

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Statutory Service	Community Participation Support		
Statutory Service	Education Support Services		
Statutory Service	Homemaker/Chore		
Statutory Service	In-Home and Community Support		
Statutory Service	Life Sharing		
Statutory Service	Respite		
Statutory Service	Supported Employment		
Statutory Service	Supports Coordination		
Extended State Plan Service	Specialized Supplies		
Extended State Plan Service	Therapy Services		
Supports for Participant Direction	Supports Broker Service		
Other Service	Advanced Supported Employment		
Other Service	Assistive Technology		
Other Service	Behavioral Support		
Other Service	Benefits Counseling		
Other Service	Communication Specialist Services		
Other Service	Companion		
Other Service	Consultative Nutritional Services		
Other Service	Family/Caregiver Training and Support		
Other Service	Home Accessibility Adaptations		
Other Service	Housing Transition and Tenancy Sustaining Service		
Other Service	Music Therapy, Art Therapy and Equine Assisted Therapy		
Other Service	Participant-Directed Goods and Services		
Other Service	Shift Nursing		
Other Service	Small Group Employment		
Other Service	Supported Living		
Other Service	Transportation		
Other Service	Vehicle Accessibility Adaptations		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Day Habilitation ▼

Alternate Service Title (if any):

Community Participation Support

HCBS Taxonomy:

Category 1:**Sub-Category 1:**

04 Day Services	04010 prevocational services	▼
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Category 2:**Sub-Category 2:**

04 Day Services	04020 day habilitation	▼
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Category 3:**Sub-Category 3:**

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Category 4:**Sub-Category 4:**

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Service Definition (Scope):

Community Participation Support provides opportunities and support for community inclusion and building interest in and developing skills and potential for competitive integrated employment. Services should result in active, valued participation in a broad range of integrated activities that build on the participant's interests, preferences, gifts, and strengths while reflecting his or her desired outcomes related to employment, community involvement and membership.

Community Participation Support is intended to flexibly wrap around or otherwise support community life secondary to employment, as a primary goal. This service involves participation in integrated community settings, in activities that involve persons without disabilities who are not paid or unpaid caregivers.

This service is expected to result in the participant developing and sustaining a range of valued social roles and relationships; building natural supports; increasing independence; increasing potential for employment; and experiencing meaningful community participation and inclusion. Activities include the following supports for:

- Developing skills and competencies necessary to pursue competitive integrated employment;
- Participating in community activities, organizations, groups, associations or clubs to develop social networks;
- Identifying and participating in activities that provide purpose and responsibility;
- Fine and gross motor development and mobility;
- Participating in community opportunities related to the development of hobbies or leisure/cultural interests or to promote personal health and wellness (e.g. yoga class, hiking group, walking group, etc.);
- Participating in community adult learning opportunities;
- Participating in volunteer opportunities;
- Opportunities focused on training and education for self-determination and self-advocacy;
- Learning to navigate the local community, including learning to use public and/or private transportation and other transportation options available in the local area;
- Developing and/or maintaining social networks and reciprocal relationships with members of the broader community (e.g. neighbors, coworkers, and other community members who do not have disabilities and who are not paid or unpaid caregivers) through natural opportunities and invitations that may occur;
- Assisting participants, caregivers, and providers with identifying and utilizing supports not funded through the waiver that are available from community service organizations, such as churches, schools, colleges/universities and other postsecondary institutions, libraries, neighborhood associations, clubs, recreational entities, businesses and community organizations focused on exchange of services (e.g. time banks); and
- Assisting participants and caregivers with providing mutual support to one another (through service/support exchange) and contributing to others in the community.

The service includes planning and coordination for:

- Developing skills and competencies necessary to pursue competitive integrated employment;
- Promoting a spirit of personal reliance and contribution, mutual support and community connection;
- Developing social networks and connections within local communities;
- Emphasizing, promoting and coordinating the use of unpaid supports to address participant and family needs in addition to paid services; and

- Planning and coordinating a participant's daily/weekly schedule for Community Participation Supports.

Support provided may include development of a comprehensive analysis of the participant in relation to the following:

- Strongest interests and personal preferences.
- Skills, strengths, and other contributions likely to be valuable to employers or the community.
- Conditions necessary for successful community inclusion and/or competitive integrated employment.

For participants age 18 and older, fading of the service and less dependence on paid support for ongoing participation in community activities and relationships is expected. Fading strategies, similar to those used in Supported Employment should be utilized whenever appropriate.

The service also includes transportation as an integral component of the service; for example, transportation to a community activity. The Community Participation Support provider is not, however, responsible for transportation to and from a participant's home.

This service may be provided in the following settings:

- Community locations - Locations must be non-disability specific and meet all federal standards for home and community-based settings. When provided in community locations, this service cannot take place in licensed facilities, or any type of facility owned, leased or operated by a provider of other ODP services. Services are provided in a variety of integrated community locations that offer opportunities for the participant to achieve his or her personally identified goals for developing employment skills, community inclusion, involvement, exploration, and for developing and sustaining a network of positive natural supports. A maximum of 3 participants can be served simultaneously by any one provider at a community location at any one time.
- Community hubs - These settings primarily serve as a gathering place prior to and after community activities. Participants' time will be largely spent outside of the community hub, engaged in community activities. Community hubs should be non-disability specific, accessible, provide shelter in inclement weather, and be locations used by the general public. Community hubs could be locations that are focused on a specialty area of interest for participant(s) served (for example, employment interest area, volunteer site, related to arts, outdoors, music or sports).

A community hub could be a private home but is not the home of support staff. The participant's home may only serve as a hub on an occasional and incidental basis. The use of a community hub must be driven by the interest of the participant(s) served. A maximum of 6 participants can be served by any one provider at any one point in time in a community hub.

- Adult Training Facilities (subject to licensure under 55 Pa. Code Chapter 2380) - Community Participation Supports may be provided in Adult Training Facilities which meet all federal standards for home and community-based settings.
- Older Adult Daily Living Centers (subject to licensure under 6 Pa. Code Chapter 11) - For participants 60 years or older, or participants with dementia or dementia-related conditions, Community Participation Support may be provided in Older Adult Daily Living Centers which meet all federal standards for home and community-based settings. Participants under 60 years of age receiving services in an Older Adult Daily Living Center prior to 1/1/18 may continue to receive services in these settings.
- Vocational Facilities (subject to licensure under 55 Pa. Code Chapter 2390) - Community Participation Support may be used to provide prevocational services in Vocational Facilities for participants who have a competitive integrated employment outcome included in their service plan. There must be documentation in the service plan regarding how and when the provision of this service is expected to lead to competitive integrated employment. Facilities must meet all federal standards for home and community-based settings.

Facility-based prevocational services focus on the development of competitive worker traits through work as the primary training method. The service may be provided as:

- o Occupational training used to teach skills for a specific occupation in the competitive labor market, and includes personal and work adjustment training designed to develop appropriate worker traits and teach understanding work environment expectations.

o Work related evaluation involving use of planned activities, systematic observation, and testing to formally assess the participant, including identification of service needs, potential for employment, and employment objectives.

This service may be used to provide prevocational services in facilities and community locations. For participants with an employment goal, prevocational services in community locations or community hubs assist them in vocational skill development, which means developing basic skills and competencies necessary for a participant to pursue competitive integrated employment. This includes the development and implementation of a preliminary plan for employment that identifies and addresses the participant's basic work interests, as well as skills and gaps in skills for his or her work interests. It may include situational assessments, which means spending time at an employer's place of business to explore vocational interests and develop vocational skills. Vocational skill development also includes identifying available transportation to help the participant get to and from work and teaching the participant and his or her family (as appropriate) about basic financial opportunities and benefits information for a move into competitive integrated employment. This service can be used to assist a participant to become ready to benefit from OVR services prior to an OVR referral; it is not to be provided in lieu of OVR services. Participants who are under the age of 25 may not receive any type of prevocational services unless they have been referred to OVR and OVR has closed the case or the participant has been determined ineligible for OVR services.

Community Participation Support may be provided at the following levels in a licensed facility:

- Basic Staff Support - Provision of the service at a staff-to-individual ratio of 1:11 to 1:15.
- Level 1 - Provision of the service at a staff-to-individual ratio of 1:7 to 1:10.
- Level 2 - Provision of the service at a staff-to-individual ratio of 1:2 to 1:6.
- Level 3 - Provision of the service at a staff-to-individual ratio of 1:1.
- Level 3 Enhanced - Provision of the service at a staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse.
- Level 4 - Provision of the service at a staff-to-individual ratio of 2:1 to 1:1.
- Level 4 Enhanced - Provision of the service at a staff-to-individual ratio of 2:1 to 1:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma.

Community Participation Support may be provided at the following levels in community locations and community hubs:

- Basic Staff Support - Provision of the service at a staff-to-individual ratio of 1:3.
- Level 1 - Provision of the service at a staff-to-individual ratio of 2:3.
- Level 2 - Provision of the service at a staff-to-individual ratio of 1:2.
- Level 3 - Provision of the service at a staff-to individual ratio of 1:1.
- Level 3 Enhanced - Provision of the service at a staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a licensed nurse.
- Level 4 - Provision of the service at a staff-to-individual ratio of 2:1.
- Level 4 Enhanced - Provision of the service at a staff-to-individual ratio of 2:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma.

The use of Level 3 Enhanced, Level 4 and Level 4 Enhanced are based on the participant's behavioral or medical support needs. The need for these enhanced levels of service must be reviewed every 6 months in accordance with ODP policy for continued authorization. If a participant requires supplemental staffing during this service, the Community Participation Support provider is responsible to provide the staffing.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Handicapped employment as defined in Title 55, Chapter 2390 may not be funded through the Waiver.

Prevocational services may not be funded through the Waiver if they are available to participants through program funding under the IDEA. Documentation must be maintained in the participant's file to satisfy assurances that the service is not otherwise available through a program funded under the IDEA. Prevocational services may be provided without referring a participant to OVR unless the participant is under the age of 25. When a participant is under the age of 25, prevocational services may only be authorized as a new service in the service plan when documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.

The following limits will be phased in regarding the amount of time a participant can receive Community Participation Support services in a licensed Adult Training Facility or a licensed Vocational Facility:

- Beginning 7/1/19, a participant may not receive Community Participation Support services in a licensed Adult Training Facility or a licensed Vocational Facility for more than 75 percent of his or her support time, on average, per month.

A variance may be granted, as determined by the service plan team if one of the following circumstances apply:

- The participant receives fewer than 12 hours (48 units) per week of Community Participation Support by the provider;
- The participant has current medical needs that limit the amount of time the person can safely spend in the community;
- The participant has an injury, illness, behaviors or change in mental health status that result in a risk to him or herself or others; or
- The participant declines the option to spend time in the community having been provided with opportunities to do so consistent with his or her preferences, choices and interests.

Community Participation Support services may not be provided at the same time as the direct provision of any of the following: Companion; In-Home And Community Supports; Small Group Employment; Job Finding or Development and Job Coaching and Support in Supported Employment; job acquisition and job retention in Advanced Supported Employment; Transportation; 15-minute unit Respite; Therapies; Education Support; Shift Nursing; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.

Community Participation Support may not be provided in a licensed Adult Training Facility or a licensed Vocational Facility that enrolls on or after 3/17/19 and serves more than 25 individuals in the facility at any one time including individuals funded through any source.

Starting 1/1/22 Community Participation Support services may not be provided in any facility required to hold a 2380 or 2390 license that serves more than 150 individuals at any one time including individuals funded through any source.

This service is generally provided between 8am to 5pm but is not restricted to those hours of the day. Alterations from typical day/work hours should be based on the participant's natural rhythms, preferred activities (not for convenience of a provider).

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

When Community Participation Support services are not provided with any other employment service (Small Group Employment, Supported Employment or Advanced Supported Employment) and the participant is not competitively employed, the hours of authorized Community Participation Support cannot exceed 40 hours (160 15-minute units) per participant per calendar week.

