

**Changes to the CHC Waiver Effective January 1, 2021 (Amendment)**

**KEY – Bold = Recommended additions**  
**Strikethrough= Recommended removal**

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
1.	Appendix A Waiver Administration and Operations  3. Use of Contracted Entities	<p>The administrative functions delegated to the F/EA by OLTL include:</p> <ul style="list-style-type: none"> <li>Execute Medicaid provider agreements with qualified vendors and support workers;</li> <li>Procure participant-employer related functions training for common-law employers through a Supports Broker(s);</li> </ul>	<p>The administrative functions delegated to the F/EA by OLTL include:</p> <ul style="list-style-type: none"> <li>Execute Medicaid provider agreements with qualified vendors and support workers;</li> <li><del>Procure participant-employer related functions training for common-law employers through a Supports Broker(s);</del></li> </ul>	Amend F/EA responsibilities – Remove Support Broker
2.	Appendix C-1/C-3 Service Specification  Assistive Technology	<p>Assistive Technology service is an item, piece of equipment or product system — whether acquired commercially, modified or customized — that is needed by the participant, as specified in the participant’s person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment. The service is intended to ensure the health, welfare and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>Assistive Technology includes supports to a participant in the selection, acquisition or use of an Assistive Technology device. Training to utilize adaptations, modifications and devices is included in the purchase, as applicable. Independent evaluations conducted by a certified professional, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Assistive Technology is limited to:</p> <ul style="list-style-type: none"> <li>Services consisting of purchasing, leasing or otherwise providing for the acquisition of Assistive Technology devices for participants</li> </ul>	<p><b>Assistive Technology consists of devices and services which are intended to ensure the health, welfare, independence and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</b></p> <p><b>An Assistive Technology service device</b> is an item, piece of equipment or product system — whether acquired commercially, modified or customized — that is needed by the participant, as specified in the participant’s person-centered service plan (PCSP) and determined necessary in accordance with the participant's assessment. <b>The service Assistive Technology</b> is intended to ensure the health, welfare, <b>independence</b> and safety of the participant and to increase, maintain or improve a participant's functioning in communication, self-help, self-direction, life-supports or adaptive capabilities.</p> <p>Assistive Technology <b>services</b> includes supports to a participant in the selection, acquisition or use of an Assistive Technology device. Training to utilize adaptations, modifications and devices is included in the purchase, as applicable. Independent evaluations conducted by a certified professional, not otherwise</p>	Modify service definition for clarity and add smart home technology

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		<ul style="list-style-type: none"> <li>• Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing Assistive Technology devices. Repairs are covered when it is more cost effective than purchasing a new device</li> <li>• Electronic systems that enable someone with limited mobility to control various appliances, lights, telephone, doors and security systems in their room, home or other surroundings</li> <li>• Training or technical assistance for the participant, paid caregiver and unpaid caregiver</li> <li>• An independent evaluation of the Assistive Technology needs of a participant. This includes a functional evaluation of the Assistive Technology needs and appropriate services for the participant in his/her customary environment</li> <li>• Extended warranties</li> <li>• Ancillary supplies, software and equipment necessary for the proper functioning of Assistive Technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices that assist participants with a need identified through the evaluation described below</li> <li>• Generators to power life-sustaining equipment are covered for participants residing in private homes when the following has been documented: The generator purchased is the most cost-effective to ensure the health and safety of the participant; AND the participant's health and safety is dependent upon electricity as documented by a physician.</li> </ul> <p>All items shall meet the applicable standards of manufacture, design and installation.</p>	<p>covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Assistive Technology is limited to:</p> <ul style="list-style-type: none"> <li>• <b>Services consisting of</b> Purchasing, leasing or otherwise providing for the acquisition of Assistive Technology devices for participants;</li> <li>• <b>Services consisting of</b> Selecting, designing, fitting, <b>connecting, installing, programming,</b> repairing or replacing Assistive Technology devices. Repairs are covered when it is more cost effective than purchasing a new device <b>and the device or repairs are not covered under warranty;</b></li> <li>• Electronic systems that enable <del>someone</del> <b>a participant</b> with <del>limited mobility</del> <b>functional limitations and identified needs</b> to control various appliances, lights, telephone, doors and security systems in their room, home or other surroundings;</li> <li>• <b>Electronic devices that assist a participant with communication or prompting needs such as tablets, computers and electronic communication aids;</b></li> <li>• Training or technical assistance for the participant, <b>or where appropriate, the participant's family members,</b> paid caregivers <del>and unpaid caregiver</del> <b>informal supports on the use of assistive technology;</b></li> <li>• An independent evaluation of the Assistive Technology needs of a participant. This includes a functional evaluation of the Assistive Technology needs and appropriate services for the participant in his/her customary environment;</li> <li>• Extended warranties;</li> <li>• Ancillary supplies, software, <b>mobile apps, hubs</b> and equipment necessary for the proper functioning of Assistive Technology devices, such as replacement batteries and materials necessary to adapt low-tech devices. This includes applications for electronic devices that assist participants with a <b>communication or prompting</b> need identified through</li> </ul>	

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			<p>the <b>independent</b> evaluation <b>or physician's prescription</b> described below; <b>and</b></p> <ul style="list-style-type: none"> <li>Generators to power life-sustaining equipment are covered for participants residing in private homes when the following has been documented: The generator purchased is the most cost-effective to ensure the health and safety of the participant; AND the participant's health and safety is dependent upon electricity as documented by a physician.</li> </ul> <p>All items <b>purchased through Assistive Technology</b> shall meet the applicable standards of manufacture, design and installation.</p>	
3.	Appendix C-1/C-3 Service Specification  Assistive Technology	<p>This service excludes those items that are not of direct medical or remedial benefit to the participant. Assistive Technology devices must be recommended by an independent evaluation or physician's prescription. They will only be approved by the OLTL when an independent evaluation specifies that the item is primarily used for a participant's specific therapeutic purpose and serves as a less costly alternative than other suitable devices and alternative methods.</p> <p>The following are specifically excluded from this service definition</p> <ul style="list-style-type: none"> <li>Recreational items</li> <li>Items that do not provide direct remedial benefit or improve the participant's ability to communicate with others</li> </ul> <p>Depending on the type of technology, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist; a speech, hearing or language therapist; physical therapist; or other certified professional meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Independent evaluations conducted by a certified professional as defined in the provider qualifications for this service, not otherwise covered under the State Plan or</p>	<p>This service excludes those items that are not of direct medical or remedial benefit to the participant <b>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 as identified through the independent evaluation or physician's prescription described below and be for the primary use of the participant.</b></p> <p>Assistive Technology devices must be recommended by an independent evaluation or physician's prescription. They will only be approved by the <del>OLTL</del> <b>CHC-MCO</b> when <del>an independent evaluation</del> <b>there is sufficient documentation in the independent evaluation or physician's prescription that</b> specifies <del>that</del> the item is primarily used for a participant's specific therapeutic purpose and serves as a less costly alternative than other suitable devices and alternative methods.</p> <p><del>The following are specifically excluded from this service definition</del></p> <ul style="list-style-type: none"> <li><del>Recreational items</del></li> <li><del>Items that do not provide direct remedial benefit or improve the participant's ability to communicate with others</del></li> </ul>	Modify service definition for clarity and set parameters for evaluation and approval

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		<p>other waiver services, may be reimbursed as a part of this service.</p> <p>Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service.</p>	<p>Depending on the type of technology, and in accordance with their <b>professional</b> scopes of practice and expertise, the independent evaluation may be conducted by <b>an a licensed</b> occupational therapist; a speech, hearing or language therapist; <b>a</b> physical therapist; <b>a certified assistive technology professional;</b> or other certified professional meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Independent evaluations conducted by a certified professional as defined in the provider qualifications for this service, not otherwise covered under the State Plan or other waiver services, may be reimbursed as a part of this service.</p> <p>Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided <b>on the same day and</b> at the same time as services that contain elements integral to the delivery of this service.</p>	
4.	<p>Appendix C-1/C-3 Service Specification</p> <p>Assistive Technology</p>	<p>Provider Qualifications</p> <p>Provider Type: Durable Medical Equipment</p> <ul style="list-style-type: none"> <li>Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</li> </ul> <p>...</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive</li> </ul>	<p>Provider Qualifications</p> <p>Provider Type: Durable Medical Equipment</p> <ul style="list-style-type: none"> <li>Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved <b>Rehabilitative Rehabilitation Sciences</b> program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or <b>have a degree in Rehabilitative Rehabilitation Sciences degree, as defined by RESNA,</b> with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</li> </ul> <p>...</p> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li><del>Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professional must be a graduate of a Department approved Rehabilitative Sciences program that is Certified by RESNA, the Rehabilitation Engineering and Assistive</del></li> </ul>	<p>Modify provider qualifications for clarity and add new provider type</p>

