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology. 2. A Pennsylvania Behavior Specialist License. 3. Must have a Bachelor’s Degree and work under the supervision of a professional who has a Master’s Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.  In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards: 1. Complete training in conducting and using a Functional Behavioral Assessment. 2. Complete training in positive behavioral support.

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| **ASSISTIVE TECHNOLOGY PROFESSIONAL****Effective January 1, 2022, when rendering remote support services to participants, the Residential Habilitation/Supported Living provider must have an assistive technology professional (direct, contracted, or in a consulting capacity) available who has a current Assistive Technology Professional certificate from Rehabilitation Engineering and Assistive Technology Society of North America (RESNA).  The assistive technology professional is responsible for the following as part of the Residential Habilitation/Supported Living service:**1. **Completion of evaluations of participants’ assistive technology needs, including a functional evaluation of the impact of appropriate assistive technology and remote support.**
2. **Completion of an evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the remote support technology and remote support; how the technology and remote support will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the technology and/or remote support.**
3. **Informing the participant, and anyone identified by the participant, of what impact the remote support technology and remote support will have on the participant’s privacy. This information must be provided to the participant in a form of communication reasonable calculated to be understood by the individual. After this has been completed, the Residential Habilitation/Supported Living provider must then obtain either the participant’s consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of remote support technology and remote support, and any time there is a change to the remote support technology devices utilized or remote support.**
4. **Ensuring that the remote support technology is in good working order.**

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

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 | This change is being proposed to ensure that remote support rendered as part of Residential Habilitation and Supported Living meets the needs of participants. |
| Consolidated, Community Living, and P/FDS Waivers | C-1/C-3 | Provider Qualifications for multiple services | *Provider Qualifications for all direct services except Residential Habilitation and Life Sharing:*Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15. | *Provider Qualifications for all direct services except Residential Habilitation and Life Sharing:*~~Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.~~**Staff, contractors, and consultants must have a Pennsylvania State Police criminal history record check prior to the date of hire. If the prospective employee is not a resident of the Commonwealth of Pennsylvania or has not been a resident of the Commonwealth of Pennsylvania for at least two years prior to the date of employment, a Federal Bureau of Investigation criminal history record check must be obtained prior to the date of hire.****If a criminal history clearance and/or the criminal history record check identifies a criminal record, providers must make a case-by-case decision about whether to hire the person that includes consideration of the following factors:*** **The nature of the crime;**
* **Facts surrounding the conviction;**
* **Time elapsed since the conviction;**
* **The evidence of the individual’s rehabilitation;**
* **The nature and requirements of the job; and**
* **The performance of individualized risk assessments.**