When the participant is competitively employed, the total number of hours for Community Participation Support and/or Small Group Employment (whether utilized alone or in conjunction with one another) cannot exceed 50 hours (200 15-minute units) per participant per calendar week.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual Community Participation Support Provider (Non-Facility)
Agency	Adult Training Facility or Older Adult Day Facility

Provider Category	Provider Type Title
Agency	Prevocational Facility
Agency	Agency Community Participation Support Provider (Non-Facility)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Individual ▼

Provider Type:

Individual Community Participation Support Provider (Non-Facility)

Provider Qualifications

License (specify):

Individuals providing enhanced levels of Community Participation Support in community locations must be a licensed nurse (RN or LPN) when the participant's assessed medical needs require a licensed nurse provide the service.

Certificate (specify):

Individuals providing prevocational skill development to the participant in community locations must have one of the following by 1/1/19:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

All individuals must complete the Department approved training on Community Participation Support by 7/1/18.

Individuals providing enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service must have one of the following certificates or degrees:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (specify):

Individuals must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Community Participation Support have automobile insurance.

7. Have documentation that all vehicles used in the provision of Community Participation Support have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Be at least 18 years of age.
11. Have at least a 4 year degree when providing enhanced levels of Community Participation Support and the participant's assessed needs require the degree.
12. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
13. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
14. Have a valid driver's license if the operation of a vehicle is necessary to provide Community Participation Support.
15. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Agency ▼

Provider Type:

Adult Training Facility or Older Adult Day Facility

Provider Qualifications

License (specify):

Providers of facility based day habilitation services with a waiver service location in Pennsylvania must be licensed under 55 Pa. Code Chapter 2380 relating to Adult Training Facilities or under 6 Pa. Code Chapter 11 relating to Older Adult Day Services. A comparable license is required for providers with a waiver service location in states contiguous to Pennsylvania.

At least one staff person (direct, contracted, or in a consulting capacity) who provides enhanced levels of service must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN.

Certificate (specify):

For programs providing prevocational training to participants, program specialists and supervisors in facilities licensed under 55 Pa. Code Chapter 2380 must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional

Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

All direct support professionals, program specialists, and supervisors of direct support professionals who provide Community Participation Support must complete the Department approved training on Community Participation Support by 7/1/18. After 7/1/18, all new hires must complete the Department approved training on Community Participation Support within 60 days of hire and during that time they must be supervised by someone who has completed the training.

At least one staff person must have one of the following certifications or degrees to provide enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Community Participation Support have automobile insurance.
7. Have documentation that all vehicles used in the provision of Community Participation Support have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Adult Training Facility and Older Adult Day Facility staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have at least a 4 year degree when providing enhanced levels of Community Participation Support and the participant's assessed needs require the degree.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

5. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.

6. Have a valid driver's license if the operation of a vehicle is necessary to provide Community Participation Support.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Agency

Provider Type:

Prevocational Facility

Provider Qualifications

License (*specify*):

Providers of facility-based prevocational services with a waiver service location in Pennsylvania must be licensed under 55 Pa. Code Chapter 2390 relating to Vocational Facilities. A comparable license is required for providers with waiver service locations in states contiguous to Pennsylvania.

At least one staff person (direct, contracted, or in a consulting capacity) who provides enhanced levels of service must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN.

Certificate (*specify*):

Program specialists and supervisors must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

All direct support professionals, program specialists, and supervisors of direct support professionals who provide Community Participation Supports must complete the Department approved training on Community Participation Support by 7/1/18. After 7/1/18, all new hires must complete the Department approved training on Community Participation Support within 60 days of hire and during that time they must be supervised by someone who has completed the training.

At least one staff person must have one of the following certifications or degrees to provide enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Community Participation Support have automobile insurance.
7. Have documentation that all vehicles used in the provision of Community Participation Support have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have at least a 4 year degree when providing enhanced levels of Community Participation Support and the participant's assessed needs require the degree.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Community Participation Support.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service

Service Name: Community Participation Support

Provider Category:

Agency **Provider Type:**

Agency Community Participation Support Provider (Non- Facility)

Provider Qualifications**License** (*specify*):

At least one staff person (direct, contracted, or in a consulting capacity) who provides enhanced levels of service must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN.

Certificate (*specify*):

For programs providing prevocational training to participants, program specialists and supervisors must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE), or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

All direct support professionals, program specialists, and supervisors of direct support professionals who provide Community Participation Supports must complete the Department approved training on Community Participation Support by 7/1/18. After 7/1/18, all new hires must complete the Department approved training on Community Participation Support within 60 days of hire and during that time they must be supervised by someone who has completed the training.

At least one staff person must have one of the following certifications or degrees to provide enhanced levels of service to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Community Participation Support have automobile insurance.
7. Have documentation that all vehicles used in the provision of Community Participation Support have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.

10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have at least a 4 year degree when providing enhanced levels of Community Participation Support and the participant's assessed needs require the degree.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Community Participation Support.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Education ▼

Alternate Service Title (if any):

Education Support Services

HCBS Taxonomy:

Category 1:

04 Day Services

Sub-Category 1:

04030 education services ▼

Category 2:

▼

Sub-Category 2:

Category 3:

▼

Sub-Category 3:

Category 4:**Sub-Category 4:**

Service Definition (Scope):

Education Support consists of education and related services as defined in Sections (22) and (25) of the Individuals with Disabilities Education Act (IDEA) to the extent that they are not available under a program funded by IDEA or available for funding by the Office of Vocational Rehabilitation (OVR). To receive Education Support services through the waiver, students attending eligible institutions and who are eligible for Federal Student Aid and/or PA State Grant funding must apply. Education Support Services are limited to payment for the following:

- Tuition for adult education classes offered by a college, community college, technical school or university (institution of postsecondary education). This includes classes for which a participant receives credit, classes that a participant audits, classes that support paid or unpaid internships, remedial classes and comprehensive transition programs. At least 75% of the time the participant spends on campus must be integrated with the general student population.
- General fees charged to all students. This includes but is not limited to fees such as technology fees, student facilities fees, university services fees and lab fees.
- On campus peer support. This is support provided by the institution of postsecondary education's staff (they cannot be contracted staff) or other students attending the institution of postsecondary education. The support assists the participant to learn roles or tasks that are related to the campus environment such as homework assistance, interpersonal skills and residential hall independent living skills.
- Classes (one communication education professional and one participant or a group of no more than four learners taught collectively by a communication education professional) to teach participants who are deaf American Sign Language, Visual Gestural Communication or another form of communication. To receive this type of education, participants must be age 21 and older or under 21 years of age with a high school diploma. The participant must also have been assessed as benefitting from learning American Sign Language or another form of communication.
- Adult education or tutoring program for reading or math instruction. Participants authorized for Education Support services must have an employment outcome or an outcome related to skill attainment or development which is documented in the service plan and is related to the Education Support need.

The following list includes items excluded as Education Support (please note this is not an exhaustive list of excluded items):

- Room and board.
- Payment for books.
- Payment for recreational classes, activities and programs offered through recreational commissions, townships, boroughs, etc.
- Tuition for adult education classes offered by online universities.
- Tuition for online classes.
- Tuition for adult education classes provided on disability specific campuses.

The provision of Education Support services may not be provided at the same time as the direct provision of any of the following: Community Participation Support; Small Group Employment; Supported Employment; job acquisition and job retention in Advanced Supported Employment; Benefits Counseling; Transportation; Therapies; Music, Art and Equine Assisted Therapy; Consultative Nutritional Services and 15-minute unit Respite. When on campus peer support is offered by the institution of postsecondary education and authorized in the service plan as Education Support, In-Home and Community Supports and Companion cannot be authorized at the same time as the on campus peer support.

This service can be delivered in Pennsylvania, Washington DC and Virginia as well as in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Participants can receive a maximum of:

- \$35,000 toward tuition for classes in the participant's lifetime; and
- \$5000 per semester of on campus peer support for participants taking at least 6 credit hours of classes per semester. On campus peer support cannot be reimbursed through Education Support when the participant takes fewer than 6 credit hours of classes per semester.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Communication Education Professional
Agency	Institution of Postsecondary Education
Agency	Adult Education Program
Agency	Communication Education Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Education Support Services

Provider Category:

Individual ▾

Provider Type:

Communication Education Professional

Provider Qualifications

License (*specify*):

Certificate (*specify*):

To teach communication to participants who are deaf, the communication education professional must have the following Certificates:

1. Have, at a minimum, Qualified Level Certification from the American Sign Language Teachers Association (ASLTA).

Other Standard (*specify*):

To teach communication to participants who are deaf, the communication education professional must meet the following standards:

1. Be at least 18 years of age.
2. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
3. Have a signed ODP Provider Agreement on file with ODP.

4. Complete standard ODP required orientation and training.
5. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
6. Have at least Advanced or higher Sign Language Skills as determined by the Sign Language Proficiency Interview (SLPI).
7. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
8. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Education Support Services

Provider Category:

Agency

Provider Type:

Institution of Postsecondary Education

Provider Qualifications

License (specify):

Certificate (specify):

The Institution of Postsecondary Education must meet the following standard:

1. Be an accredited postsecondary institution or program by the United States Department of Education.

Other Standard (specify):

Institution of Postsecondary Education must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Comply with Department standards related to provider qualifications.

Staff providing on campus peer support as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCDS, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Education Support Services****Provider Category:**Agency **Provider Type:**

Adult Education Program

Provider Qualifications**License (specify):**


Certificate (specify):


Other Standard (specify):

To provide adult education or tutoring for reading or math instruction the agency must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Have at least one staff person with a four year degree and state teaching credentials.
4. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the adult education program as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications**Entity Responsible for Verification:**

AWC FMS, VF/EA FMS, OHCDS, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Education Support Services

Provider Category:

Agency ▼

Provider Type:

Communication Education Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

To teach communication to participants who are deaf, the Communication Education Professionals working for or contracted with the agency must have, at a minimum:

1. Qualified Level Certification from the American Sign Language Teachers Association (ASLTA).

Other Standard (*specify*):

To teach communication to participants who are deaf, the Communication Education Agency must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with Department standards related to provider qualifications.

Communication Education Professionals working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have at least Advanced or higher Sign Language Skills as determined by the Sign Language Proficiency Interview (SLPI).
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Homemaker ▼

Alternate Service Title (if any):

Homemaker/Chore

HCBS Taxonomy:

Category 1:

08 Home-Based Services

Sub-Category 1:

08050 homemaker ▼

Category 2:

08 Home-Based Services

Sub-Category 2:

08060 chore ▼

Category 3:

▼

Sub-Category 3:

Category 4:

▼

Sub-Category 4:

Service Definition (Scope):

Homemaker/Chore services are provided to participants who live in private homes.

HOMEMAKER

Homemaker services enable the participant or the family member(s) or friend(s) with whom the participant resides to maintain their primary private home. This service can only be provided when a household member is temporarily absent or unable to manage the home, or when no landlord or provider agency staff is responsible to perform the homemaker activities. Homemaker Services include cleaning and laundry, meal preparation, and other general household care.

CHORE

Chore services consist of services needed to maintain the home in a clean, sanitary, and safe condition. Chore services consist of heavy household activities such as washing floors, windows, and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; ice, snow, and/or leaf removal; and yard maintenance. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service. Maintenance in the form of upkeep and improvements to the participant's home is excluded from federal financial participation.

Homemaker/Chore services can only be provided in the following situations:

- Neither the participant, nor anyone else in the household, is capable of performing the function; and
- No other relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for the provision.

Participants authorized to receive Homemaker/Chore services may not be authorized to receive the following services as Homemaker/Chore tasks are built into the rates for these services: Life Sharing or Supported Living.