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		<p>Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</p>	<p><del>Technology Society of North America; or a Rehabilitative Sciences degree with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</del></p> <p>Provider Qualifications  Provider Type: <b>Equipment, technology and modifications agency or specialist</b></p> <ul style="list-style-type: none"> <li>• <b>Comply with 55 PA Code 1101 and have a waiver provider agreement</b></li> <li>• <b>Comply with Department standards, including regulations, policies and procedures relating to provider qualifications</b></li> <li>• <b>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania</b></li> <li>• <b>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies</b></li> <li>• <b>Have Commercial General Liability insurance</b></li> <li>• <b>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs</b></li> <li>• <b>Meet enrolled provider participation requirements as described in Chapter 1101 Medical Assistance Provider participation requirement</b></li> <li>• <b>Assessment performed by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professionals must be a graduate of a Department approved Rehabilitation Science program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or have a degree in Rehabilitation Science , as defined by RESNA, with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</b></li> </ul> <p><b>Individuals working for or contracted with agencies must meet the following standards:</b></p> <ul style="list-style-type: none"> <li>• <b>Be at least 18 years of age</b></li> </ul>	

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			<ul style="list-style-type: none"> <li>• Comply with all Department standards including regulations, policies and procedures related to provider qualifications</li> <li>• Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15</li> <li>• Have a child abuse clearance as required in Appendix C-2-b</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service</li> </ul>	
5.	Appendix C-1/C-3 Service Specification  Behavior Therapy Services, Occupational Therapy Services, Physical Therapy Services, Speech and Language Therapy Services		<b>Services must be provided at a 1:1 ratio.</b>	Add clarification that services are provided at a 1:1 ratio.
6.	Appendix C-1/C-3 Service Specification  Career Assessment	Provider Qualifications Provider Type: Career Assessment Agency Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• A master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or</li> <li>• A bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and</li> <li>• One of the following within 18 months of employment:</li> </ul>	Provider Qualifications Provider Type: Career Assessment Agency Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• <b>Have a</b> master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or</li> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or</b></li> </ul>	Add Vocational Rehabilitation Counselor

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		<ul style="list-style-type: none"> <li>- Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>- Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul> <p>...</p> <p>Provider Type: Career Assessment Provider</p> <p>Certificate: Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Have Commercial General Liability insurance in accordance with Department policies</li> <li>• Be at least 18 years of age</li> <li>• A master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or</li> <li>• A bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and</li> <li>• One of the following within 18 months of employment: <ul style="list-style-type: none"> <li>- Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>- Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Have a</b> bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and</li> <li>• One of the following within 18 months of employment: <ul style="list-style-type: none"> <li>- <b>Holds Hold</b> a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>- <b>Has been Been</b> awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul> </li> <li>• <b>Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision.</b></li> </ul> <p>...</p> <p>Provider Type: Career Assessment Provider</p> <p>Certificate: Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p><b>See "Other Standard"</b></p> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Have Commercial General Liability insurance in accordance with Department policies</li> <li>• Be at least 18 years of age</li> <li>• <b>Have a</b> master's degree in vocational/career evaluation or another field with a logical relationship to the provision of the service, or</li> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or</b></li> <li>• <b>Have a</b> bachelor's degree in a field with a logical relationship to the provision of the service and 1 year of documented related experience, and</li> <li>• One of the following within 18 months of employment:</li> </ul>	

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		<ul style="list-style-type: none"> <li>Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment...</li> </ul>	<ul style="list-style-type: none"> <li>Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> <li><b>Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision.</b></li> <li>Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment...</li> </ul>	
7.	Appendix C-1/C-3 Service Specification  Cognitive Rehabilitation Therapy Services	Cognitive Rehabilitation Therapy services are services that assist individuals to improve functioning and independence, and are necessary to improve the individual's inclusion in their community. Services are provided by an occupational therapist, licensed psychologist, licensed social worker, licensed professional counselor, licensed speech and language therapist, or a home health agency that employs them. Individuals with a bachelor's or master's degree in an allied rehabilitation field as defined by the Society for Cognitive Rehabilitation who are not licensed or certified may practice under the supervision of a practitioner who is licensed as listed above. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.	<p><b>Cognitive Rehabilitation Therapy (CRT) services are a systematic, goal-oriented approach designed to improve cognitive functioning by reinforcing, strengthening, or reestablishing previously learned patterns of behavior, or establishing new patterns of cognitive activity or compensatory mechanisms for impaired neurological systems. Treatments may be focused on improving a particular cognitive domain such as attention, memory, language, or executive functions.</b></p> <p><b>Through CRT, the participant utilizes methods that aim to help make the most of existing cognitive functioning through various methods, including guided practice on tasks that reflect particular cognitive functions, development of skills to help identify distorted beliefs and thought patterns, and strategies for taking in new information, such as the use of memory aids and other assistive devices. The goal for the participant receiving CRT is to achieve an awareness of their cognitive limitations, strengths, and needs and acquire the awareness and skills in the use of functional compensations necessary to</b></p>	Modify service definition for clarity and add requirement for an independent neuropsychological or neurobehavioral assessment. Add clarification that service is provided at a 1:1 ratio.

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		<p>Cognitive Rehabilitation Therapy services focus on the attainment/re-attainment of cognitive skills. The aim of therapy is the enhancement of the participant's functional competence in real-world situations. The process includes the use of compensatory strategies, and use of cognitive orthotics and prostheses. Services include consultation, ongoing counseling, and coaching/cueing. Cognitive Rehabilitation Therapy services do not pay for equipment. Depending on the participant's need, equipment may be provided under another waiver service, such as Assistive Technology.</p>	<p><b>increase the quality of life and enhance their ability to live successfully in the community. CRT services do not pay for equipment. Depending on the participant's need, equipment may be provided under another waiver service, such as Assistive Technology.</b></p> <p><b>This service may include consultation, ongoing counseling, coaching and cueing, training family members/staff, providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</b></p> <p><del>Cognitive Rehabilitation Therapy services are services that assist individuals to improve functioning and independence, and are necessary to improve the individual's inclusion in their community. Services are provided by an licensed occupational therapist, licensed psychologist, licensed social worker, licensed professional counselor, licensed speech and language therapist, or a home health agency that employs them. Licensed Certified Occupational Therapy Assistants (COTA/L) and individuals with a bachelor's or master's degree in an allied rehabilitation field as defined by the Society for Cognitive Rehabilitation who are not licensed or certified may practice under the supervision of a practitioner who is licensed as listed above. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan. This service may be delivered in the individual's home or in the community as described in the service plan.</del></p> <p><b>An individual seeking CRT services is required to receive an independent neuropsychological or neurobehavioral</b></p>	

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			<p><b>assessment; CRT shall be provided in accordance with the plan of care developed by the assessor. The plan of care must include frequency and duration of service. The assessment is provided through the Medicaid State plan and is not included under this waiver.</b></p> <p>Cognitive Rehabilitation Therapy services focus on the attainment/re-attainment of cognitive skills. The aim of therapy is the enhancement of the participant's functional competence in real-world situations. The process includes the use of compensatory strategies, and use of cognitive orthotics and prostheses. Services include consultation, ongoing counseling, and coaching/cueing. Cognitive Rehabilitation Therapy services do not pay for equipment. Depending on the participant's need, equipment may be provided under another waiver service, such as Assistive Technology.</p> <p><b>Services must be provided at a 1:1 ratio.</b></p>	
8.	Appendix C-1/C-3 Service Specification  Community Transition Services	Community Transition Services are one-time expenses for individuals that make the transition from an institution to their own home, apartment or family/friend living arrangement. The service must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure health, welfare and safety of the participant.	Community Transition Services are one-time expenses for individuals <del>that make the transition from an institution to their own home, apartment or family/friend living arrangement</del> <b>transitioning from an institution or another provider-operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.</b> The service must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure health, welfare and safety of the participant.	Modify service definition for clarity
9.	Appendix C-1/C-3 Service Specification  Community Transition Services	Expenditures may not include ongoing payment for rent or mortgage expenses.	Expenditures may not include ongoing payment for rent or mortgage expenses; <b>however, if the security deposit payment also requires payment of the first month's rent to obtain a lease on an apartment, home, or community living arrangement, the</b>	Clarify that paying the first month's rent to obtain a property is not considered paying ongoing rent and

