

Changes to the CHC Waiver Effective January 1, 2020 (Renewal)

KEY – Bold = Recommended additions
Strikethrough= Recommended removal

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1.	Appendix C Participant Services C-1 Summary of Services Covered (2 of 2) c. Delivery of Case Management Services	Service Coordinators and Service Coordinator supervisors must meet the following qualifications: <ul style="list-style-type: none"> • Service Coordinators must be an RN or have a Bachelor’s degree in social work, psychology or other related fields, and at least three years of experience in a social service or health care related setting except that Service Coordinators hired prior to the CHC zone effective date must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. • Service Coordinator Supervisors must be an RN or have a PA licensed social worker or PA licensed mental health professional with at least three years of relevant experience except that Service Coordinator Supervisors hired prior to the effective date who do not a have a license, 1) must obtain a license within their first year under the new CHC contract in their zone or 2) must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. 	Service Coordinators and Service Coordinator supervisors must meet the following qualifications: <ul style="list-style-type: none"> • Service Coordinators must be a registered nurse (RN) or have a Bachelor’s degree in social work, psychology or other related fields with practicum experience, or in lieu of a Bachelor’s degree, and have at least three (3) or more years of experience in a social service or health care related setting. except that Service Coordinators hired prior to the CHC zone effective date Implementation Date must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. • Service Coordinator supervisors must be an RN or have a PA licensed social worker or PA licensed mental health professional a Master’s degree in social work or in a human services or healthcare field and with at least three (3) years of relevant experience with a commitment to obtain either a Pennsylvania social work or mental health professional license within one year of hire. except that Service Coordinator supervisors hired prior to the effective date CHC zone Implementation Date (who do not a have a license) must either: 1) must obtain a license within their first year under the new CHC contract in their zone, or 2) must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. 	Modify qualifications for Service Coordinators and Service Coordinator supervisors.
2.	Appendix C Participant Services C-1/C-3 Service Specifications	Job Finding services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that job finding	Job Finding services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that job finding	Add language that OVR services are considered to not be available to the participant if OVR has not made an

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	Service Definitions – Job Finding	<p>may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services. 	<p>may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. <p>In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted:</p> <ol style="list-style-type: none"> 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Job Finding. 2. A participant who has not been referred to OVR may receive Job Finding without a referral to OVR. 	<p>eligibility determination within 120 days.</p> <p>Add language to address the issue of OVR’s proposed closure of the order of selection which would create a waiting list for OVR services.</p>
3.	Appendix C Participant Services C-1/C-3 Service Specifications Service Definitions – Job Coaching	<p>Job Coaching services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Job Coaching may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services. 	<p>Job Coaching services may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Job Coaching may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. 	<p>Add language that OVR services are considered to not be available to the participant if OVR has not made an eligibility determination within 120 days.</p> <p>Add language to address the issue of OVR’s proposed closure of the order of selection which would create a waiting list for OVR services.</p>

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			<p>In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted:</p> <ol style="list-style-type: none"> 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Job Coaching. 2. A participant who has not been referred to OVR may receive Job Coaching without a referral to OVR. 	
4.	<p>Appendix C Participant Services</p> <p>C-1/C-3 Service Specifications</p> <p>Service Definitions – Employment Skills Development</p>	<p>Employment Skills Development services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Employment Skills Development may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services. 	<p>Employment Skills Development services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Employment Skills Development may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. <p>In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted:</p> <ol style="list-style-type: none"> 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Employment Skills Development. 2. A participant who has not been referred to OVR may receive Employment Skills Development without a referral to OVR. 	<p>Add language that OVR services are considered to not be available to the participant if OVR has not made an eligibility determination within 120 days.</p> <p>Add language to address the issue of OVR’s proposed closure of the order of selection which would create a waiting list for OVR services.</p>

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5.	Appendix C Participant Services C-1/C-3 Service Specifications Service Definitions – Career Assessment	<p>Career Assessment services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Career Assessment services may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services. 	<p>Career Assessment services may not be rendered under the waiver to a participant under a program funded by the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Career Assessment services may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; or 2. The participant was determined ineligible for OVR services; or 3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant. <p>In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted:</p> <ol style="list-style-type: none"> 1. A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Career Assessment. 2. A participant who has not been referred to OVR may receive Career Assessment without a referral to OVR. 	<p>Add language that OVR services are considered to not be available to the participant if OVR has not made an eligibility determination within 120 days.</p> <p>Add language to address the issue of OVR’s proposed closure of the order of selection which would create a waiting list for OVR services.</p>
6.	Appendix C Participant Services C-1/C-3 Service Specifications Service Definitions – Benefits Counseling	<p>Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. Initial Benefits Counseling may only be provided if it is documented in the service plan that Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.</p>	<p>Benefits Counseling may not be rendered under the waiver to a participant under a program funded by either the Rehabilitation Act of 1973 as amended or any other small business development resource available to the participant. This means that Benefits Counseling services may only be provided when documentation has been obtained that one of the following has occurred:</p> <ol style="list-style-type: none"> 1. OVR has closed a case for the participant or has stopped providing services to the participant; 2. The participant was determined ineligible for OVR services; or 	<p>Add language to match the Service Specifications for the other employment-related services (Job Finding, Job Coaching, Employment Skills Development and Career Assessment) with regard to utilizing OVR services and that OVR</p>