This service must be delivered in Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Homemaker/Chore services are limited to 40 hours per participant per fiscal year when the participant or family member(s) or unpaid caregiver(s) with whom the participant resides is temporarily unable to perform the homemaker/chore functions. A person is considered temporarily unable when the condition or situation that prevents him or her from performing the homemaker/chore functions is expected to improve. There is no limit when the participant lives independently or with family members or unpaid caregivers who are permanently unable to perform the homemaker/chore functions.

A person is considered permanently unable when the condition or situation that prevents them from performing the homemaker/chore functions is not expected to improve. The service plan team is responsible to determine whether a person is temporarily or permanently unable to perform the homemaker/chore functions. The service plan team's determination should be documented in the service plan.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Support Service Professional
Agency	Homemaker/Chore Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Homemaker/Chore

Provider Category:

Individual ▼

Provider Type:

Support Service Professional

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

The Support Service Professional must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

4. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Homemaker/Chore

Provider Category:

Agency 

Provider Type:

Homemaker/Chore Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Service:

Alternate Service Title (if any):

In-Home and Community Support

HCBS Taxonomy:**Category 1:**

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

In-Home and Community Support is a direct service provided in home and community settings to assist participants in acquiring, maintaining and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that In-Home and Community Support is provided in community settings, the settings must be inclusive rather than segregated.

Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources. The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant, in line with his or her personal preferences and to achieve his or her desired outcomes.

The In-Home and Community Support provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring the following assistance, support and guidance

(prompting, instruction, modeling, reinforcement) will be provided to the participant as needed to enable him or her to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals, maintaining a clean environment.
2. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies exercises, awareness and avoidance of risk including environmental risks, exploitation and abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.
3. Manage his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records. This may also include assistance, support and guidance in the administration of medications in accordance with applicable regulatory guidance, positioning the participant, taking vital statistics, performing range of motion exercises as directed by a licensed professional, applying prescribed treatments and monitoring for seizure activity.
4. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. This includes implementation of the Behavior Support component of the plan, the Crisis Intervention component of the plan and/or the Skill Building component of the plan which may involve collecting and recording the data necessary to evaluate progress and the need for revisions to the plan.
5. Participate in the development and implementation of the service plan and to direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
6. Manage his or her home including locating a private home, arranging for utility services, paying bills, routine home maintenance, and home safety.
7. Achieve financial stability through activities such as: managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and utilizing programs such as ABLE accounts.
8. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
9. Develop and maintain relationships with members of the broader community (examples include but are not limited to: neighbors, coworkers, friends and family) and to manage problematic relationships.
10. Exercise rights as a citizen and fulfill their civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.
11. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.
12. Make decisions including providing guidance in identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
13. Use a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc.
14. Develop his or her personal interests such as: hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.
15. Identification of risk to the participant and the implementation of actions such as reporting incidents as

required by ODP, the Older Adults Protective Services Act, the Adult Protective Services Act and the Child Protective Service Law, applicable regulations and/or calling emergency officials for immediate assistance.

16. Successfully parent his or her child(ren). This includes assessing parenting competency, as well as modeling and teaching parenting skills such as discipline techniques, child development, health and safety issues and decision-making skills.

In-Home and Community Support may also include elements of Companion services as long as these elements do not constitute more than half of the In-Home and Community Support service.

Staff providing the In-Home and Community Support must be awake during overnight hours for the purpose of performing tasks that require continual assistance as identified in the service plan to ensure medical or behavioral stability and that are able to be performed by a trained non-medically-licensed individual. These tasks include the following:

- Taking vital statistics when monitoring has been prescribed by a licensed professional, such as post-surgical care,
- Positioning,
- Performing range of motion exercises as directed by a licensed professional,
- Administering prescribed medications (other than over the counter medications),
- Applying prescribed treatments,
- Monitoring for seizure activity for a participant with convulsive (grand mal) epilepsy that is not able to be controlled by medication,
- Maintaining the functioning of devices whose malfunction would put the participant at risk of hospitalization, and
- Crisis intervention in accordance with the participant's behavior support plan.

If the participant only needs supervision or assistance with tasks that do not meet the criteria above such as evacuation in the event of an emergency during overnight hours, the appropriate service during this time period is Companion services.

This service may be provided at the following levels:

- Basic – The provision of the service at a staff-to-individual ratio of 1:3.
- Level 1 – The provision of the service at a staff to individual ratio of 1:2.
- Level 2 - The provision of the service at a staff-to-individual ratio of 1:1.
- Level 2 Enhanced - The provision of the service at a staff-to-individual ratio of 1:1 with a staff member who is certified, has a bachelor's degree or is a nurse. Level 2 Enhanced services by a nurse are only available to participants age 21 and older.
- Level 3 - The provision of the service at a staff-to-individual ratio of 2:1.
- Level 3 Enhanced - The provision of the service at a staff-to-individual ratio of 2:1 with one staff member who is certified, has a bachelor's degree or is a nurse and one staff member with at least a high school diploma. Level 3 Enhanced services by a nurse are only available to participants age 21 and older.

The use of Level 3 and Level 3 Enhanced are based on the participant's behavioral or medical support needs. The need for enhanced levels of service must be reviewed every 6 months in accordance with ODP policy for continued authorization.

Transportation necessary to enable participation in community activities outside of the home in accordance with the participant's service plan is included in the rate paid to agency providers. Mileage that is needed to enable participation in community activities that exceeds 30 miles on any given day should be authorized on the service plan and billed by the agency as Transportation Mile. Transportation is not included in the wage range for In-Home and Community Support services provided by Support Service Professionals in participant directed services. As such, Transportation services should be authorized and billed as a discrete service. When Transportation services are authorized and billed as a discrete service (regardless of whether the services are delivered by an agency or Support Service Professional) In-Home and Community Support is compensable at

the same time for the supervision, assistance and/or care provided to the participant during transportation. In-Home and Community Support services cannot be used to solely transport a participant as this would be considered a Transportation service available in the waiver. The participant must have a need for assistance, guidance or support with tasks while in the home and community locations for which transportation is necessary.

In general, this service is provided in a participant's private home or other community setting. In-Home and Community Support shall not be provided in a licensed setting, unlicensed residential setting or camp. This does not preclude this service from being utilized to assist a participant to volunteer in a nursing facility or hospital or occasionally visit a friend or family member in a licensed setting or unlicensed residential setting.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

In-Home and Community Support services that are authorized on a service plan may be provided by relatives and legal guardians of the participant. When this occurs, any one relative or legal guardian may provide a maximum of 40 hours per week of authorized In-Home and Community Support or a combination of In-Home and

Community Support and Companion (when both services are authorized in the service plan). Further, when multiple relatives/legal guardians provide the service(s) each participant may receive no more than 60 hours per week of authorized In-Home and Community Support or a combination of In-Home and Community Support and

Companion (when both services are authorized in the service plan) from all relatives/legal guardians. An exception may be made to the limitation on the number of hours of In-Home and Community Support and Companion provided by relatives and legal guardians at the discretion of the employer if there is an emergency or an unplanned departure of a regularly scheduled worker for up to 90 calendar days in any fiscal year.

Participants who are authorized to receive Life Sharing or Supported Living services may not be authorized to receive In-Home and Community Support services.

In-Home and Community Support services may not be provided at the same time as the direct provision of any of the following: Respite (15-minute and Day); Companion; Community Participation Support; Small Group Employment; Supported Employment; job acquisition and job retention in Advanced Supported Employment and Shift Nursing.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency
Individual	Support Service Professional

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: In-Home and Community Support

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications**License** (*specify*):

At least one staff person (direct, contracted, or in a consulting capacity) who provides Level 2 enhanced or Level 3 enhanced services to a participant age 21 or older must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN as well as other needs for assistance, support and guidance to meet habilitative outcomes that will be provided by the RN or LPN.

Certificate (*specify*):

At least one staff person must have one of the following certifications or degrees to provide Level 2 enhanced or Level 3 enhanced services to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of In-Home and Community Support have automobile insurance.
7. Have documentation that all vehicles used in the provision of In-Home and Community Support have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Have an annual training plan to improve the knowledge, skills and core competencies of agency personnel.
10. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
11. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.

3. Have at least a high school diploma for participants authorized to receive 2:1 enhanced In-Home and Community Support. The other staff member must have a certification or be a nurse.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide In-Home and Community Support services.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: In-Home and Community Support****Provider Category:**

Individual ▾

Provider Type:

Support Service Professional

Provider Qualifications**License (specify):**

Support Service Professionals who provide Level 2 enhanced or Level 3 enhanced services to a participant age 21 or older must be a Registered Nurse (RN) or Licensed Practical Nurse (LPN) when the participant has been assessed to have medical needs that require a RN or LPN as well as other needs for assistance, support and guidance to meet habilitative outcomes that will be provided by the RN or LPN.

Certificate (specify):

The Support Service Professional must have one of the following certifications or degrees to provide Level 2 enhanced or Level 3 enhanced services to participants who do not require a nurse to provide the enhanced level of service:

- NADD Competency-Based Clinical Certification.
- NADD Competency-Based Dual Diagnosis Certification.
- NADD Competency-Based Direct-Support Professional Certification.
- Registered Behavior Technician.
- Certified Nursing Assistant.
- Board Certified Assistant Behavior Analyst.
- Bachelor's Degree in Psychology, Education, Special Education, Counseling, Social Work or Gerontology.

Other Standard (specify):

Support Service Professionals must meet the following standards:

1. Be at least 18 years of age.
2. Have documentation that all vehicles used in the provision of In-Home and Community Support have automobile insurance.
3. Have documentation that all vehicles used in the provision of In-Home and Community Support have current State motor vehicle registration and inspection.

4. Complete necessary pre/in-service training based on the service plan.
5. Be trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.
6. Have at least a high school diploma for participants authorized to receive 2:1 enhanced In-Home and Community Support. The other staff member must have a certification or be a nurse.
7. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
8. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
9. Have a valid driver's license if the operation of a vehicle is necessary to provide In-Home and Community Support services.
10. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Statutory Service **Service:**Residential Habilitation **Alternate Service Title (if any):**

Life Sharing

HCBS Taxonomy:**Category 1:****Sub-Category 1:**

02 Round-the-Clock Services

02021 shared living, residential habilitation

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:**

Service Definition (*Scope*):

Life Sharing services are direct and indirect, provider agency managed services that occur in one of the following locations:

- * Private home of a host family where the host family is not a relative of the participant that requires licensure pursuant to 55 Pa. Code Chapter 6500 (relating to Family Living Homes). This also applies to a legal guardian who is not the participant's relative.
- * Private home of a host family where the host family is not a relative of the participant to which licensing criteria do not apply as specified in 55 Pa.Code § 6500.3(f)(5). This also applies to a legal guardian who is not the participant's relative.
- * Private home of a host family where the host family is a relative of a participant to which licensing criteria do not apply as specified in 55 Pa. Code § 6500.3(f)(1). This also applies to a legal guardian who is a relative of the participant. When Life Sharing is provided by a relative to a participant who is younger than 18 years of age, this service may only be used to provide extraordinary care. A relative is responsible to meet the needs of a participant who is younger than 18 years of age, including the need for assistance and supervision typically required for children at various stages of growth and development. A relative can, however, receive payment for Life Sharing services when this support goes beyond what would be expected to be performed in the usual course of parenting, and when needed support exceeds what is typically required for a child of the same age. Further, the provider agency must develop a preservice agreement with relatives that states the Life Sharing program requirements that the relative(s) must comply with to be a host family and the conditions that will result in termination of the relative(s) as a host family from the Life Sharing program.
- * Private home of the participant where a host family who is not related to the participant moves into the participant's home and shares the participant's home as their primary residence. This also applies to a legal guardian who is not the participant's relative.