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		<p>Community Transition Services do not include food, regular utility charges and/or household appliances or items that are intended for purely for diversion/recreational purposes.</p> <p>Community Transition Services does not include pest eradication. Individuals receiving Community Transition Services who require pest eradication may obtain it through the Pest Eradication Service.</p> <p>Community Transition Services are limited to the purchase of the specific items to facilitate transition and not the supports or activities provided to obtain the items.</p> <p>Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as pre-authorized by the CHC-MCO.</p> <p>This service does not cover those services available under Assistive Technology, Home Adaptations, Pest Eradication, Specialized Medical Equipment and Supplies, and Vehicle Modifications.</p>	<p><b>first month's rent is a permissible expenditure under Community Transition Services.</b></p> <p>Community Transition Services do not include food, regular utility charges and/or household appliances or items that are intended for purely for diversion/recreational purposes.</p> <p>Community Transition Services does not include pest eradication. Individuals receiving Community Transition Services who require pest eradication may obtain it through the Pest Eradication Service.</p> <p>Community Transition Services are limited to the purchase of the specific items to facilitate transition and not the supports or activities provided <b>by the service coordinator/transition coordinator</b> to obtain the items. <b>The CHC-MCO pays individual providers, such as landlords, utility companies, service agencies, furniture stores, and other retail establishments for the identified items.</b></p> <p><b>Community Transition Services include only those non-recurring set-up expenses incurred during the 180 days prior to discharge from a nursing facility or hospital or another provider-operated living arrangement to a community living arrangement or during the period following such a transition during which the participant is establishing his or her living arrangement.</b></p> <p>Community Transition Services are limited to an aggregate of \$4,000 per participant, per lifetime, as <b>tracked and</b> pre-authorized by the CHC-MCO.</p> <p>This service does not cover those services available under Assistive Technology, Home Adaptations, Pest Eradication, Specialized Medical Equipment and Supplies, and Vehicle Modifications.</p>	<p>modify the service definition for clarity</p>

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10.	Appendix C-1/C-3 Service Specification  Community Transition Services	<p>Provider Specifications</p> <p>Provider Categories:</p> <p>Agency: Service Coordinator</p> <p>Individual: Independent Vendor</p> <p>Provider Qualifications:</p> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</li> <li>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>Have Commercial General Liability insurance;</li> <li>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</li> <li>Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation.</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>Be at least 18 years of age;</li> <li>Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</li> <li>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</li> <li>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</li> </ul>	<p>Provider Specifications</p> <p>Provider Categories:</p> <p>Agency: <del>Service Coordinator</del></p> <p>Individual: Independent Vendors, <b>Landlords, Utility Companies, Retail Establishments</b></p> <p>Provider Qualifications:</p> <ul style="list-style-type: none"> <li><del>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</del></li> <li><del>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</del></li> <li><del>Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania;</del></li> <li>Have Worker’s Compensation insurance in accordance with State statute and in accordance with Department policies;</li> <li>Have Commercial General Liability insurance;</li> <li>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant, for example, communication, mobility and behavioral needs; and</li> <li>Meet all local and State requirements for the service. All items and services shall be provided according to applicable State and local standards of manufacture, design and installation.</li> </ul> <p><del>Individuals working for or contracted with agencies must meet the following standards:</del></p> <ul style="list-style-type: none"> <li><del>Be at least 18 years of age; and</del></li> <li><del>Comply with all Department standards, regulations, policies and procedures related to provider qualifications, including 55 PA Code Chapter 52;</del></li> <li><del>Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs;</del></li> </ul>	Modify provider type and qualifications and remove Service Coordinator provider type since Service Coordination is an administrative function of the MCO

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<ul style="list-style-type: none"> <li>• Have a child abuse clearance as required in Appendix C-2-b; and</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</li> </ul>	<ul style="list-style-type: none"> <li>• <del>Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15;</del></li> <li>• <del>Have a child abuse clearance as required in Appendix C-2-b; and</del></li> <li>• <del>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service.</del></li> </ul>	
11.	Appendix C-1/C-3 Service Specification  Counseling Services		<b>Counseling Services do not include group counseling serving multiple participants.</b>	Clarify the number of participants served by Counseling Services
12.	Appendix C-1/C-3 Service Specification  Home Adaptations	<p>Home Adaptations consist of installation, repair, maintenance, permits, necessary inspections, extended warranties for the adaptations.</p> <p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> <li>• Ramps from street, sidewalk or house</li> <li>• Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant</li> <li>• Vertical lifts</li> <li>• Track lift systems. A track lift system involves the installation of a “track” in the ceiling for moving a participant with a disability from one location to another. (Note: Portable lift systems are covered by the MA State Plan)</li> <li>• Handrails and grab-bars in and around the home</li> <li>• Accessible alerting systems for smoke/fire/carbon monoxide for participants with sensory impairments</li> <li>• Outside railing to safely access the home</li> <li>• Widened doorways, landings and hallways</li> <li>• Swing-clear and expandable offset door hinges</li> <li>• Flush entries and leveled thresholds</li> <li>• Slip resistant flooring</li> <li>• Kitchen counter, sink and other cabinet modifications (including brackets for appliances)</li> </ul>	<p>Home Adaptations consist of installation, repair, maintenance, permits, necessary inspections, <b>and</b> extended warranties for the adaptations.</p> <p>Adaptations to a household are limited to the following:</p> <ul style="list-style-type: none"> <li>• Ramps from street, sidewalk or house</li> <li>• Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the health, welfare and safety of the participant</li> <li>• Vertical lifts <b>only when vertical lifts and installation are not covered under the MA State Plan</b></li> <li>• Track lift systems. A track lift system involves the installation of a “track” in the ceiling for moving a participant with a disability from one location to another. (Note: Portable lift systems are <b>not considered home adaptations and are covered by the MA State Plan or the Specialized Medical Equipment and Supplies service in this waiver.</b>)</li> <li>• Handrails and grab-bars in and around the home</li> <li>• Accessible alerting systems for smoke/fire/carbon monoxide for participants with sensory impairments. <b>Service Coordinators must first seek these types of alert systems from local municipalities and/or fire departments.</b></li> <li>• Outside railing to safely access the home</li> <li>• Widened doorways, landings and hallways</li> </ul>	Modify service definition for clarity and add parameters on adaptations

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<ul style="list-style-type: none"> <li>Bathroom adaptations for bathing, showering, toileting and personal care needs</li> <li>Stair gliders and stair lifts. A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely</li> <li>Raised electrical switches and sockets</li> <li>Other adaptations, subject to OLTL approval, to address specific assessed needs as identified in the service plan</li> </ul> <p>All adaptations to the home shall be provided in accordance with applicable building codes.</p>	<ul style="list-style-type: none"> <li>Swing-clear and expandable offset door hinges</li> <li>Flush entries and leveled thresholds</li> <li>Slip resistant flooring</li> <li><b>Kitchen counter, sink, and other cabinet modifications (including brackets for appliances). These types of adaptations will be considered only when the participant will be preparing their own meals, or the adaptation reduces the participant's dependence upon another person.</b></li> <li>Bathroom adaptations for bathing, showering, toileting and personal care needs</li> <li>Stair gliders and stair lifts <b>only when stair gliders, stair lifts and installation are not covered under the MA State Plan.</b> A stair lift is a chair or platform that travels on a rail, installed to follow the slope and direction of a staircase, which allows a user to ride up and down stairs safely</li> <li>Raised electrical switches and sockets</li> <li>Other adaptations, subject to <del>OLTL</del> <b>CHC-MCO</b> approval, to address specific assessed needs as identified in the service plan</li> </ul> <p>All adaptations to the home shall be provided in accordance with applicable <b>state or local</b> building codes. <b>In addition, the contractor is responsible for ensuring the dwelling is structurally sound and can accommodate the proposed modification prior to commencing any modifications.</b></p>	
13.	Appendix C-1/C-3 Service Specification  Home Adaptations	This service is not covered in the State Plan. Home Adaptations may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance. Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with OLTL requirements must be maintained in the participant's file by the Service Coordinator and updated with each authorization.	<b>Wheelchair lifts, stair glides, ceiling lifts, and metal accessibility ramps are covered by the State Plan, along with installation of the equipment or appliance. Other home adaptations in this service specification are</b> <del>This service is</del> not covered in the State Plan. Home Adaptations may only be funded through the waiver when the services are not covered by a responsible third-party, such as Medicare or private insurance, <b>and when all other payors and community resources, such as local fire departments, churches, and civic organizations have been exhausted.</b> Service Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of	Ensure other sources are utilized prior to the waiver and add individuals who can support the independent evaluation and add parameters on adaptations