**Documentation of completion of the bullets above must be maintained for any staff that were hired whose criminal history clearance results or criminal history check identified a criminal record.**  | This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff. |
| Consolidated, Community Living, and P/FDS Waivers | C-2 | **Criminal History and/or Background Investigations** | Specific requirements for criminal background checks are included in 35 P.S. §10225.101 et seq., 6 Pa. Code Chapter 15 (Older Adult Protective Services Act, OAPSA) and 55 Pa. Code Chapter 51 or its regulatory successor. OAPSA and 55 Pa. Code Chapter 51 require that criminal background checks are requested from the Pennsylvania State Police prior to the applicant's date of hire. If the applicant has not been a resident of the Commonwealth for the two years immediately preceding the date of application, a report of Federal criminal history record must be requested from the Federal Bureau of Investigation (FBI) in addition to a criminal history record from the Pennsylvania State Police.  | ~~Specific requirements for criminal background checks are included in 35 P.S. §10225.101 et seq., 6 Pa. Code Chapter 15 (Older Adult Protective Services Act, OAPSA) and 55 Pa. Code Chapter 51 or its regulatory successor. OAPSA and 55 Pa. Code Chapter 51 require that criminal background checks are requested from the Pennsylvania State Police prior to the applicant's date of hire. If the applicant has not been a resident of the Commonwealth for the two years immediately preceding the date of application, a report of Federal criminal history record must be requested from the Federal Bureau of Investigation (FBI) in addition to a criminal history record from the Pennsylvania State Police.~~ **Requirements for criminal background checks are specified at 55 Pa. Code § 6100.47 (relating to criminal history checks) and in the qualifications for each waiver service definition. Additionally, Residential Habilitation and Life Sharing providers are subject to the criminal history background check requirements specified in the Older Adults Protective Services Act (35 P.S. § 10225.101 et seq) and 6 Pa. Code Chapter 15 (relating to Protective Services for Older Adults).** | This change clarifies the requirements for criminal history clearances to promote the safety of participants while supporting quality services from qualified staff. |
| Consolidated, Community Living, and P/FDS Waivers | G-2-b-i | **Safeguards Concerning the Use of Restrictive Interventions**  | Permitted Restrictive Interventions include:* Token economies or other reward and/or level systems as part of programming.
* Environmental restrictions
* Limiting access to objects or items, such as limiting access to food for participants diagnosed with Prader Willi.
* Intensive supervision such as 1:1 or 2:1 staffing levels or higher, for purposes of behavior monitoring/intervention/ redirection.
* Anything that a person is legally mandated to follow as part of probation or a court restriction that is superseded by regulation or other ODP policy.
 | Permitted Restrictive Interventions include:* Token economies or other reward and/or level systems as part of programming.
* Environmental restrictions
* Limiting access to objects or items, such as limiting access to food for participants diagnosed with Prader Willi.
* ~~Intensive supervision such as 1:1 or 2:1 staffing levels or higher for purposes of behavior monitoring/intervention/ redirection.~~
* Anything that a person is legally mandated to follow as part of probation or a court restriction that is superseded by regulation or other ODP policy.
 | Restrictive Interventions do not include staffing ratios; rather, they are the specific interventions that are implemented by staff that would be restrictive, not the number of staff working. |
| Consolidated, Community Living, and P/FDS Waivers | Appendix I-2-a | Rate Determination Methods | The VF/EA and AWC wage ranges are issued by ODP prior to July 1 each year in a standard ODP communication. In addition, the AWC MA fee schedule rates are communicated prior to implementation through a notice published in the Pennsylvania Bulletin. Wage ranges & fee schedule rates, when applicable, are implemented prospectively. | The VF/EA and AWC wage ranges are issued by ODP prior to **any changes in wage ranges** ~~July 1 each year~~ in a standard ODP communication. In addition, **changes to** the AWC MA fee schedule rates are communicated prior to ~~July 1 each year~~ **implementation** through a public notice published in the Pennsylvania Bulletin. Wage ranges & fee schedule rates, when applicable, are implemented prospectively. | There are no federal or state requirements to publish wage ranges or MA fee schedule rates when there are no changes to the wage ranges or rates. Any changes will be communicated before they become effective. |
| Consolidated, Community Living, and P/FDS Waivers | Appendix I-3-d | Payments to state or Local Government Providers  | Supports Coordination Organizations are either private businesses or businesses run by a county that may receive payment for waiver funded supports coordination services. The provider qualification requirements for Supports Coordination Organizations states that the organization must function as a conflict free entity. A conflict-free Supports Coordination Organization, for purposes of providing supports coordination, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an Supports Coordination Organization may not provide direct or indirect services to participants.  | Supports Coordination Organizations are either private businesses or businesses run by a county that may receive payment for waiver funded supports coordination services. The provider qualification requirements for Supports Coordination Organizations states that the organization must function as a conflict free entity. A conflict-free Supports Coordination Organization, for purposes of providing supports coordination, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an Supports Coordination Organization may not provide direct ~~or indirect~~ services to participants. **The only allowable indirect service for Supports Coordination Organizations is functioning as an Organized Health Care Delivery System for vendor goods and services.** **A participant's Supports Coordination Organization may not own or operate providers of vendor goods and services with which it is acting as an Organized Health Care Delivery System.**  | Allowing SCOs to be Organized Health Care Delivery Systems gives participants more options for receiving needed vendor goods and services.  |