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			<p>3. It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.</p> <p>Initial Benefits Counseling may only be provided if it is documented in the service plan that Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days.</p> <p>In the event that OVR closes the order of selection, the following process will be followed until the closure is lifted:</p> <ol style="list-style-type: none"> A participant who has been referred to OVR but does not have an approved Individualized Plan for Employment (IPE) may receive Benefits Counseling. A participant who has not been referred to OVR may receive Benefits Counseling without a referral to OVR. 	<p>services are considered to not be available to the participant if OVR has not made an eligibility determination within 120 days.</p> <p>Add language to address the issue of OVR's proposed closure of the order of selection which would create a waiting list for OVR services.</p>
7.	<p>Appendix C Participant Services</p> <p>C-1/C-3 Service Specifications</p> <p>Service Definitions – Residential Habilitation</p>	<p>Residential Habilitation services are provided for up to 24 hours a day. This service is authorized as a day unit. A day is defined as a period of a minimum of 12 hours of service rendered by a residential habilitation provider within a 24-hour period beginning at 12:00 am and ending at 11:59 pm.</p>	<p>Residential Habilitation services are provided for up to 24 hours a day. This service is authorized as a day unit. A day is defined as a period of a minimum of 8 hours of service rendered by a residential habilitation provider within a 24-hour period beginning at 12:00 am and ending at 11:59 pm.</p>	<p>Redefine a day unit as a minimum of 8 hours instead of 12 hours.</p>
8.	<p>Appendix D Participant-Centered Planning and Service Delivery</p> <p>D-1: Service Plan Development (1 of 8)</p>	<p>Service Coordinators and Service Coordinator Supervisors must meet the following qualifications:</p> <ul style="list-style-type: none"> Service Coordinators must be an registered nurse (RN) license or have a Bachelor's degree in social work, psychology or other related fields, and at least three years of experience in a social service or health care related setting, except that 	<p>Service Coordinators and Service Coordinator supervisors must meet the following qualifications:</p> <ul style="list-style-type: none"> Service Coordinators must be a registered nurse (RN) license or have a Bachelor's degree in social work, psychology or other related fields with practicum experience, or in lieu of a Bachelor's degree, and have at least three (3) or more years 	<p>Modify qualifications for Service Coordinators and Service Coordinator supervisors.</p>

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	a. Responsibility for Service Plan Development	<p>Service Coordinators hired prior to the CHC zone effective date must have the qualifications and standards proposed by the CHC-MCOs and approved by the department.</p> <ul style="list-style-type: none"> Service Coordinator Supervisors must be an RN license or have at least three years of relevant experience and be a PA licensed social worker or PA licensed mental health professional, except that Service Coordinator Supervisors hired prior to the CHC zone effective date who do not have a license, 1) must obtain a license within their first year under the new CHC contract in their zone or 2) must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. 	<p>of experience in a social service or health care related setting. except that Service Coordinators hired prior to the CHC zone effective date Implementation Date must have the qualifications and standards proposed by the CHC-MCOs and approved by the department.</p> <ul style="list-style-type: none"> Service Coordinator Supervisors must be an RN license or have or have a Master’s degree in social work or in a human services or healthcare field at least and three years of relevant experience and be a PA licensed social worker or PA licensed mental health professional, with a commitment to obtain either a Pennsylvania social work or mental health professional license within one year except that Service Coordinator supervisors hired prior to the CHC zone effective date Implementation Date (who do not have a license) must either: 1) must obtain a license within their first year under the new CHC contract in their zone or 2) must have the qualifications and standards proposed by the CHC-MCOs and approved by the department. 	
9.	Appendix D Participant-Centered Planning and Service Delivery D-1: Service Plan Development (4 of 8) d. Service Plan Development Process	<p>The CHC-MCO must conduct a comprehensive needs reassessment of NFCE Participants no more than twelve (12) months following the most recent prior comprehensive needs assessment or comprehensive needs reassessment unless a trigger event occurs. If a trigger event occurs, the CHC-MCO must complete a reassessment as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant’s health status and needs, but in no case more than fourteen (14) days after the occurrence of the following trigger events:</p> <ul style="list-style-type: none"> A significant healthcare event to include but not be limited to a hospital admission, a transition between healthcare settings, or a hospital discharge. A change in functional status. A change in caregiver or informal support status if the change impacts one or more areas of health or functional status. A change in the home setting or environment if the change impacts one or more areas of health or functional status. 	<p>The CHC-MCO must conduct a comprehensive needs reassessment of NFCE Participants no more than twelve (12) months following the most recent prior comprehensive needs assessment or comprehensive needs reassessment unless a trigger event occurs. If a trigger event occurs, the CHC-MCO must complete a reassessment as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant’s health status and needs, but in no case more than fourteen (14) days after the occurrence of the following trigger events:</p> <ul style="list-style-type: none"> A significant healthcare event to include but not be limited to a hospital admission, a transition between healthcare settings, or a hospital discharge. A change in functional status. A change in caregiver or informal support status if the change impacts one or more areas of health or functional status. A change in the home setting or environment if the change impacts one or more areas of health or functional status. 	Clarify what the CHC-MCO must do in the event a participant has not been receiving services, and it was an unplanned suspension of services.