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>This service does not include, but requires, an independent evaluation. Depending on the type of adaptation, and in accordance with their scopes of practice and expertise, the independent evaluation must be conducted by an occupational therapist; a speech, hearing and language therapist; or physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service, as appropriate.</p> <p>Home Adaptations included in the service plan and begun while the person was institutionalized are not considered complete and may not be billed until the date the participant leaves the institution and enters the waiver.</p> <p>Home adaptations must be obtained at the lowest cost.</p> <p>Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded. Also excluded are those adaptations or improvements to the home that are of general maintenance and upkeep and are not of direct medical or remedial benefit to the participant this includes items that are not up to code. Adaptations that add to the total square footage of the home are excluded from this benefit, except when necessary for the addition of an accessible bathroom when the cost of adding the bathroom is less than retrofitting an existing bathroom.</p> <p>Materials and equipment must be based on the participant's need as documented in the PCSP.</p> <p>Rented property adaptations must meet the following:</p> <ul style="list-style-type: none"> <li>• there is a reasonable expectation that the participant will continue to live in the home;</li> <li>• written permission is secured from the property owner for the adaptation, including that there is no expectation</li> </ul>	<p>non-coverage has been established prior to this service's inclusion in the service plan. Documentation in accordance with OLTL requirements must be maintained in the participant's file by the Service Coordinator and updated with each authorization.</p> <p>This service does not include, but requires, an independent evaluation. Depending on the type of adaptation, and in accordance with their scopes of practice and expertise, the independent evaluation must be conducted by an occupational therapist; <del>a speech, hearing and language therapist;</del> or a physical therapist meeting all applicable Department standards, including regulations, policies and procedures relating to provider qualifications. Such assessments may be covered through another waiver service, as appropriate.</p> <p><b>Depending on the complexity of the home adaptation, the independent evaluation by an occupational therapist or a physical therapist may be supplemented with an assessment by individuals holding the following certifications: Certified Environmental Access Consultant (C.E.A.C.), Certified Living in Place Professional (CLIPP) or Executive Certificate in Home Modifications. Assessors with these certifications must have at least two years of experience assessing home adaptations for older adults or individuals with disabilities.</b></p> <p>Home Adaptations included in the service plan and begun while the person was institutionalized are not considered complete and may not be billed until the date the participant leaves the institution and enters the waiver.</p> <p>Home adaptations must be obtained <b>at the lowest cost in the least expensive, most cost-effective manner. Adaptations will not be approved if the home is in foreclosure, delinquent tax status, is not structurally sound, or the adaptation presents a safety concern based on applicable state and local building codes. Rent-to-purchase vertical lifts and stair glides may be</b></p>	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>that waiver funds will be used to return the home to its original state;</p> <ul style="list-style-type: none"> <li>the landlord will not increase the rent because of the adaptation.</li> </ul> <p>Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be included in the same service plan as Residential Habilitation.</p>	<p><b>rented provided the rental cost does not exceed the purchase price. When long-term use by the participant is expected or when rental is anticipated to exceed the cost of purchase, the equipment will be purchased for the participant or a permanent home adaptation will be considered.</b></p> <p>Building a new room is excluded. Specialized Medical Equipment and Supplies is excluded. Also excluded are those adaptations or improvements to the home that are of general maintenance and upkeep and are not of direct medical or remedial benefit to the participant this includes items that are not up to code. Adaptations that add to the total square footage of the home are excluded from this benefit, except when necessary for the addition of an accessible bathroom when the cost of adding the bathroom is less than retrofitting an existing bathroom. <b>Finally, the state will not pay for duplicate modifications to the same residence, or elevator installation, repair or maintenance. Service Coordinators are responsible for helping participants explore all other sources, such as homeowner's insurance, landlord/property owner's insurance, and community resources, when participants need assistance covering general maintenance and upkeep to the home.</b></p> <p>Materials and equipment must be based on the participant's need as documented in the PCSP.</p> <p><b>Rented property Adaptations at rental properties</b> must meet the following:</p> <ul style="list-style-type: none"> <li>there is a reasonable expectation that the participant will continue to live in the home;</li> <li>written permission is secured from the property owner for the adaptation, including that there is no expectation that waiver funds will be used to return the home to its original state;</li> <li>the landlord will not increase the rent because of the adaptation.</li> </ul>	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			<p>Except as permitted in accordance with requirements contained in Department guidance, policy and regulations, this service may not be provided on the same day and at the same time as services that contain elements integral to the delivery of this service. This service may not be included in the same service plan as <b>provided to participants receiving Residential Habilitation or residing in Assisted Living Residences or Domiciliary Care Homes.</b></p>	
14.	<p>Appendix C-1/C-3 Service Specification  Home Adaptations</p>	<p>Provider Qualifications Provider Type: Contractor License: Contractor’s license for the State of Pennsylvania or a state contiguous to Pennsylvania, if required by trade. Other Standard:</p> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a waiver provider agreement...</li> <li>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs, if applicable...</li> <li>Compliance with the Pennsylvania Home Improvement Consumer Protection Act and other applicable standards</li> </ul> <p>...</p> <p>Provider Type: Durable Medical Equipment Other Standard:</p> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a waiver provider agreement...</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>Be a Licensed Contractor...</li> </ul>	<p>Provider Qualifications Provider Type: Contractor License: <b>Contractor’s license for the State of Pennsylvania or a state contiguous to Pennsylvania, if Licensed in accordance with the requirements of the local jurisdiction, as</b> required by trade. Other Standard:</p> <p><b>All services shall be provided in accordance with applicable State or local building codes. Providers shall possess a current license to do business issued in accordance with the laws of the local jurisdiction and shall demonstrate knowledge in meeting applicable standards of installation, repair and maintenance and where applicable shall also be authorized by the manufacturer to install, repair and maintain such modifications/adaptations. Home modifications must meet life/safety and building codes and be inspected by the appropriate authority when required. Contractors must be conflict free and cannot have a vested interest in the property that is being modified.</b></p> <p><b>In addition, providers shall:</b></p> <ul style="list-style-type: none"> <li><b>Have or demonstrate knowledge about design, construction, and costs of accessibility modifications.</b></li> <li><b>Have experience in Americans with Disabilities Act compliance standards and design.</b></li> </ul> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a waiver provider agreement...</li> </ul>	<p>Add to provider qualifications and standards</p>

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			<ul style="list-style-type: none"> <li>Ensure that employees (direct, contracted or in a consulting capacity) have been trained to meet the unique needs of the participant; for example, communication, mobility and behavioral needs, if applicable, <b>and demonstrate the ability to work successfully with people with disabilities and the elderly, and their families...</b></li> <li><b>Providers must be in</b> compliance with <b>and knowledgeable of</b> the Pennsylvania Home Improvement Consumer Protection Act and other applicable standards</li> </ul> <p>...</p> <p>Provider Type: Durable Medical Equipment <b>Provider</b></p> <p>Other Standard:  <b>Providers shall be authorized by the manufacturer to install, repair and maintain modifications/adaptations. Home modifications must meet life/safety and building codes and be inspected by the appropriate authority when required.</b>  <b>In addition, providers shall:</b></p> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a waiver provider agreement...</li> </ul> <p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li><del>Be a Licensed Contractor...</del></li> </ul>	
15.	Appendix C-1/C-3 Service Specification  Job Coaching	Provider Qualifications Provider Type: Job Coaching Agency  Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>Be at least 18 years of age, and</li> <li>Have a High School Diploma or GED and 2 years related experience, or</li> <li>Bachelor’s degree, and.</li> <li>Have a minimum of 1 year of experience living or working with an individual with a disability or support needs</li> </ul>	Provider Qualifications Provider Type: Job Coaching Agency  Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>Be at least 18 years of age, <b>and</b></li> <li>Have a High School Diploma or GED and 2 years related experience, or</li> <li><b>Have a b</b>achelor’s degree, and,</li> <li><b>Have a minimum of 1 year of experience living or working with an individual with a disability or support needs</b></li> </ul>	Add Vocational Rehabilitation Counselor