For the purposes of Life Sharing the following definitions apply:

- * The following relatives do not require licensure under 55 Pa. Code Chapter § 6500.4; a parent, child, stepparent, stepchild, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew. All relatives may provide Life Sharing services. Relatives whose relationship to the participant are not listed in this definition may require licensure under 55 Pa. Code Chapter 6500.
- * A private home is a home that is owned, rented or leased by the participant, his or her relatives or another person with whom the participant lives. Homes owned, rented or leased by a provider are not private homes. Homes owned, rented or leased by a provider and subsequently leased to a participant or his or her relatives are also not private homes.
- * Host families include 1 or more persons with whom the participant lives in a private home. The host family is responsible for, and actively involved in, providing care and support to the participant in accordance with the service plan.

This service is built on the principle that every participant has the capacity to engage in lifelong learning. As such, through the provision of this service, participants will acquire, maintain, or improve skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. To the extent that Life Sharing is provided in community settings outside of the residence, the settings must be inclusive rather than segregated.

Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and reinforcement) in the general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources.

Life Sharing services may be provided up to 24 hours a day based on the needs of the participant receiving services. The type and amount of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment and person-centered planning processes. The type and amount of assistance are delivered to enhance the autonomy of the participant,

in line with his or her personal preference and to achieve desired outcomes.

Life Sharing services are often the primary residence of the participant and as such, it is his or her home. Respect for personal routines, rhythms, rights, independence, privacy and personalization are intrinsic to the service as is access to experiences and opportunities for personal growth.

The Life Sharing provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (prompting, instruction, modeling, reinforcement) will be provided as needed to enable the participant to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home and community such as fire or injury; knowing how and when to seek assistance.
3. Manage or participate in the management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records.
4. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. The service should include: a comprehensive behavior assessment; design, development and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.
5. Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.
6. Make decisions in identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.
7. Manage his or her home; including arranging for utility services, paying bills, home maintenance, and home safety.
8. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and utilizing programs such as ABLE accounts.
9. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.
10. Use a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc. Life Sharing providers are responsible to provide transportation to activities related to health, community involvement and the participant's service plan. The Life Sharing provider is not responsible for transportation for which another provider is responsible.
11. Develop and manage relationships with individuals residing in the same home as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.
12. Develop and maintain relationships with members of the broader community and to manage problematic relationships.

13. Exercise rights as a citizen and fulfill their civic responsibilities such as voting and serving on juries; attending public community meetings; to participate in community projects and events with volunteer associations and groups; to serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance their contributions to the community.

14. Develop personal interests, such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.

15. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.

The Life Sharing provider is responsible for identification of risks to the participant and the implementation of actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, the Adult Protective Services Act and the Child Protective Services Law, and/or calling emergency officials for immediate assistance. The Life Sharing provider is also responsible for providing physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

Life Sharing services include the support of a life sharing specialist for each participant with overall responsibility for supporting the participant and the host family in the lifesharing relationship. The life sharing specialist provides oversight and monitoring of the habilitative outcomes, health and wellness activities, ongoing assessment of supports and needs of the participant as identified in the service plan, as well as coordination of support services, such as relief, for the host family.

The Life Sharing provider agency must ensure that each participant has the right to:

1. Receive scheduled and unscheduled visitors, and to communicate and meet privately with individuals of their choice at any time as would be typical for any individual in the home.
2. Send and receive mail and other forms of communication, unopened and unread by others.
3. Have unrestricted and private access to telecommunications.
4. Manage and access his or her own finances.
5. Choose any individual with whom they will be sharing a bedroom.
6. Furnish and decorate his or her bedroom and to participate in decisions relating to furnishing and decorating the common areas of the home.
7. Lock his or her bedroom door.
8. Have a key to an entrance door of the home.
9. Decide what to eat, decide when to eat and have access to food at any time.
10. Make informed health care decisions.

When any of these rights are modified, the modification must be supported by a specific assessed need, agreed upon by the service plan team and justified in the service plan. When any of these rights are modified due to requirements in a court order, the modification must still be included in the service plan but the service plan team does not have to agree upon the modification. Decisions made in the provision of services to participants under the age of 18 that mimic typical parental decisions, such as bedtime, nutrition, etc. do not rise to the level of a modification based on an assessed need, and do not need to be documented in the service plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Life Sharing services must be delivered in PA. During temporary travel, however, this service may be provided in other locations per the ODP travel policy.

No more than 4 people unrelated to the host family can reside in a private home where Life Sharing services are provided.

This service is billed as a day unit and may be provided at the following levels:

- Needs Group 1
- Needs Group 2

The following Residential Enhanced Staffing add-on may be utilized:

* The provision of Supplemental Habilitation (SH) staffing in emergency situations or to meet a participant's temporary medical or behavioral needs. SH staff can be authorized for no more than 90 calendar days unless a

variance is granted by the AE.

Room and board is not included in the rate for the Life Sharing service. Life Sharing provider agencies should collect room and board payments in accordance with regulatory requirements. Life Sharing may not be provided when the host family is also a foster home for the participant.

Participants authorized to receive Life Sharing services:

- Are not precluded from receiving Assistive Technology, but may not receive the remote monitoring component. Remote Monitoring is intended to reduce the participant's need for direct support that would typically be provided as part of the Life Sharing service. As such, Remote Monitoring is built into the Life Sharing rate and cannot be authorized as a discrete service. Any use of Independent Living Technology must comply with 442.301(c)(4)(vi)(A)through(D) related to privacy, control of schedule and activities and access to visitors.

- May receive Vehicle Accessibility Adaptations when vehicle being adapted and utilized by the participant is not owned, leased or rented by the Life Sharing provider.

- May not be authorized to receive Supports Broker services unless the participant has a plan to self-direct his or her services through a participant-directed services model in a private residence.

The following services may not be authorized for participants who receive Life Sharing services: Supported Living; Companion; Homemaker/Chore; Music, Art and Equine Assisted Therapy; Specialized Supplies; In-Home and Community Supports; Family/Caregiver Training and Support and Consultative Nutritional Services. Transportation is included in the rate and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the participant's service plan. The rate will include Behavioral Support. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or to maintain employment when provided at the participant's place of employment. Communication Specialist and Shift Nursing can only be authorized in limited circumstances; reference those service definitions for the exceptions.

All private homes in which Life Sharing are provided must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. To meet this requirement, the location of each home in which Life Sharing is provided must be separate from any other ODP-funded residential setting and must be dispersed in the community and not surrounded by, other ODP-funded residential settings. Homes that share only one common party wall are not considered contiguous. Any home in which Life Sharing is provided should be located in the community and surrounded by the general public. New homes where Life Sharing will

be provided or changes to existing homes where Life Sharing will be provided must be approved by ODP or its designee utilizing the ODP residential habilitation setting criteria.

Settings enrolled on or after the effective date of the Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title

Provider Category	Provider Type Title
Agency	Life Sharing Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Life Sharing

Provider Category:

Agency ▾

Provider Type:

Life Sharing Agency

Provider Qualifications

License (*specify*):

The agency must be licensed under 55 Pa. Code Chapter 6500 for Family Living Homes as applicable.

Certificate (*specify*):

LIFE SHARING SPECIALIST

The life sharing specialist shall have one of the following four groups of qualifications:

1. A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism.
2. A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons an intellectual disability and/or autism.
3. An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability and/or autism.
4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability and/or autism.

BEHAVIORAL SPECIALIST

When serving participants with behavior support needs, the Life Sharing provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Life Sharing service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies.

Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:

1. Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.
2. A Pennsylvania Behavior Specialist License.
3. Must have a Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the

following standards:

1. Complete training in conducting and using a Functional Behavioral Assessment.
2. Complete training in positive behavioral support.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Life Sharing service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Life Sharing service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. At least one of the following must have experience working with individuals with an intellectual disability and/or autism and have a bachelor's degree:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
10. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.
11. In the case of an entity newly enrolled to provide Life Sharing services, one of the following must have a minimum of five years' experience as a senior manager in an organization providing residential services for individuals with intellectual disabilities and/or autism, and a bachelor's degree:
 - Executive Director,
 - Chief Executive Officer,
 - Chief Operations Officer, or
 - Director, Assistant or Associate Director.
12. Employ life sharing program specialist(s) who are responsible for up to 8 homes and no more than 16 participants for this or any other service.
13. Have an annual training plan to improve the knowledge, skills and core competencies of agency personnel.
14. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.
15. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
16. Ensure that staff (direct, contracted, or in a consulting capacity) have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter as well as criminal history clearances per 35

P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

17. Comply with Department standards related to provider qualifications.

Life sharers contracting with agencies must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services.

Life sharing specialists must meet the following standards:

1. Receive training which includes interpersonal dynamics, community participation, individual service planning and delivery, relationship building in addition to training required by licensing or agency policy.
2. Be at least 18 years of age.
3. Complete necessary pre/in-service training based on the service plan.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide Life Sharing services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Respite ▼

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

09 Caregiver Support

Sub-Category 1:

09011 respite, out-of-home ▼

Category 2:

Sub-Category 2:

09 Caregiver Support	09012 respite, in-home	▼
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Category 3:**Sub-Category 3:**

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Category 4:**Sub-Category 4:**

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Service Definition (Scope):

Respite services are direct services that are provided to supervise and support participants living in private homes on a short-term basis for planned or emergency situations, giving the person(s) normally providing care a period of relief that may be scheduled or due to an emergency. Respite services do not cover the care provided to a minor child when the primary caregiver or legally responsible individual is absent due to work.

In emergency situations, Respite services may be provided in a Licensed Community Home beyond the home's approved program capacity or in a non-waiver funded licensed residential setting or in a hotel when approved by ODP. Settings considered non-waiver funded licensed residential settings include residential settings located on a campus or that are contiguous to other ODP-funded residential settings (settings that share one common party wall are not considered contiguous). This also includes settings enrolled on or after the effective date of the Chapter 6100 regulations that are located in any development or building where more than 25% of the apartments, condominiums or townhouses have waiver funded Residential Habilitation, Life Sharing or Supported Living being provided.

An emergency circumstance is defined as a situation where:

- A participant's health and welfare is at immediate risk;
- A participant experiences the sudden loss of his or her home (due to, for example, a fire or natural disaster).

This is not intended to replace a residential provider's responsibility to secure an alternative if there is a need for an emergency location;

- A participant loses the care of a relative or unrelated caregiver, without advance warning or planning; or
- There is an imminent risk of institutionalization.

To the degree possible, the respite provider must maintain the participant's schedule of activities including activities that allow participation in the community. This service also includes implementation of a participant's Behavioral Support Plan or Crisis Intervention Plan as applicable.

Respite services may only be provided in the following location(s):

- Participant's private home located in Pennsylvania.
- Licensed Family Living Home (55 Pa. Code Chapter 6500) located in Pennsylvania.
- Licensed Community Home (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity. ODP may approve the provision of Respite services above a home's approved program capacity on a case-by-case basis.
- Licensed Child Residential Service Home (55 Pa. Code Chapter 3800) located in Pennsylvania.
- Licensed Community Residential Rehabilitation Services for the Mentally Ill Home (55 Pa. Code Chapter 5310) located in Pennsylvania.
- Unlicensed Life Sharing home that is located in Pennsylvania.
- Unlicensed private home that is located in Pennsylvania, Washington DC, or Virginia or a state contiguous to Pennsylvania.

- Other private homes, hotels, or rentals during temporary travel in accordance with ODP's travel policy.
- Camp settings that meet applicable state or local codes.
- Community settings that maintain the participant's schedule of activities.

Respite services may be provided in the following settings when the participant has a Needs Group 3 or 4 that indicates medical or behavioral needs and the participant is unable to locate a respite provider to render services in a community setting:

- Licensed Intermediate Care Facilities for individuals with an Intellectual Disability (55 Pa. Code 6600) that are owned and operated by private agencies.
- Licensed Nursing Homes (28 Pa. Code Chapters 201, 203, 205, 207, 209 and 211).