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		<ul style="list-style-type: none"> A change in diagnosis that is not temporary or episodic and that impacts one or more area of health status or functioning. As requested by the Participant or designee, caregiver, Provider, or the PCPT or PCPT Participant, or the Department. 	<ul style="list-style-type: none"> A change in diagnosis that is not temporary or episodic and that impacts one or more area of health status or functioning. As requested by the Participant or designee, caregiver, Provider, or the PCPT or PCPT Participant, or the Department. <p>In addition to the trigger events listed above, if the CHC-MCO identifies that a participant has not been receiving services for five (5) or more days to assist with activities of daily living as indicated on the service plan, and if the suspension of services was not pre-planned, then the CHC-MCO must communicate with the participant to determine the reason for the service suspension within 24 hours of identifying the issue. If the participant's health status or needs have changed, then the CHC-MCO must conduct a comprehensive needs reassessment of the participant's needs within fourteen (14) days of identifying the issue.</p>	
10.	Appendix D Participant-Centered Planning and Service Delivery D-1: Service Plan Development (4 of 8) d. Service Plan Development Process	The PCSP for LTSS Participants must identify how their LTSS needs will be met and how their Service Coordinator will ensure that services are provided in accordance with the PCSP. The LTSS Service Plan section of the PCSP must include the following... <ul style="list-style-type: none"> How frequently specific services will be provided. 	The PCSP for LTSS Participants must identify how their LTSS needs will be met and how their Service Coordinator will ensure that services are provided in accordance with the PCSP. The LTSS Service Plan section of the PCSP must include the following... <ul style="list-style-type: none"> How frequently The scope, amount, duration and frequency that specific services will be provided... Emergency back-up plan 	Clarify scope, amount, duration and frequency. Add that an emergency back-up plan must be part of the PCSP
Performance Measures				
11.	Appendix B, Quality Improvement: Level of Care a.ii.	The CHC-MCO must conduct a comprehensive needs reassessment no more than 12 months following the most recent prior comprehensive needs assessment or comprehensive needs reassessment unless a trigger event occurs. The CHC-MCO must complete reassessments as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant's health status and needs, but in no case more than 14 days after the occurrence of the following trigger events:	The CHC-MCO must conduct a comprehensive needs reassessment no more than 12 months following the most recent prior comprehensive needs assessment or comprehensive needs reassessment unless a trigger event occurs. The CHC-MCO must complete reassessments as expeditiously as possible in accordance with the circumstances and as clinically indicated by the Participant's health status and needs, but in no case more than 14 days after the occurrence of the following trigger events:	Clarify what the CHC-MCO must do in the event a participant has not been receiving services, and it was an unplanned suspension of services.

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		<ul style="list-style-type: none"> • A significant healthcare event to include but not be limited to a hospital admission, a transition between healthcare settings, or a hospital discharge. • A change in functional status. • A change in caregiver or informal support status if the change impacts one or more areas of health or functional status. • A change in the home setting or environment if the change impacts one or more areas of health or functional status. • A change in diagnosis that is not temporary or episodic and that impacts one or more area of health status or functioning. • As requested by the Participant or designee, caregiver, Provider, or the PCPT or PCPT Participant, or the Department. 	<ul style="list-style-type: none"> • A significant healthcare event to include but not be limited to a hospital admission, a transition between healthcare settings, or a hospital discharge. • A change in functional status. • A change in caregiver or informal support status if the change impacts one or more areas of health or functional status. • A change in the home setting or environment if the change impacts one or more areas of health or functional status. • A change in diagnosis that is not temporary or episodic and that impacts one or more area of health status or functioning. • As requested by the Participant or designee, caregiver, Provider, or the PCPT or PCPT Participant, or the Department. <p>In addition to the trigger events listed above, if the CHC-MCO identifies that a participant has not been receiving services for five (5) or more days to assist with activities of daily living as indicated on the service plan, and if the suspension of services was not pre-planned, then the CHC-MCO must communicate with the participant to determine the reason for the service suspension within 24 hours of identifying the issue. If the participant's health status or needs have changed, then the CHC-MCO must conduct a comprehensive needs reassessment of the participant's needs within fourteen (14) days of identifying the issue.</p>	