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>commensurate with the participants served in the waiver or related educational experience</p> <p>...</p> <p>Individuals working directly with the participant to provide job coaching services shall hold one of the following within 18 months of employment:</p> <ul style="list-style-type: none"> <li>• Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>• Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> </ul> <p>...</p> <p>Provider Qualifications  Provider Type: Job Coaching Provider  Certificate:  Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job Coaching service  One of the following within 18 months of employment:</p> <ol style="list-style-type: none"> <li>1. Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community</li> </ol>	<p>commensurate with the participants served in the waiver or related educational experience, <b>or</b></p> <ul style="list-style-type: none"> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation.</b></li> </ul> <p>...</p> <p>Individuals working directly with the participant to provide job coaching services shall hold one of the following within 18 months of employment:</p> <ul style="list-style-type: none"> <li>• Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>• <b>Has b Been</b> awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> <li>• <b>Individuals who meet the qualifications for a Vocational Rehabilitation Counselor are exempt from this provision.</b></li> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> </ul> <p>...</p> <p>Provider Qualifications  Provider Type: Job Coaching Provider  Certificate:  Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of the Job Coaching service</p> <p><b>See "Other Standard"</b>  <b>One of the following within 18 months of employment:</b></p>	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</p> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience, and</li> <li>• Have a High School Diploma or GED and 2 years related experience, or</li> <li>• Bachelor’s degree</li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</li> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> </ul> <p>Have criminal clearances as per 35 P.S.§10225.101 et seq. and 6 Pa. Code Chapter 15</p>	<p><del>1. Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</del></p> <p><del>2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</del></p> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• Have a minimum of 1 year of experience living or working with an individual with a disability or support needs commensurate with the participants served in the waiver or related educational experience, and</li> <li>• Have a High School Diploma or GED and 2 years related experience, or</li> <li>• Bachelor’s degree, <b>or</b></li> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; and</b></li> <li>• <b>One of the following within 18 months of employment:</b></li> <li>• <b>Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</b></li> <li>• <b>Been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</b></li> <li>• <b>Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from certification provision.</b></li> </ul>	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			<ul style="list-style-type: none"> <li>• <b>Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment; and</b></li> <li>• Complete Department required training, including training on the participant’s service plan and the participant’s unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</li> <li>• <del>Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</del></li> </ul> <p>Have criminal clearances as per 35 P.S.§10225.101 et seq. and 6 Pa. Code Chapter 15</p>	
16.	Appendix C-1/C-3 Service Specification  Job Finding	Provider Qualifications Provider Type: Job Finding Agency  Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>• Be at least 18 years of age...</li> </ul> Individuals working directly with the participant to provide job finding services shall hold one of the following within 18 months of employment: <ul style="list-style-type: none"> <li>• Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>• Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul> Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.	Provider Qualifications Provider Type: Job Finding Agency  Individuals working for or contracted with agencies must meet the following standards: <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or...</b></li> </ul> Individuals working directly with the participant to provide job finding services shall hold one of the following within 18 months of employment: <ul style="list-style-type: none"> <li>• Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>• <del>Has been Been</del> awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ul>	Add Vocational Rehabilitation Counselor

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>...</p> <p>Provider Type: Job Finding Provider</p> <p>Certificate: Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service One of the following within 18 months of employment:</p> <ol style="list-style-type: none"> <li>1. Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</li> <li>2. Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</li> </ol> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Comply with 55 PA Code 1101 and have a waiver provider agreement</li> <li>• Comply with Department standards, including regulations, policies and procedures relating to provider qualifications</li> <li>• Have or ensure automobile insurance for any automobiles owned, leased and/or hired when used as a component of the service</li> <li>• Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service</li> <li>• Be a resident of Pennsylvania or a state contiguous to Pennsylvania</li> <li>• Have Worker's Compensation insurance in accordance with State statute and in accordance with Department policies</li> <li>• Have Commercial General Liability insurance in accordance with Department policies</li> <li>• Be at least 18 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision.</b></li> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> </ul> <p>...</p> <p>Provider Type: Job Finding Provider</p> <p>Certificate: Current State motor vehicle registration is required for all vehicles owned, leased and/or hired and used as a component of this service</p> <p><b>See "Other Standard"</b></p> <p><b>One of the following within 18 months of employment:</b></p> <ol style="list-style-type: none"> <li>1. <b>Holds a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</b></li> <li>2. <b>Has been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</b></li> </ol> <p>Other Standard...</p> <ul style="list-style-type: none"> <li>• Be at least 18 years of age</li> <li>• <b>Meet the qualifications for a Vocational Rehabilitation Counselor, as defined by the PA Department of Labor and Industry, Office of Vocational Rehabilitation; or</b></li> <li>• Have a bachelor's degree in rehabilitation, psychology, sociology, business, marketing or related field and 1 year of documented related experience, or</li> <li>• Have an associate's degree in rehabilitation, psychology, sociology, business, marketing or related field and 2 years of documented related experience, or</li> </ul>	

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<ul style="list-style-type: none"> <li>• Have a bachelor's degree in rehabilitation, psychology, sociology, business, marketing or related field and 1 year of documented related experience, or</li> <li>• Have an associate's degree in rehabilitation, psychology, sociology, business, marketing or related field and 2 years of documented related experience, or</li> <li>• Have a high school diploma or GED and at least 3 years of documented related experience</li> </ul> <p>Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</p> <ul style="list-style-type: none"> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15</li> </ul>	<ul style="list-style-type: none"> <li>• Have a high school diploma or GED and at least 3 years of documented related experience</li> <li>• Complete Department required training, including training on the participant's service plan and the participant's unique needs, which may include, but is not limited to, communication, mobility and behavioral needs</li> <li>• <b>One of the following within 18 months of employment:</b> <ul style="list-style-type: none"> <li>— <b>Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE)</b></li> <li>— <b>Been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.</b></li> </ul> </li> <li>• <b>Individuals who meet the qualifications for Vocational Rehabilitation Counselors are exempt from this provision.</b></li> <li>• Individuals without certification must be supervised by an individual holding the above certification until certification is achieved. Certification must be achieved within 18 months of employment.</li> <li>• Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 PA Code Chapter 15</li> </ul>	
17.	Appendix C-1/C-3 Service Specification  Nutritional Consultation	Nutritional Consultation services are services that assist individuals to improve functioning and independence, and are necessary to improve the individual's inclusion in their community. Services are provided by professionals and/or paraprofessionals in nutritional counseling. The service may include assessing the individual, developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan.	Nutritional Consultation services are services that assist individuals to improve functioning and independence, and are necessary to improve the individual's inclusion in their community. Services are provided by professionals and/or paraprofessionals in nutritional counseling. <b>The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan.</b> <del>The service may include assessing the individual,</del>	Remove duplicate language

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Nutritional Consultation assists the participant and/or their paid and unpaid caregivers in developing a diet and planning meals that meet the participant’s nutritional needs, while avoiding any problem foods that have been identified by a physician. The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan. Services include counseling performed by a Registered Dietitian or a Certified Nutrition Specialist. Nutritional Consultation services may be delivered in the participant’s home or in the community, as specified in the service plan. The purpose of Nutritional Consultation services is to improve the ability of participants, paid and/or unpaid caregivers and providers to carry out nutritional interventions. Nutritional Counseling services are limited to 90-minutes (6 units) of nutritional consultations per month. Home Health Agencies that employ licensed and registered dietitians may provide nutritional counseling.</p>	<p><del>developing a home treatment/support plan, training family members/staff and providing technical assistance to carry out the plan, and monitoring of the individual in the implementation of the plan.</del> This service may be delivered in the individual’s home or in the community as described in the service plan.</p> <p>Nutritional Consultation assists the participant and/or their paid and unpaid caregivers in developing a diet and planning meals that meet the participant’s nutritional needs, while avoiding any problem foods that have been identified by a physician. <del>The service may include initial assessment and reassessment, the development of a home treatment/support plan, training and technical assistance to carry out the plan, and monitoring of the participant, caregiver and any providers in the implementation of the plan.</del> Services include counseling performed by a Registered Dietitian or a Certified Nutrition Specialist. <del>Nutritional Consultation services may be delivered in the participant’s home or in the community, as specified in the service plan.</del> The purpose of Nutritional Consultation services is to improve the ability of participants, paid and/or unpaid caregivers and providers to carry out nutritional interventions. Nutritional Counseling services are limited to 90-minutes (6 units) of nutritional consultations per month. Home Health Agencies that employ licensed and registered dietitians may provide nutritional counseling.</p>	
18.	Appendix C-1/C-3 Service Specification  Nutritional Consultation		<p>Individuals working for or contracted with agencies must meet the following standards:</p> <ul style="list-style-type: none"> <li>• <b>Be a Registered Dietician or Certified Nutrition Specialist licensed by the PA State Board of Dietitian-Nutritionists, per 49 PA Code Chapter 21, subchapter G</b></li> </ul>	Add requirement for an individual working for a Home Health Agency be a registered dietician or a certified nutrition specialist
19.	Appendix C-1/C-3 Service Specification	Participant-Directed Community Supports will be offered to participants choosing budget authority under the Services My Way model. Participant-Directed Community Supports are	<b>This service is only available through the Services My Way (budget authority) participant-directed model.</b> <del>Participant-</del>	Modify service definition for clarity and to be consistent