When Respite is provided in a Residential Habilitation or Life Sharing setting, the setting must be integrated and dispersed in the community in noncontiguous locations, and may not be located on campus settings. Exceptions to these criteria can be requested in accordance with ODP policy.

Respite services may not be provided in Hospitals, Personal Care Homes or public ICFs/ID (ICFs/ID that are owned and operated by any state).

This service may be provided at the following levels in private homes and Life Sharing homes (licensed or unlicensed):

- Basic Staff Support - The provision of the service at a staff-to-individual ratio of 1:4.
- Level 1 - The provision of the service at a staff-to-individual ratio range of 1:3.
- Level 2 - The provision of the service at a staff-to-individual ratio range of 1:2.
- Level 3 - The provision of the service at a staff-to-individual ratio of 1:1.
- Level 3 - Enhanced - The provision of the service at a staff-to-individual ratio of 1:1 with a certified staff member.
- Level 4 - The provision of the service at a staff-to-individual ratio of 2:1.
- Level 4 Enhanced - The provision of the service at a staff-to-individual ratio of 2:1 with one certified staff member and one staff member with at least a high school diploma.

The use of Level 4 and Level 4 Enhanced are based on the participant's behavioral or medical support needs.

This service may be provided at the following levels in Residential Habilitation settings:

- Needs Group 1.
- Needs Group 2.
- Needs Group 3.
- Needs Group 4.

Participants can receive two categories of Respite services in private homes (excluding Life Sharing provided in private homes): Day respite and 15-minute respite. Day respite in private homes must be provided for periods of more than 16 hours, and is billed using a daily unit. 15-minute respite in private homes is provided for periods of 16 hours or less, and is billed using a 15-minute unit.

Participants may not be authorized for 15-minute unit respite provided in Residential Habilitation settings, Life Sharing settings, private ICFs/ID and licensed nursing homes. Day respite is the only type of Respite allowable to be provided in these settings. Day respite authorized in these settings must be provided for periods of more than 8 hours.

Room and board costs are included in the fee schedule rate solely for Respite provided in a licensed residential setting. For this reason, there may not be a charge for room and board to the participant for Respite that is

provided in a licensed residential setting. There may not be a charge to the participant for room and board in camp settings that are licensed or accredited. The waiver will reimburse the room and board fee charged to the general public if the camp is licensed or accredited. The camp should provide separate documentation of the service cost and the room and board component based on the accreditation or certification standard for the camp.

Participants authorized to receive 15-minute unit Respite services may not receive the direct portion of the following services at the same time: Community Participation Support; Small Group Employment; Supported Employment; Advanced Supported Employment; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services.

Participants authorized to receive Respite services (15-minute or Day) may not receive the following services at the same time: Companion, In-Home and Community Supports, and Shift Nursing.

Participants authorized to receive Supported Living may not be authorized to receive Respite services (15-minute or Day) during the same time period.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite services are limited to:

- 30 units of day respite per participant in a period of one fiscal year, and
- 1440 units of 15-minute unit respite per participant in a period of one fiscal year.

Requests for a variance to this limit may be made for participants who have behavioral or medical support needs or for emergency circumstances using the standard ODP variance process.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Support Service Professional
Agency	Agency
Agency	Respite Camp Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Individual ▼

Provider Type:

Support Service Professional

Provider Qualifications

License (*specify*):

Certificate (*specify*):

At least one Support Service Professional providing enhanced levels of Respite must have one of the following professional certifications or degrees:

- NADD Competency-Based Clinical Certification;
- NADD Competency-Based Dual Diagnosis Certification;
- NADD Competency-Based Direct-Support Professional Certification;
- Registered Behavior Technician;
- Certified Nursing Assistant;
- Board Certified Assistant Behavior Analyst; or
- Bachelor's Degree in Psychology, Special Education, Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Support Service Professionals must meet the following:

1. Be at least 18 years of age.
2. Complete necessary pre/in service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have documentation that all vehicles used in the provision of the Respite service have automobile insurance.
6. Have documentation that all vehicles used in the provision of the Respite service have current State motor vehicle registration and inspection.
7. Be trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
8. Have at least a high school diploma for participants authorized to receive 2:1 enhanced Respite. The other staff member must meet the requirements in the certificate section above.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications**License** (*specify*):

When Respite is provided in a residential or facility setting in Pennsylvania, proof of the following licensure must be provided when applicable:

- 55 Pa. Code Chapter 6400 when Respite is provided in Community Homes for people with

intellectual disabilities;

- 55 Pa. Code Chapter 6500 when Respite is provided in Family Living Homes;
- 55 Pa. Code Chapter 3800 when Respite is provided in child residential homes;
- 55 Pa. Code Chapter 5310 when Respite is provided in licensed Community Residential Rehabilitation Services for the Mentally Ill Home;
- Licensed Intermediate Care Facilities for individuals with an Intellectual Disability (55 Pa. Code 6600) that are owned and operated by private agencies; or
- Licensed Nursing Homes (28 Pa. Code Chapters 201, 203, 205, 207, 209 and 211).

Certificate (*specify*):

At least one staff (direct, contracted, or in a consulting capacity) providing enhanced levels of Respite must have one of the following professional credentials or degrees:

- NADD Competency-Based Clinical Certification;
- NADD Competency-Based Dual Diagnosis Certification;
- NADD Competency-Based Direct-Support Professional Certification;
- Registered Behavior Technician;
- Certified Nursing Assistant;
- Board Certified Assistant Behavior Analyst; or
- Bachelor's Degree in Psychology, Special Education, Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Respite service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Respite service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in service training based on the service plan.
3. Have at least a high school diploma for participants authorized to receive 2:1 enhanced Respite.

The other staff member must meet the requirements in the certificate section.

4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

6. Have a valid driver's license if the operation of a vehicle is necessary to provide Respite services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Respite

Provider Category:

Agency

Provider Type:

Respite Camp Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

At least one staff (direct, contracted, or in a consulting capacity) providing enhanced levels of Respite must have one of the following professional certifications or degrees:

- NADD Competency-Based Clinical Certification;
- NADD Competency-Based Dual Diagnosis Certification;
- NADD Competency-Based Direct-Support Professional Certification;
- Registered Behavior Technician;
- Certified Nursing Assistant;
- Board Certified Assistant Behavior Analyst; or
- Bachelor's Degree in Psychology, Special Education, Education, Counseling, Social Work or Gerontology.

Other Standard (*specify*):

Respite camp agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Respite service have automobile insurance.

7. Have documentation that all vehicles used in the provision of the Respite service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in service training based on the service plan.
3. Have at least a high school diploma for participants authorized to receive 2:1 enhanced Respite. The other staff member must meet the requirements in the certificate section above.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Respite services.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCDs, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service ▼

Service:

Supported Employment ▼

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:

Sub-Category 1:

03 Supported Employment

03010 job development ▼

Category 2:**Sub-Category 2:**

03 Supported Employment

03021 ongoing supported employment, individual ▼

Category 3:**Sub-Category 3:**

03 Supported Employment

03030 career planning ▼

Category 4:**Sub-Category 4:****Service Definition (Scope):**

Supported Employment services are direct and indirect services that are provided in a variety of community settings for the purposes of supporting participants in obtaining and sustaining competitive integrated employment. Competitive integrated employment refers to full or part-time work at minimum wage or higher, with wages and benefits similar to workers without disabilities performing the same work, and fully integrated with coworkers without disabilities.

Supported Employment services include activities such as training and additional supports including worksite orientation, job aide development, coordination of accommodations and ensuring assistive technology that may be needed by the participant to obtain and sustain competitive integrated employment is utilized as specified in the plan. Payment will be made only for the training and supports required by the participant and will not include payment for the training or supervisory activities that should be rendered as a normal part of the job.

Supported Employment services may not occur in an Adult Training Facility (55 Pa. Code Chapter 2380), a Vocational Facility (55 Pa. Code Chapter 2390) or any other licensed facility-based setting.

Federal Financial Participation through the Waiver may not be claimed for incentive payments, subsidies, or unrelated vocational expenses such as the following:

- Incentive payments made to an employer of participants receiving services to encourage or subsidize the employer's participation in a supported employment program;
- Payments that are passed through to participants receiving Supported Employment; or
- Payments for vocational training that are not directly related to a participant's Supported Employment program.

Supported Employment services consist of three components: career assessment, job finding or development, and job coaching and support.

CAREER ASSESSMENT

Career assessment is a person-centered, individualized employment assessment used to assist in the identification of potential career options, including self-employment, based upon the interests and strengths of the participant. Career assessment may include discovery activities and may be provided within a variety of settings including Life Sharing or Supported Living settings when identified as a need in the service plan. Career assessment activities, on average, should be authorized no longer than 6 consecutive months and should result in the development of a career assessment report. When a participant requires career assessment activities in excess of 6 consecutive months, an explanation of why the activities are needed for an extended period of time should be included in the service plan.

Career assessment includes:

- Gathering and conducting a review of the participant's interests, skills, and work or volunteer history.
- Conducting situational assessments to assess the participant's interest and aptitude in a particular type of job.
- Conducting informational interviews.

- Identifying types of jobs in the community that match the participant's interests, strengths and skills.
- Developing a career assessment report that specifies recommendations regarding the participant's needs, interests, strengths, and characteristics of potential work environments. The career assessment report must also specify training or skills development necessary to achieve the participant's career goals.

JOB FINDING OR DEVELOPMENT

Job finding or development includes employer outreach and orientation, job searching, job development, resume preparation and interview assistance. Other activities may include participation in individual planning for employment, development of job-seeking skills, development of job skills specific to a job being sought, job analysis, consulting with the Office of Vocational Rehabilitation (OVR), benefits counseling agencies, or Ticket to Work employment networks on behalf of a participant, or self-employment assistance. Job finding or development may be provided in a variety of settings including Life Sharing or Supported Living settings when identified as a need in the service plan.

Job finding or development may include customized job development. Customized job development means individualizing the employment relationship between employees and employers in a way that matches the needs of the employer with the assessed strengths, skills, needs, and interests of the participant, either through task reassignment, job carving, or job sharing. Job finding or development may also include negotiating the conditions for successful employment with a prospective employer including tasks, wages, hours and support.

JOB COACHING AND SUPPORT

Job coaching and support consists of training the participant on job assignments, periodic follow-up, or ongoing support with participants and their employers. This may include systematic instruction. The service must be necessary for participants to maintain acceptable job performance and work habits, including assistance in learning new work assignments, maintaining job skills, and achieving performance expectations of the employer. Other examples of activities include direct intervention with an employer, employment-related personal skills instruction, support to re-learn job tasks, training to assist participants in using transportation to and from work, worksite orientation, job aide development, coordination of accommodations, ensuring assistive technology is utilized as specified in the plan, maintenance of appropriate work and interpersonal behaviors on the job, follow-along services at the work site after OVR-funded services are discontinued or OVR referral requirements are satisfied, and technical assistance and instruction for the participant's coworkers that will enable peer support.

As part of a participant's ongoing use of job coaching and support, it is expected that the provider will develop a fading plan or fading schedule that will address how use of this service will decrease as the participant's productivity and independence on the job increases and as he or she develops unpaid supports through coworkers and other on-the-job resources. Ongoing use of job coaching and support is limited to providing supports for participants not otherwise available through the employer such as support offered through regular supervisory channels, reasonable accommodation required under the Americans with Disabilities Act, available and appropriate natural supports, or on-the-job resources available to employees who do not have a disability.

Career assessment and job finding or development may be provided at the following levels:

- Basic - The provision of the service at a staff-to-individual ratio of 1:1.

Job coaching and support may be provided at the following levels:

- Basic - The provision of the service at a staff-to-individual ratio range of 1:2.
- Level 1 - The provision of the service at a staff-to-individual ratio of 1:1.

Supported Employment services may not be rendered under the Waiver until it has been verified that:

- The services are not available in the student's (if applicable) complete and approved Individualized Education Program (IEP) developed pursuant to IDEA;
- OVR has closed the participant's case or has stopped providing services to the participant;
- The participant is determined ineligible for OVR services; or

- It has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant.

A participant does not need to be referred to OVR if:

- The participant is competitively employed and solely needs extended supports to maintain the participant's current job.
- The participant is competitively employed and is seeking job assessment or job finding services to find a new job, unless the purpose is job advancement which can be provided by OVR.

Documentation referenced above must be maintained in the file of each participant receiving Supported Employment services.

It is not allowable for providers of Supported Employment services to also be the employer of the participant to whom they provide Supported Employment services.

Behavioral Support may be provided at the same time as Supported Employment if the need is documented in the service plan.

The direct portion of Supported Employment may not be provided at the same time as any of the following: In-Home and Community Support; Community Participation Support; 15-minute unit Respite; Small Group Employment; Benefits Counseling; Transportation; Therapies; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional Services. Transportation costs associated with driving the participant to and from activities related to Supported Employment are included in the rate for this service. As such, providers of Supported Employment services are responsible for any needed transportation of the participant to complete Supported Employment activities, with the exception of driving the participant to his or her place of employment.

Companion services may be provided at the same time as Supported Employment for the purpose of supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports and is outside the scope of the Supported Employment service. Documentation must be maintained in the service plan about the methods that were considered and/or tried to support the personal care needs at the job site before it was determined that Companion services were necessary to enable the participant to sustain competitive integrated employment.

Participants authorized to receive Supported Employment services may not be authorized to receive Advanced Supported Employment.

Supported Employment services can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

When Supported Employment services are not provided with any other employment service (Small Group Employment, Advanced Supported Employment or Community Participation Support) and the participant is not competitively employed, the hours of authorized Supported Employment cannot exceed 40 hours (160 15-minute units) per participant per calendar week based on a 52-week year.

When Supported Employment services are provided in conjunction with Community Participation Support and/or Small Group Employment the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 50 hours (200 15-minute units) per participant per calendar week based on a 52-week year.

When the participant is competitively employed, the total number of hours for Supported Employment, Community Participation Support and/or Small Group Employment (whether utilized alone or in conjunction with one another) cannot exceed 50 hours (200 15-minute units) per participant per calendar week based on a 52-week year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**

Provider managed

Specify whether the service may be provided by (check each that applies):

Legally Responsible Person

Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Support Service Professional
Individual	Individual
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment

Provider Category:

Individual ▾

Provider Type:

Support Service Professional

Provider Qualifications

License (specify):

Certificate (specify):

Support Service Professionals must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or
- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Effective 11/1/18, newly hired Support Service Professionals who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new Support Service Professional time to obtain the certification.

Other Standard (specify):

Support Service Professionals must meet the following standards:

1. Be 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have documentation that all vehicles used in the provision of the Supported Employment service have automobile insurance.
6. Have documentation that all vehicles used in the provision of the Supported Employment service

have current State motor vehicle registration and inspection.

7. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Employment services.

8. Be trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.

9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service

Service Name: Supported Employment

Provider Category:

Individual ▾

Provider Type:

Individual

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Individuals must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or

- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Effective 11/1/18, newly hired individuals who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new individual time to obtain the certification.

Other Standard (*specify*):

Individuals must meet the following:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.

3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

5. Be at least 18 years of age.

6. Complete necessary pre/in-service training based on the service plan.
7. Have criminal history clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
8. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
9. Have documentation that all vehicles used in the provision of the Supported Employment service have automobile insurance.
10. Have documentation that all vehicles used in the provision of the Supported Employment service have current State motor vehicle registration and inspection.
11. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Employment services.
12. Have Workers' Compensation Insurance in accordance with state law.
13. Be trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
14. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Statutory Service****Service Name: Supported Employment****Provider Category:**Agency **Provider Type:**

Agency

Provider Qualifications**License (specify):**


Certificate (specify):

Staff must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or

- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Effective 11/1/18, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new staff time to obtain the certification.

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Supported Employment have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Supported Employment service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Employment services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Alternate Service Title (if any):

Supports Coordination

HCBS Taxonomy:**Category 1:**

Sub-Category 1:

Category 2:

Sub-Category 2:**Category 3:**

Sub-Category 3:**Category 4:**

Sub-Category 4:**Service Definition (Scope):**

Supports Coordination is a critical service that involves the primary functions of locating, coordinating, and monitoring needed services and supports for participants. This includes locating, coordinating and monitoring needed services and supports when a participant is admitted to a nursing home or hospital for less than 30 days.

The most important element of quality support coordination is building relationships. When strong relationships are developed the quality of supports and services improves. Building relationships is not a separate and distinct activity; it is integral to each function the support coordinator performs.

Locating services and supports consists of assistance to the participant and his or her family in linking, arranging for, and obtaining services specified in the service plan, including resources in the community, competitive integrated employment, needed medical, social, habilitation, and participant direction opportunities.

Activities under the locating function include all of the following, as well as the documentation of the activities:

- Assist the participant in choosing people to be part of the service plan team;
- Assist the participant to invite other people of the participant's choice who may contribute valuable information during the planning process;
- Engage in meaningful conversations with the participant and his or her family, providers and others who provide support to develop, update, and implement the service plan;
- Link support needs of the participant and his or her family identified in the service plan with resources in the community;
- Research existing and identify new resources in the community;
- Gather and share information with which to identify needs and concerns and build partnerships in support of the participant and his or her family;
- Inform participants, their families and other caregivers about the use of unpaid, informal, generic, and specialized services and supports that are necessary to address the identified needs of the participant and to achieve the outcomes specified in the service plan;
- Assist the participant and his or her family in identifying and choosing willing and qualified providers;

- Make referrals to providers (unpaid or paid) with information and follow-up support;
- Participate in the ODP standardized needs assessment process to inform development of the service plan, including any necessary service plan updates;
- Facilitate the completion of additional assessments, based on participants' strengths, needs and preferences for planning purposes and service plan development;
- Provide participants and their families with information on competitive integrated employment during the planning process and upon request;
- Provide participants and their families or other caregivers with information on participant direction opportunities, including the potential benefits and risks associated with directing services, during the planning process and upon request;
- Provide participants and their families or other caregivers with the standard ODP information about participant direction, an explanation of the options and the contact information for the Financial Management Services provider; and
- Provide information to participants and their families on fair hearing rights and assist with fair hearing requests when needed and upon request.

Coordinating consists of development and ongoing management of the service plan in cooperation with the participant, his or her family, and members of the service plan team. Activities under the coordinating function include all of the following, as well as the documentation of the activities:

- Use a person centered planning approach and a team process to develop the participant's service plan to promote community integration and to meet the participant's needs in the least restrictive manner;
- Review and update the participant's service plan annually;
- Revise the participant's service plan when there is a change in need or at the request of the participant and his or her family;
- Use information from the life course framework that helps lead to the good life that the participant and his or her family envision and assist with the development of the participant's service plan, including any updates to the service plan;
- Use information from the ODP standardized needs assessment, as well as any additional assessments completed to develop the service plan to ensure the service plan addresses all of the participant's needs;
- Periodic review of the service plan with the participant, his or her family, and/or members of the service plan team;
- Periodic review of the standardized needs assessment with the participant and his or her family, at least annually or more frequently based on changes in a participant's needs, to ensure the assessment is current;
- Coordinate service plan planning with providers of service and other entities, resources and programs as necessary to ensure all areas of the participant's needs are addressed;
- Collaborate with his or her family, friends, and other community members to facilitate coordination of the participant's natural support network and develop supporting partnerships in order for the participant to have a good life;
- Coordinate meetings with participant and his or her family with other participants and his or her family receiving services from the providers under consideration and who would be willing to give consent to share their experiences about those providers;
- Coordinate meetings between the participant and his or her family members and provider management staff to

discuss provider practices in delivering services;

- Coordinate the resolution of barriers to service delivery;
- Distribute information to participants, his or her family and others who are responsible for planning and implementation of services and support; and
- Assist with the transition to the participant direction service delivery model if the participant is interested in this model, and ensure continuity of services during transition.

Monitoring consists of ongoing contact with the participant and his or her family, to ensure services are implemented as per the service plan. Monitoring is intended to ensure that participants and his or her family are getting the support they need, when they need them, in order to see measurable improvements in their lives. Activities under the monitoring function include all of the following, as well as the documentation of the activities:

- Monitor the health and welfare of participants through regular contacts at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant;
- Monitor service plan implementation through monitoring visits with the participant, at the minimum frequency outlined in Appendix D-2-a of this Waiver or increased monitoring frequency based on the need of the participant;
- Visit with the participant and his or her family, and providers of service for monitoring of health and welfare and service plan implementation;
- Respond to and assess emergency situations and incidents and assure that appropriate actions are taken to protect the health and welfare of participants;
- Review participant progress on outcomes and initiate service plan team discussions or meetings when services are not achieving desired outcomes;
- Monitor the participant's and his or her family's satisfaction with services;
- Arrange for modifications in services and service delivery, as necessary to address the needs of the participant, and modify the service plan accordingly;
- Ensure that services are identified in the service plan;
- Work with the authorizing entity regarding the authorization of services on an ongoing basis and when issues are identified regarding requested services;
- Communicate the authorization status to service plan team members, as appropriate;
- Validate that service objectives and outcomes are consistent with the participant's needs and desired outcomes;
- Advocate for continuity of services, system flexibility and community integration, proper utilization of facilities and resources, accessibility, and participant rights; and
- Participate in activities related to Independent Monitoring for Quality, such as obtaining consent to participate from the participant, preparing survey information, and follow up activities ("closing the loop") and other activities as identified by ODP.

The following activities are excluded from Supports Coordination as a billable Waiver service:

- Intake for purposes of determining whether a participant has an intellectual disability and qualifies for Medical Assistance;
- Conducting Medicaid eligibility certification or recertification, intake processing, Medicaid pre-admission screening for inpatient care, prior authorization for Medicaid services, and Medicaid outreach (methods to

inform or persuade individuals to enter into care through the Medicaid system);

- Any function that is delegated to the Supports Coordination Organization by an Administrative Entity;
- Direct Prevention Services, which are used to reduce the probability of the occurrence of an intellectual disability resulting from social, emotional, intellectual, or biological disorders;
- Travel time incurred by the Supports Coordinator may not be billed as a discrete unit of service;
- Services otherwise available under the MA State Plan and other programs;
- Services that constitute the administration of foster care programs;
- Services that constitute the administration of another non-medical program such as child welfare or child protective services, parole and probation functions, legal services, public guardianship, and special education;
- Direct delivery of medical, educational, social, or other services;
- Delivery of medical treatment and other specialized services including physical or psychological examinations or evaluations;
- The actual cost of the direct services other than Supports Coordination that the Supports Coordinator links, arranges, or obtains on behalf of the participant;
- Transportation provided to participants to gain access to medical appointments or direct Waiver services other than Supports Coordination;
- Representative payee functions; and
- Assistance in locating and/or coordinating burial or other services for a deceased participant.

Supports Coordination services may not duplicate other direct Waiver services.

During temporary travel Supports Coordination may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Supports Coordination Organization

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Supports Coordination

Provider Category:Agency **Provider Type:**

Supports Coordination Organization

Provider Qualifications**License (specify):**



Certificate (specify):



Other Standard (specify):

Supports Coordination Organizations must meet the following standards during the initial qualification process:

1. The Executive Director must have five years of professional level experience in the field of disability services, including three years of administrative, supervisory, or consultative work; and a bachelor's degree.
2. The Executive Director must have knowledge of ODP's intellectual disability and autism service system and successfully complete ODP's SCO Applicant Orientation to Enrollment and Provision of Quality Services.