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
	Participant-Directed Community Supports	<p>specified by the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired and managed by the participant.</p> <p>Services include assisting the participant with the following:</p> <ul style="list-style-type: none"> <li>• Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living;</li> <li>• Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities;</li> <li>• Improving and maintaining mobility and physical functioning;</li> <li>• Maintaining health and personal safety;</li> <li>• Carrying out household chores such as shopping, laundry, cleaning and seasonal chores;</li> <li>• Preparation of meals and snacks;</li> <li>• Accessing and using transportation (If providing transportation, the support services worker must have a valid driver’s license and liability coverage as verified by the F/EA); and</li> <li>• Participating in community experiences and activities.</li> </ul> <p>Supports will be available to assist the participant in performing employer-related duties and responsibilities through the Fiscal/Employer Agent (F/EA) and Support Broker.</p> <p>Individual Support Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</p>	<p><del>Directed Community Supports will be offered to participants choosing budget authority under the Services My Way model.</del></p> <p>Participant-Directed Community Supports are specified by the service plan, as necessary, to promote independence and to ensure the health, welfare and safety of the participant. The participant is the common law employer of the individual worker(s) providing services; workers are recruited, selected, hired, <b>trained and</b> managed, <b>and when necessary, fired</b> by the participant.</p> <p><b>Participant-Directed Community Supports are aimed at assisting the individual to complete activities of daily living that would be performed independently if the individual had no disability. These</b> services include assisting the participant with the following:</p> <ul style="list-style-type: none"> <li>• Basic living skills such as eating, drinking, toileting, personal hygiene, dressing, transferring and other activities of daily living;</li> <li>• Health maintenance activities such as bowel and bladder routines, assistance with medication, ostomy care, catheter care, wound care and range of motion activities;</li> <li>• Improving and maintaining mobility and physical functioning;</li> <li>• Maintaining health and personal safety;</li> <li>• <del>Carrying out household chores such as shopping, laundry, cleaning and seasonal chores;</del></li> <li>• Preparation of meals and snacks;</li> <li>• Accessing and using transportation (If providing transportation, the support services worker must have a valid driver’s license and liability coverage as verified by the F/EA); and</li> <li>• Participating in community experiences and activities.</li> </ul> <p>Supports will be available to assist the participant in performing employer-related duties and responsibilities through the</p>	<p>with the PAS service definition and add EVV statement</p>

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			<p>Fiscal/Employer Agent (F/EA) and <del>Support Broker Service Coordinator.</del></p> <p><b>This service may include assistance with the following activities when incidental to Participant-Directed Community Supports and necessary to complete activities of daily living:</b></p> <ul style="list-style-type: none"> <li><b>Activities that are incidental to the delivery of Participant-Directed Community Supports to assure the health, welfare and safety of the participant such as changing linens, doing the dishes associated with the preparation of a meal, laundering of towels from bathing may be provided and must not comprise the majority of the service.</b></li> <li><b>Accompanying the participant into the community for purposes related to personal care, such as shopping in a grocery store, picking up medications and providing assistance with any of the activities noted above to enable the completion of those tasks, and to enable the participant to work and to otherwise engage in activities in the community.</b></li> </ul> <p><del>Individual Support Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</del></p> <p><b>The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare and Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.</b></p>	
20.	Appendix C-1/C-3 Service Specification	This service is not covered in the State Plan. Participant-Directed Community Support services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service	This service is not covered in the State Plan. Participant-Directed Community Support services may only be funded through the waiver when the services are not covered by another responsible third-party, such as Medicare or private insurance. Service	Modify service definition for clarity

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
	Participant-Directed Community Supports	<p>Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p>Participant-Directed Community Supports may not be provided at the same time as Home Health Aide Services, Respite, Personal Assistance Services and Participant-Directed Goods and Services.</p>	<p>Coordinators must assure that coverage of services provided under a responsible third-party continues until the plan limitations have been reached or a determination of non-coverage has been established prior to this service’s inclusion in the service plan. Documentation in accordance with Department requirements must be maintained in the participant’s file by the Service Coordinator and updated with each reauthorization, as applicable.</p> <p><b>Activities that are incidental to the delivery of Participant-Directed Community Supports are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision.</b></p> <p><b>Individual Support Workers who live in the same residence as the participant cannot be compensated for carrying out household chores such as shopping, laundry and cleaning unless the activity is being completed solely to benefit the participant.</b></p> <p>Participant-Directed Community Supports may not be provided at the same time as Home Health Aide Services, Respite, Personal Assistance Services <del>and Participant-Directed Goods and Services</del> <b>Residential Habilitation, Adult Daily Living and Structured Day Habilitation.</b></p> <p><b>An individual cannot provide both Participant-Directed Community Supports and Non-Medical Transportation simultaneously.</b></p>	
21.	Appendix C-1/C-3 Service Specification	This service is only available through the Services My Way (budget authority) participant-directed model.	This service is only available through the Services My Way (budget authority) participant-directed model.	Modify service definition for clarity

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
	Participant-Directed Goods and Services	<p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan. These items must address an identified need in the participant’s traditional service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet the following requirements. The item or service would meet one or more of the following:</p> <ul style="list-style-type: none"> <li>• Decrease the need for other Medicaid services;</li> <li>• Promote or maintain inclusion in the community;</li> <li>• Promote the independence of the participant;</li> <li>• Increase the individual’s health and safety in the home environment,</li> <li>• Develop or maintain personal, social, physical or work-related skills;</li> <li>• Increase the ability of unpaid family members and friends to receive training and education needed to provide support;</li> <li>• Fulfill a medical, social or functional need as identified in the participant’s person-centered service plan; AND,</li> <li>• The participant does not have the funds to purchase the item or service or the item or service is not available through another source.</li> </ul>	<p>Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan. These items must address an identified need in the participant’s traditional service plan (including improving and maintaining the individual’s opportunities for full participation in the community) and meet the following requirements. The item or service would meet one or more of the following <b>requirements:</b></p> <ul style="list-style-type: none"> <li>• Decrease the need for other Medicaid services;</li> <li>• Promote or maintain inclusion in the community;</li> <li>• <b>Promote the independence of the participant, or decrease dependency on formal support services;</b></li> <li>• Increase the individual’s health and safety in the home environment,</li> <li>• <b>Develop or maintain personal, social, physical or work-related skills; or</b></li> <li>• <del>Increase the ability of unpaid family members and friends to receive training and education needed to provide support; or</del></li> <li>• Fulfill a medical, social or functional need as identified in the participant’s person-centered service plan; AND,</li> <li>• The participant does not have the funds to purchase the item or service or the item or service is not available through another source.</li> </ul>	
22.	Appendix C-1/C-3 Service Specification  Participant-Directed Goods and Services	<p>Participant-Direct Goods and Services does not include personal items and services not related to the disability, groceries, rent or mortgage payments, entertainment activities, or utility payments.</p> <p>Participant-Directed Goods and Services may not be provided at the same time as Home Health Aide Services, Personal Assistance Services, and Participant-Directed Community Supports.</p>	<p>Participant-Direct Goods and Services does not include personal items <del>and services not related to the disability</del>, groceries, rent or mortgage payments, entertainment activities, or utility payments <b>and any other services not related to the disability.</b></p> <p><del>Participant-Directed Goods and Services may not be provided at the same time as Home Health Aide Services, Personal Assistance Services, and Participant-Directed Community Supports. The</del> <b>Service Coordinator or CHC-MCO is responsible to ensure that provision of Participant-Directed Good and Services does not overlap with other service provision.</b></p>	Modify service definition for clarity

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
23.	<p>Appendix C-1/C-3 Service Specification</p> <p>Participant-Directed Goods and Services</p>	<p>Provider Specifications Provider Category(s) (<i>check one or both</i>): ✓ Individual: Individual ✓ Agency: Agency ... Provider Qualifications</p> <ul style="list-style-type: none"> <li>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</li> <li>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</li> <li>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</li> <li>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</li> <li>... When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.</li> <li>...</li> </ul> <p>Verification of Provider Qualifications Provider Type: Individual Entity Responsible for Verification: OLTL or its designee Frequency of Verification: At time of enrollment and revalidation or more frequently when deemed necessary by the Department.</p>	<p>Provider Specifications Provider Category(s) (<i>check one or both</i>): ✓ Individual: Individual <b>Vendors, Businesses and Independent Contractors</b> ✓ Agency: <b>Agency CHC Program's F/EA vendor</b> ... Provider Qualifications</p> <ul style="list-style-type: none"> <li><del>Comply with 55 PA Code 1101 and have a signed Medicaid waiver provider agreement;</del></li> <li><del>Comply with Department standards, regulations, policies and procedures relating to provider qualifications, including 55 PA Code Chapter 52;</del></li> <li><del>Have a valid driver's license from Pennsylvania or a contiguous state if the operation of a vehicle is necessary to provide the service;</del></li> <li><del>Be a resident of Pennsylvania or a state contiguous to Pennsylvania;</del></li> <li>... <del>When required by the participant, the individual must be able to demonstrate the capability to perform health maintenance activities or receive necessary training.</del></li> <li>...</li> </ul> <p>Verification of Provider Qualifications Provider Type: Individual Entity Responsible for Verification: <b>OLTL or its designee The participant and the F/EA</b> Frequency of Verification: At time of <b>enrollment and revalidation service provision</b> or more frequently when deemed necessary by the Department.</p>	<p>Modify provider specifications</p>
24.	<p>Appendix C-1/C-3 Service Specification</p> <p>Personal Assistance Services</p>	<p>Individual Support Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</p> <p>The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, 2020 and home health services by January 1,</p>	<p><del>Individual Support Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</del></p> <p>The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care services (PCS) by January 1, <del>2020</del> <b>2021 in accordance with the Good Faith</b></p>	<p>Modify service definition for clarity and update EVV information</p>

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<p>2023 in accordance with section 12006 of the 21st Century CURES Act.</p> <p>The PA Department of Human Services (DHS) began a soft-launch period on October 7, 2019 with the intent to fully implement the EVV system by January 1, 2020. Due to several unforeseen delays including technological barriers during the launch of the aggregator, DHS is seeking a Good Faith Effort Exemption from the Centers for Medicare and Medicaid Services (CMS). Upon approval of the exemption, DHS plans to proceed with an extended soft launch to allow for additional time to integrate systems and onboard providers appropriately with a full system implementation date of July 1, 2020.</p>	<p><b>Exemption granted by the Centers for Medicare &amp; Medicaid Services</b> and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.</p> <p><del>The PA Department of Human Services (DHS) began a soft-launch period on October 7, 2019 with the intent to fully implement the EVV system by January 1, 2020. Due to several unforeseen delays including technological barriers during the launch of the aggregator, DHS is seeking a Good Faith Effort Exemption from the Centers for Medicare and Medicaid Services (CMS). Upon approval of the exemption, DHS plans to proceed with an extended soft launch to allow for additional time to integrate systems and onboard providers appropriately with a full system implementation date of July 1, 2020.</del></p>	
25.	<p>Appendix C-1/C-3 Service Specification</p> <p>Personal Assistance Services</p>	<p>Costs incurred by the personal assistance workers while accompanying the participant into the community are not reimbursable under the waiver as Personal Assistance Services. The transportation costs associated with the provision of Personal Assistance outside the participant’s home must be billed separately and may not be included in the scope of Personal Assistance. Personal Assistance workers may provide and bill for Non-Medical Transportation, however it may not be billed simultaneously with Personal Assistance Services. The Personal Assistance worker providing the non-medical transportation must meet the state’s provider qualifications for transportation services, whether medical transportation under the State plan or non-medical transportation under the waiver.</p>	<p><b>PAS workers may accompany participants into the community when the need is documented in the participant’s PCSP.</b> Costs incurred by the <del>personal assistance</del> <b>PAS</b> workers while accompanying the participant into the community, <b>such as admission fees,</b> are not reimbursable under the waiver as <del>Personal Assistance Services</del> <b>PAS.</b></p> <p><b>In addition, PAS workers may provide transportation to participants as long as the transportation is associated with the provision of PAS, necessary for the participant to work and engage in the community and documented in the participant’s PCSP. For agency provided PAS, reimbursement for mileage and parking fees is included in the rate paid to agency providers when the worker is driving their own car and the transportation is necessary to enable participation in community activities outside of the home. For participant-directed PAS, mileage reimbursement is not included in the wage range.</b></p> <p><b>PAS cannot be used to solely transport a participant as this would be considered Non-Medical Transportation services which are available in the waiver. In order to bill for PAS, the participant must have a need for assistance, guidance or support with tasks while in community locations for which</b></p>	<p>Clarify how and when transportation may be provided by the PAS worker and the costs associated with transportation</p>

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
			<p><b>transportation is necessary and is documented in the participant's PCSP.</b> The transportation costs associated with the provision of Personal Assistance outside the participant's home must be billed separately and may not be included in the scope of Personal Assistance. Personal Assistance <b>PAS</b> workers may provide and bill for Non-Medical Transportation <b>services</b>, however it may not be billed simultaneously with Personal Assistance <b>Services PAS</b>. The <b>Personal Assistance PAS</b> worker providing the non-medical transportation <b>services</b> must meet the state's provider qualifications for transportation services <b>and be enrolled in Medical Assistance as a transportation provider or enrolled with the applicable CHC-MCO's non-medical transportation broker</b>, whether medical transportation under the State plan or non-medical transportation under the waiver.</p> <p><b>PAS workers who live in the same residence as the participant cannot be compensated for carrying out household chores such as shopping, laundry and cleaning unless the activity is being completed solely to benefit the participant.</b></p>	
26.	Appendix C-1/C-3 Service Specification  Personal Emergency Response System (PERS)	<p>PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year.</p> <p>PERS services are limited to those individuals who:</p> <ul style="list-style-type: none"> <li>• Live alone.</li> <li>• Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances.</li> </ul>	<p><del>PERS is an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified. The PERS vendor must provide 24 hour staffing, by trained operators of the emergency response center, 365 days a year.</del></p> <p><b>A Personal Emergency Response System (PERS) is an electronic device that transmits a signal to a central monitoring center to summon assistance in the event of an emergency. The necessary components of a system are:</b></p> <ol style="list-style-type: none"> <li><b>1. An in-home medical communications transceiver.</b></li> <li><b>2. A remote, portable activator.</b></li> </ol>	Modernize language in service definition and modify service definition for clarity

#	Waiver Section	Current Approved Language	Recommended Revised Language	Reason for the Change
		<ul style="list-style-type: none"> <li>• Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency.</li> <li>• Would otherwise require extensive in-person routine monitoring and assistance. Installation, repairs, monitoring and maintenance are included in this service.</li> </ul> <p>Installation, repairs, monitoring and maintenance are included in this service.</p>	<p><b>3. A central monitoring center with backup systems which is staffed at all times.</b></p> <p><b>4. Current data files at the central monitoring station containing response protocols and personal, medical, and emergency information for each participant.</b></p> <p><b>A portable locator system is an electronic device that transmits a signal to a monitoring device. The system allows a participant to access assistance in the event of an emergency and allows law enforcement or the monitoring system provider to locate a participant who is unable to request help or to activate a system independently. A portable locator system can be obtained as PERS under the waiver only if the participant is unable to access assistance in an emergency situation due to the participant's age or disability. The required components of the portable locator system are:</b></p> <ol style="list-style-type: none"> <li><b>1. A portable communications transceiver or transmitter to be worn or carried by the participant.</b></li> <li><b>2. Monitoring by the provider at a central location with response protocols and personal, medical, and emergency information for each participant as applicable.</b></li> </ol> <p>PERS services are limited to those individuals who:</p> <ul style="list-style-type: none"> <li>• Live alone.</li> <li>• Are alone for significant parts of the day as determined in consideration of their health status, disability, risk factors, support needs and other circumstances.</li> <li>• Live with an individual that may be limited in their ability to access a telephone quickly when a participant has an emergency; <b>or</b></li> <li>• Would otherwise require extensive in-person routine monitoring and assistance. Installation, repairs, monitoring and maintenance are included in this service.</li> </ul>	

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			<p>Installation, <b>including equipment testing, repairs, and monthly monitoring and maintenance fees, including monthly equipment rental</b>, are <b>included covered</b> in this service.</p> <p><b>A unit of service is a one-time installation fee or a monthly monitoring fee. Maintenance and repair of PERS rental equipment is the responsibility of the provider. In addition, provider staff are responsible for training participants regarding the use of the system.</b></p> <p><b>PERS equipment shall include a variety of remote or other specialty activation devices from which the individual can choose in accordance with their specific needs. All PERS equipment shall have an internal battery that provides at least twenty-four hours of power without recharging and sends notification to the emergency response center when the battery's level is low. Equipment includes, but is not limited to:</b></p> <ul style="list-style-type: none"> <li><b>• Wearable waterproof activation devices; and</b></li> <li><b>• Devices that offer:</b> <ul style="list-style-type: none"> <li><b>– Voice-to-voice communication capability,</b></li> <li><b>– Visual indication of an alarm that may be appropriate if the consumer is hearing impaired, or</b></li> <li><b>– Audible indication of an alarm that may be appropriate if the consumer is visually impaired.</b></li> </ul> </li> </ul> <p><b>PERS does not include the following:</b></p> <ul style="list-style-type: none"> <li><b>• Equipment such as a boundary alarm, a medication dispenser, a medication reminder, or any other equipment or home medical equipment or supplies, regardless of whether such equipment is connected to the PERS equipment.</b></li> <li><b>• Stand-alone smoke or carbon monoxide detectors.</b></li> <li><b>• Remote Telecare monitoring services, i.e., Health Status Measuring and Monitoring and Activity and Sensor Monitoring.</b></li> <li><b>• Monthly telephone charges associated with the participant's phone service.</b></li> </ul>	