Supports Coordination Organizations must meet the following standards during the initial and ongoing qualification process:

1. Have a waiver service location in Pennsylvania.
2. Function as a conflict-free entity. A conflict-free SCO, for purposes of this service definition, is an independent, separate, or self-contained agency that does not have a fiduciary relationship with an agency providing direct services and is not part of a larger corporation. To be conflict free, an SCO may not provide direct or indirect services to participants. The following are considered direct and indirect services:

Direct Services:

- All intellectual disability services provided to base-funded individuals and waiver participants with the exception of Waiver Supports Coordination, Targeted Support Management and State-funded Case Management as well as transportation and ICF/ID services where the SCO shares a Federal Employer Identification Number (FEIN) with the provider.

Indirect Services:

- All services related to Health Care Quality Units, Independent Monitoring Teams, Organized Health Delivery System Providers, Financial Management Service Providers/Organizations for Waiver participants, and the Statewide Needs Assessment with the exception of Family Driven Support Service funds and the administration of Money Follows the Person (MFP) as approved by CMS.

3. Have conflict of interest disclosure statements that address unbiased decision making by the SCO, managers and staff.
4. Have a Board composed of a maximum of 49% of members who have a business or fiduciary relationship with a direct provider of Consolidated, P/FDS, Community Living or ID Base Services other than Supports Coordination or Targeted Service Management.
5. Have a written conflict of interest policy for their Board of Directors and employees.
6. Have an annual training plan to improve the knowledge, skills and core competencies of SCO

personnel.

7. Have an orientation program that includes the following:

- Person-centered practices including respecting rights, facilitating community integration, supporting families, honoring choice and supporting individuals in maintaining relationships.
- The prevention, detection and reporting of abuse, suspected abuse and alleged abuse in accordance with 35 P.S. § 10225.701-708, 6 Pa.Code Chapter 15, 23 Pa.C.S. §§ 6301-6385, Chapter 3490, 35 P.S. §§ 10210.101-704 and applicable adult protective services regulations.
- Individual rights.
- Recognizing and reporting incidents.

8. Personnel must be employees of the SCO.

- Only under extraordinary circumstances can an SCO contract with an agency to provide temporary SC services and must have ODP prior approval.

9. Each SC Supervisor can supervise a maximum of seven Supports Coordinators.

10. Have designated SCO personnel for claim submission, reconciliation of claims, and management of denied claims.

11. Meet the requirements for operating a not-for-profit, profit, or governmental organization in Pennsylvania.

12. Have current State motor vehicle registration and inspection for all vehicles owned, leased, and/or hired and used as a component of the Supports Coordination service.

13. Have automobile insurance for all automobiles owned, leased, and/or hired and used as a component of the Supports Coordination service.

14. Have Commercial General Liability Insurance or provide evidence of self-insurance as specified by insurance standards.

15. Have Workers' Compensation Insurance in accordance with state law.

16. Have sufficient SCO personnel to carry out all functions to operate.

17. Comply with and meet all standards of ODP's SCO monitoring process including:

- Timely submission of self-assessment tool,
- Overall compliance score of 86% or higher, and
- Comply with ODP's Corrective Action Plan and Directed Corrective Action Plan process.

18. Ensure 24-hour access to SCO personnel (via direct employees or a contract) for response to emergency situations that are related to the Supports Coordination service or other waiver services.

19. Have the ability to utilize ODP's Information System to document and perform Supports Coordination activities.

20. Cooperate with and assist, as needed, ODP and any state and federal agency charged with the duty of identifying, investigating, sanctioning, or prosecuting Medicaid fraud and abuse.

21. Cooperate with Health Care Quality Units, independent monitoring teams, and other external monitoring conducted by ODP's designees.

22. Comply with HIPAA.

23. Comply with Department standards related to SCO qualification and enrollment.

Minimum Qualifications for SC Supervisors:

1. Must have knowledge of Pennsylvania's intellectual disability and autism service system which includes successful completion of:

- Person-Centered Thinking training
- Person-Centered Planning training

2. Must meet the following educational and experience requirements:

- A bachelor's degree with a major coursework in sociology, social welfare, psychology, gerontology, criminal justice or other related social sciences; and two years' experience as a Supports Coordinator; or
- Have a combination of experience and education equaling at least six years of experience in public or private social work including at least 24 college-level credit hours in sociology, social work, psychology, gerontology or other related social science.

3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

5. Have a valid driver's license if the operation of a vehicle is necessary to provide Support Coordination services.

6. Complete a minimum of 24 hours of training each year.

Minimum Qualifications for Supports Coordinators:

1. Meet the following minimum educational and experience requirements:

- A bachelor's degree, which includes or is supplemented by at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social science; or

- Two years' experience as a County Social Service Aide 3 and two years of college level course work, which include at least 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service; or

- Any equivalent combination of experience and training which includes 12 college credits in sociology, social welfare, psychology, gerontology, criminal justice, or other related social service and one year of experience as a County Social Services Aide 3 or similar position performing paraprofessional case management functions.

2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

4. Have a valid driver's license if the operation of a vehicle is necessary to provide Support Coordination services.

5. Newly hired Supports Coordinators will successfully complete ODP required SC Orientation Curriculum.

6. Complete a minimum of 24 hours of training a year.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service ▼

Service Title:

Specialized Supplies

HCBS Taxonomy:

Category 1:

Sub-Category 1:

14 Equipment, Technology, and Modifications 14032 supplies

Category 2:

Sub-Category 2:

▼

Category 3:

Sub-Category 3:

▼

Category 4:

Sub-Category 4:

▼

Service Definition (Scope):

Specialized Supplies consist of incontinence supplies that are medically necessary and are not a covered service through the MA State Plan, Medicare or private insurance. Supplies are limited to diapers, incontinence pads, cleansing wipes, underpads, and vinyl or latex gloves.

Specialized Supplies can only be provided to adult waiver participants (participants age 21 and older). All medically necessary Specialized Supplies for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Specialized Supplies may only be funded for adult participants if documentation is secured by the Supports Coordinator that shows the supplies are medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance.

Participants authorized to receive Life Sharing or Supported Living services may not be authorized to receive Specialized Supplies.

During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is limited to \$500 per participant per fiscal year.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E**
 Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Supplier

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Specialized Supplies****Provider Category:**

Agency ▾

Provider Type:

Supplier

Provider Qualifications**License** *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (A company that the provider secures the item(s) from can be located anywhere.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

AWC FMS, VF/EA FMS, OHCDS, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service ▼

Service Title:

Therapy Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

11 Other Health and Therapeutic Services	11080 occupational therapy	▼
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Category 2:

Sub-Category 2:

11 Other Health and Therapeutic Services	11090 physical therapy	▼
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Category 3:

Sub-Category 3:

11 Other Health and Therapeutic Services	11100 speech, hearing, and language therapy	▼
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Category 4:

Sub-Category 4:

11 Other Health and Therapeutic Services	11130 other therapies	▼
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Service Definition (Scope):

Therapy services include the following:

- Physical therapy based on a prescription for a specific therapy program by a physician.
- Occupational therapy based on a prescription for a specific therapy program by a physician.
- Speech/language therapy based on an evaluation and recommendation by an American Speech Language Hearing Association (ASHA) certified and state licensed speech-language pathologist or a physician.
- Orientation, mobility and vision therapy based on an evaluation and recommendation by a trained mobility specialist/instructor or a physician.

Therapy services are direct services provided to assist participants in the acquisition, retention, or improvement of skills necessary for the participant to live and work in the community, and must be attached to a participant's outcome as documented in his or her service plan. Training caretakers and development and monitoring of a home program for caretakers to implement the recommendations of the therapist are included in the provision of Therapy services. The need for the service must be documented by a professional as noted above for each service and must be evaluated at least annually, or more frequently if needed, as part of the service plan process. This evaluation must review whether the participant continues to require the current level of authorized services and that the service continues to result in positive outcomes for the participant. It is recognized, however, that long-term Therapy services may be necessary due to a participant's extraordinary medical or behavioral conditions. The need for long-term Therapy services must be documented in the participant's service plan.

Physical Therapy: The Physical Therapy Practice Act (63 P.S. §1301 et seq.) defines physical therapy as follows: "means the evaluation and treatment of any person by the utilization of the effective properties of physical measures such as mechanical stimulation, heat, cold, light, air, water, electricity, sound, massage, mobilization, and the use of therapeutic exercises and rehabilitative procedures including training in functional

activities, with or without assistive devices, for the purpose of limiting or preventing disability and alleviating or correcting any physical or mental conditions, and the performance of tests and measurements as an aid in diagnosis or evaluation of function."

Occupational Therapy: The Occupational Therapy Practice Act (63 P.S. §1501 et seq.) defines occupational therapy as follows: "The evaluation of learning and performance skills and the analysis, selection and adaptation of activities for an individual whose abilities to cope with the activities of daily living, to perform tasks normally performed at a given stage of development and to perform essential vocational tasks which are threatened or impaired by that person's developmental deficiencies, aging process, environmental deprivation or physical, psychological, injury or illness, through specific techniques which include: (1) Planning and implementing activity programs to improve sensory and motor functioning at the level of performance for the individual's stage of development; (2) Teaching skills, behaviors and attitudes crucial to the individual's independent, productive and satisfying social functioning; (3) The design, fabrication and application of splints, not to include prosthetic or orthotic devices, and the adaptation of equipment necessary to assist patients in adjusting to a potential or actual impairment and instructing in the use of such devices and equipment; and (4) Analyzing, selecting and adapting activities to maintain the individual's optimal performance of tasks to prevent disability."

Speech and Language Therapy: Services provided by a licensed and American Speech-Language-Hearing Association (ASHA) certified speech-language pathologist including the evaluation, counseling, habilitation and rehabilitation of participants whose communicative disorders involve the functioning of speech, voice or language, including the prevention, identification, examination, diagnosis and treatment of conditions of the human speech-language system, and including the examination for, and adapting and use of augmentative and alternative communication strategies, including, assistive devices and assistive technology. Teaching American Sign Language or another form of communication to an adult waiver participant (a participant who is 21 years of age or older) who is deaf and has been assessed as benefitting from learning American Sign Language or another form of communication is covered under Speech and Language Therapy. Consultation regarding the communication needs of a participant who has nontraditional communication needs is also included under Speech and Language Therapy.

Orientation, mobility and vision therapy: This therapy is for participants who are blind or have visual impairments. The provision of therapy is for the purpose of increasing participants' travel skills and/or access to items used in activities of daily living. This service may include evaluation and assessment of participants and the environments in which they interact, direct service (face-to-face) to participants, and training of support individuals. The provision of this service may result in recommendations for adapting environments or purchasing assistive technology.

Therapy services can only be provided to adult participants (participants age 21 and older). All medically necessary Therapy services for children under age 21 are covered through Medical Assistance pursuant to the EPSDT benefit. Further, Therapy services delivered to adult participants must differ in scope from therapy services covered by Medical Assistance. Therapy services must be delivered in a home and community-based setting and cannot be provided in a clinic or rehabilitative facility setting. Therapy services may only be funded for adult participants if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance.

Participants authorized to receive Therapy services may not receive the direct portion of following services at the same time as this service: Community Participation Support; Shift Nursing; Consultative Nutritional Services; Benefits Counseling; Behavioral Support; Supported Living; Supported Employment; Small Group Employment; Music, Art and Equine Assisted Therapy; Education Support and Transportation.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

Participant-directed as specified in Appendix E

Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Occupational Therapy Agency
Individual	Occupational Therapist
Agency	Physical Therapy Agency
Agency	Orientation, Mobility and Vision Therapy Agency
Individual	Physical Therapist
Individual	Orientation, Mobility and Vision Therapist
Individual	Speech Language Therapist
Agency	Speech Language Therapy Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Therapy Services

Provider Category:

Agency ▼

Provider Type:

Occupational Therapy Agency

Provider Qualifications

License (specify):

Staff (direct, contracted, or in a consulting capacity) providing Occupational Therapy must be licensed as Occupational Therapists.