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			<p><b>When previously approved equipment has been damaged as a result of misuse, abuse or negligence, the CHC-MCO will make the determination around the cost-effectiveness of repairing and/or replacing damaged equipment or providing the participant with additional supports.</b></p>	
27.	<p>Appendix C-1/C-3 Service Specification</p> <p>Personal Emergency Response System (PERS)</p>	<p>Installation is covered one time per residential site.</p> <p>Stand-alone smoke detectors will not be billed under PERS.</p> <p>PERS covers the actual cost of the service and does not include any additional administrative costs.</p> <p>The frequency and duration of this service is based upon the participant's needs as identified and documented in the participant's service plan.</p>	<p><del>Installation is covered one time per residential site.</del></p> <p><del>Stand-alone smoke detectors will not be billed under PERS.</del></p> <p><del>PERS covers the actual cost of the service and does not include any additional administrative costs.</del></p> <p><b>The cost of training participants is included in the charges for installation or the monthly monitoring fee, depending upon how the CHC-MCO and/or provider structures their fee schedule. The maximum units per calendar year shall be one initial installation fee and 12 months of monthly monitoring service. The provider may not charge any additional costs over and above the installation and monthly monitoring fees.</b></p> <p>The frequency and duration of this service is based upon the participant's needs as identified and documented in the participant's service plan.</p>	Clarify allowable costs
28.	<p>Appendix C-1/C-3 Service Specification</p> <p>Residential Habilitation</p>	<p>Community Integration, Home Health Care Aide services, Non-Medical Transportation, Personal Assistance Services, TeleCare, Vehicle Modifications, and Respite cannot be provided at the same time as Residential Habilitation.</p>	<p>Community Integration, Home Health Care Aide services, Non-Medical Transportation, Personal Assistance Services, TeleCare, Vehicle Modifications, <b>Home Adaptations, Home Delivered Meals, Participant-Directed Community Supports, Participant-Directed Goods and Services</b>, and Respite cannot be provided at the same time as Residential Habilitation.</p>	These services may not be provided at the same time as Residential Habilitation
29.	<p>Appendix C-1/C-3 Service Specification</p> <p>Respite</p>	<p>Individual Respite Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</p>	<p><del>Individual Respite Workers who do not live in the same residence as the participant are paid overtime for any hours worked over 40 hours per week.</del></p> <p><b>The state will demonstrate compliance with the Electronic Visit Verification System (EVV) requirements for personal care</b></p>	Add EVV language

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			<p>services (PCS) by January 1, 2021 in accordance with the Good Faith Exemption granted by the Centers for Medicare and Medicaid Services and home health services by January 1, 2023 in accordance with section 12006 of the 21st Century CURES Act.</p>	
30.	<p>Appendix C-1/C-3 Service Specification</p> <p>Specialized Medical Equipment and Supplies</p>	<p>Provider Qualifications Durable Medical Equipment</p>	<p>Provider Qualifications Durable Medical Equipment</p> <ul style="list-style-type: none"> <li>Assessment performed as necessary by a Certified Assistive Technology Professional with certification in good standing. Assistive Technology Professionals must be a graduate of a Department approved Rehabilitation Science program that is certified by RESNA, the Rehabilitation Engineering and Assistive Technology Society of North America; or have a degree in Rehabilitation Science , as defined by RESNA, with at least one year in evaluation and assessment of assistive technology needs for individuals with disabilities.</li> </ul>	<p>Add that a Certified Assistive Technology Professional may complete an assessment as necessary</p>
31.	<p>Appendix C-1/C-3 Service Specification</p> <p>Vehicle Modifications</p>	<p>In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required.</p>	<p>In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required to be provided by a vehicle modifications contractor.</p>	<p>Identify entity responsible to provide price breakdown</p>
32.	<p>Appendix C-1/C-3 Service Specification</p> <p>Vehicle Modifications</p>	<p>A vehicle is required to have passed all applicable State standards. This service does not include, but requires, an independent evaluation. Participants receiving Vehicle Modifications cannot be authorized for Residential Habilitation services during the same time period. Depending on the type of modification, and in accordance with their scopes of practice and expertise, the independent evaluation may be conducted by an occupational therapist...</p>	<p>A vehicle is required to have passed all applicable State standards. This service does not include, but requires, an independent evaluation. Vehicle Modifications must be obtained in the least expensive, most cost-effective manner. Participants receiving Vehicle Modifications cannot be authorized for Residential Habilitation services during the same time period. Depending on the type of modification, and in accordance with their scopes of practice and expertise, the independent</p>	<p>Clarify the need to provide services in the most cost-effective manner</p>

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			evaluation may be conducted by <b>an a licensed</b> occupational therapist...	
33.	Appendix E All sections			Amend F/EA responsibilities – Remove Support Broker
34.	Appendix I-1 Financial Integrity and Accountability	<p><u>Electronic Visit Verification (EVV)</u></p> <p>The Department of Human Services will be using an Open Vendor Model to implement and comply with EVV system requirements in accordance with section 12006 of the 21st Century CURES Act. Since Pennsylvania has chosen to utilize an open vendor model, visit capture technology varies across EVV vendors. Generally, the methods used to capture visits include mobile phone applications, telephonic entry via a landline telephone, and fixed verification devices. The specific waiver services included in the EVV system are Personal Assistance Services, Participant-Directed Community Supports and Respite (unlicensed facility).</p> <p>The PA Department of Human Services (DHS) began a soft-launch period on October 7, 2019 with the intent to fully implement the system by January 1, 2020. Due to several unforeseen delays including technological barriers during the launch of the aggregator, DHS is seeking a Good Faith Effort Exemption from the Centers for Medicare and Medicaid Services (CMS). Upon approval of the exemption, DHS plans to proceed with an extended soft launch to allow for additional time to integrate systems and onboard providers appropriately with a full system implementation date of July 1, 2020.</p>	<p><u>Electronic Visit Verification (EVV)</u></p> <p>The Department of Human Services will be using an Open Vendor Model to implement and comply with EVV system requirements in accordance with section 12006 of the 21st Century CURES Act. Since Pennsylvania has chosen to utilize an open vendor model, visit capture technology varies across EVV vendors. Generally, the methods used to capture visits include mobile phone applications, telephonic entry via a landline telephone, and fixed verification devices. The specific waiver services included in the EVV system are Personal Assistance Services, Participant-Directed Community Supports and Respite (unlicensed facility).</p> <p><b>The PA Department of Human Services (DHS) began a soft-launch period on October 7, 2019 with the intent to fully implement the system by January 1, 2020. Due to several unforeseen delays including technological barriers during the launch of the aggregator, DHS is seeking a Good Faith Effort Exemption from the Centers for Medicare and Medicaid Services (CMS). Upon approval of the exemption, DHS plans to proceed with an extended soft launch to allow for additional time to integrate systems and onboard providers appropriately with a full system implementation date of July 1, 2020.</b></p>	Update EVV information
<b>Performance Measures</b>				
35.	Appendix A Quality Improvement: Administrative	Number and percent of contractual obligations met by the Outreach and Education vendor. Numerator: Number of contractual obligations met by the Outreach and Education vendor.	<b>Number and percent of contractual obligations met by the Outreach and Education vendor. Numerator: Number of contractual obligations met by the Outreach and Education vendor.</b>	Remove PM AA-3. Outreach and Education vendor's contract ended

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	Authority of the Single State Medicaid Agency	Denominator: Total number of contractual obligations.	<del>Denominator: Total number of contractual obligations.</del>	
36.	Appendix G Quality Improvement: Health and Welfare  Sub-assurance d.	OLTL will add a performance measure with the January 1, 2021 waiver amendment.	<del>OLTL will add a performance measure with the January 1, 2021 waiver amendment.</del> <b>Number and percent of participants who had an ambulatory or preventive care visit during the measurement year.</b> <b>Numerator: Number of participants who had one or more ambulatory or preventive care visits during the measurement year and have Medicaid only or Medicaid and Medicare benefits with the same MCO.</b> <b>Denominator: Total CHC participants who meet the HEDIS eligibility specifications and have Medicaid only or Medicaid and Medicare benefits with the same MCO.</b>	Added PM HW-10