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.

8. Comply with Department standards related to provider qualifications.

Occupational Therapists working for or contracted with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:

Individual 

Provider Type:

Occupational Therapist

Provider Qualifications

License (specify):

To provide Occupational Therapy the individual must be a licensed Occupational Therapist.

Certificate (specify):

Other Standard (specify):

The occupational therapist must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
7. Have training to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:

Agency

Provider Type:

Physical Therapy Agency

Provider Qualifications

License (specify):

Staff (direct, contracted, or in a consulting capacity) providing Physical Therapy must be licensed as Physical Therapists.

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Physical therapists working for or contracted with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:Agency **Provider Type:**

Orientation, Mobility and Vision Therapy Agency

Provider Qualifications**License** (*specify*):

Certificate (*specify*):

Staff (direct, contracted, or in a consulting capacity) providing Orientation, Mobility and Vision therapy must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as one of the following:

- Certified Low Vision Therapist;
- Certified Orientation and Mobility Specialist; or
- Certified Vision Rehabilitation Therapist.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Therapists working for or contracted with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:

Individual ▾

Provider Type:

Physical Therapist

Provider Qualifications**License (specify):**

To provide Physical Therapy, an individual must be a licensed physical therapist.

Certificate (specify):

Other Standard (specify):

An individual must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
7. Have Workers' Compensation Insurance, in accordance with state law.
8. Have training to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Extended State Plan Service****Service Name: Therapy Services****Provider Category:**

Individual ▾

Provider Type:

Orientation, Mobility and Vision Therapist

Provider Qualifications**License (specify):**

Certificate (specify):

To provide Orientation, Mobility and Vision Therapy, an individual must be certified by the Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP) as one of the following:

- Certified Low Vision Therapist;
- Certified Orientation and Mobility Specialist; or
- Certified Vision Rehabilitation Therapist.

Other Standard (*specify*):

An individual must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
7. Have Workers' Compensation Insurance, in accordance with state law.
8. Have training to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:

Individual 

Provider Type:

Speech Language Therapist

Provider Qualifications**License** (*specify*):

To provide Speech/Language Therapy, an individual must be a state licensed speech-language pathologist.

Certificate (*specify*):

An individual therapist must be ASHA certified.

Individuals who teach American Sign Language to participants must have at a minimum, Qualified Level Certification from the American Sign Language Teachers Association (ASLTA).

Other Standard (*specify*):

An individual therapist must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
6. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
7. Have at least Advanced or higher Sign Language Skills as determined by the Sign Language Proficiency Interview (SLPI) when the therapist is teaching a participant who is deaf.
8. Have expertise in deafness when working with a participant who is deaf.
9. Have Workers' Compensation Insurance, in accordance with state law.
10. Have training to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
11. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service

Service Name: Therapy Services

Provider Category:

Agency ▼

Provider Type:

Speech Language Therapy Agency

Provider Qualifications

License (*specify*):

Staff (direct, contracted, or in a consulting capacity) providing Speech/Language Therapy must be licensed as speech-language pathologists.

Certificate (*specify*):

Staff (direct, contracted, or in a consulting capacity) providing Speech/Language Therapy must be ASHA certified.

Staff who teach American Sign Language to participants must have at a minimum, Qualified Level Certification from the American Sign Language Teachers Association (ASLTA).

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff(direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Therapists working for or contracted with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
3. Have at least Advanced or higher Sign Language Skills as determined by the Sign Language Proficiency Interview (SLPI) when the therapist is teaching a participant who is deaf.
4. Have expertise in deafness when working with a participant who is deaf.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Supports for Participant Direction ▼

The waiver provides for participant direction of services as specified in Appendix E. Indicate whether the waiver includes the following supports or other supports for participant direction.

Support for Participant Direction:

Information and Assistance in Support of Participant Direction ▼

Alternate Service Title (if any):

Supports Broker Service

HCBS Taxonomy:

Category 1:

Sub-Category 1:

12 Services Supporting Self-Direction

12020 information and assistance in support of self-dir

Category 2:

Sub-Category 2:

Category 3:**Sub-Category 3:**

Category 4:**Sub-Category 4:**

Service Definition (Scope):

The Supports Broker service is a direct and indirect service available to participants who elect to self-direct their own services utilizing one of the participant directed options outlined in Appendix E-1 of the Waiver. The Supports Broker service is designed to assist participants or their designated surrogate with employer-related functions in order to be successful in self-directing some or all of the participant's needed services.

This service is limited to the following list of activities:

- Explaining and providing support in completing employer or managing employer related paperwork.
- Participating in Financial Management Services (FMS) orientation and other necessary trainings and interactions with the FMS provider.
- Developing effective recruiting and hiring techniques.
- Determining pay rates for Support Service Professionals.
- Providing or arranging for training for Support Service Professionals.
- Developing schedules for Support Service Professionals.
- Developing, implementing and modifying a back-up plan for services, staffing for emergencies and/or Support Service Professional absences.
- Scheduling paid and unpaid supports.
- Developing effective management and supervision techniques such as conflict resolution.
- Developing proper procedures for termination of Support Service Professionals in the VF/EA FMS option or communication with the Agency With Choice regarding the desire for removal of Support Service Professionals from working with the participant in the AWC FMS option.
- Reviewing of workplace safety issues and strategies for effective management of workplace injury prevention.
- Assisting the participant or their designated surrogate in understanding and/or fulfilling the responsibilities outlined in the Common Law Employer Agreement form and the Managing Employer Agreement form.
- Facilitating a support group that helps to meet the participant's self-direction needs. These support groups are separate and apart from the service plan team meetings arranged and facilitated by the Supports Coordinator.
- Expanding and coordinating informal, unpaid resources and networks within the community to support success with participant direction.
- Identifying areas of support that will promote success with self-direction and independence and share the information with the team and Supports Coordinator for inclusion in the service plans.
- Identifying and communicating any proposed modifications to the participant's service plan.
- Advising and assisting with the development of procedures to monitor expenditures and utilization of services.

- Complying with the standards, regulations, policies and the waiver requirements related to self-direction.
- Advising in problem-solving, decision-making, and achieving desired personal and assessed outcomes related to the participant directed services.
- When applicable, securing a new surrogate and responding to notices for corrective action from the FMS, SC, AE or ODP.
- All functions performed by a Supports Broker must be related to the personal and assessed outcomes related to the participant directed services in the service plan.

Supports Brokers must work collaboratively with the participant's Supports Coordinator and service plan team. Supports Brokers may not replace the role of, or perform the functions of a Supports Coordinator. The role of the Supports Coordinator continues to involve providing the primary functions of locating, coordinating, and monitoring of waiver services; while the Supports Broker assists participants or their designated surrogate with assistance with the above noted functions. No duplicate payments will be made.

Supports Broker Services may be provided by individual and agency providers that provide other Waiver, intellectual disability or autism services but the Supports Broker provider must be conflict free. In order to be conflict free, the Supports Broker provider may not provide other direct or indirect waiver services or base funded intellectual disability services when authorized to provide Support Broker services to the participant. In addition, Supports Broker providers may not provide administrative services such as Health Care Quality Unit or Administrative Entity functions. However, an IM4Q program may provide Supports Broker services to participants who they are not responsible for interviewing.

The VF/EA FMS is required to provide the VF/EA FMS administrative service and pay for all identified participant directed services authorized for a participant who is self-directing through the VF/EA FMS Intermediate Services Organization Provider Type. Self-directing participants in the VF/EA FMS program may employ Supports Brokers through a Common-Law Employer relationship; when this occurs, Supports Brokers will be considered "Support Service Professionals" (SSP) for the purposes of this definition.

AWC FMS providers are required to provide AWC FMS administrative services in addition to all identified participant directed waiver services authorized for a participant who is self-directing through an AWC FMS provider. As such, the AWC FMS provider is able to provide both Supports Broker services and other participant directed waiver services to the same participant, but only as an AWC FMS Intermediate Services Organization Provider Type.

Participants authorized to receive Life Sharing or Supported Living services may not be authorized to receive Supports Broker services unless they are planning to transition to participant directed services in a private home.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is limited to a maximum of 1040 (15-minute) units, which is equal to 260 hours, per participant per fiscal year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Support Service Professional
Agency	Supports Brokerage Agency
Individual	Supports Broker

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction

Service Name: Supports Broker Service

Provider Category:

Individual ▾

Provider Type:

Support Service Professional

Provider Qualifications

License (specify):

Certificate (specify):

Support Service Professionals must successfully complete a Supports Broker Certification Program provided by ODP or its designee. Support Service Professionals that enroll on or after the effective date of this waiver must complete this program prior to enrollment as a Supports Broker. Support Service Professionals that are enrolled prior to the effective date of this waiver must complete this program by 1/1/19.

Other Standard (specify):

Support Service Professionals must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
4. Have documentation that all vehicles used in the provision of the Supports Broker service have automobile insurance.
5. Have documentation that all vehicles used in the provision of the Supports Broker service have current State motor vehicle registration and inspection.
6. Have a valid driver's license, if the operation of a vehicle is necessary to provide Supports Broker services.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS or VF/EA FMS

Frequency of Verification:

At least one during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction

Service Name: Supports Broker Service

Provider Category:

Agency

Provider Type:

Supports Brokerage Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Staff (direct, contracted, or in a consulting capacity) must successfully complete a Supports Broker Certification Program provided by ODP or its Designee to provide Supports Broker services. Staff hired on or after the effective date of this waiver must successfully complete the Supports Broker Certification Program prior to enrollment as a Supports Broker. Staff hired prior to the effective date of this waiver must complete this program by 1/1/19.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Supports Broker service have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Supports Broker service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance in accordance with state law.
9. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
4. Have a valid driver's license, if the operation of a vehicle is necessary to provide Supports Broker services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Supports for Participant Direction

Service Name: Supports Broker Service

Provider Category:

Individual ▾

Provider Type:

Supports Broker

Provider Qualifications

License (*specify*):

Certificate (*specify*):

An individual Supports Broker must successfully complete a Supports Broker Certification Program provided by ODP or its designee. Individual Supports Brokers that enroll on or after the effective date of this waiver must complete this program prior to enrollment as a Supports Broker. Individual Supports Brokers that are enrolled prior to the effective date of this waiver must complete this program by 1/1/19.

Other Standard (*specify*):

An individual Supports Broker must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Be at least 18 years of age.
6. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
8. Have documentation that all vehicles used in the provision of the Supports Broker service have automobile insurance.
9. Have a valid driver's license, if the operation of a vehicle is necessary to provide Supports Broker services.
10. Have documentation that all vehicles used in the provision of the Supports Broker service have current State motor vehicle registration and inspection.
11. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service ▼

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Advanced Supported Employment

HCBS Taxonomy:

Category 1:

Sub-Category 1:

03 Supported Employment

03010 job development ▼

Category 2:

Sub-Category 2:

03 Supported Employment

03021 ongoing supported employment, individual ▼

Category 3:

Sub-Category 3:

03 Supported Employment

03030 career planning ▼

Category 4:

Sub-Category 4:

▼

Service Definition (Scope):

Advanced Supported Employment is an enhanced version of supported employment services provided by qualified providers. The service includes discovery, job development, systematic instruction to learn the key tasks and responsibilities of the position and intensive job coaching and supports that lead to job stabilization and retention.

DISCOVERY

Discovery is a targeted service for a participant who wishes to pursue competitive integrated employment but, due to the impact of their disability, their skills, preferences, and potential contributions cannot be best captured through traditional, standardized means, such as functional task assessments, situational assessments, and/or traditional normative assessments which compare the participant to others or arbitrary standards of performance and/or behavior.

Discovery involves a comprehensive analysis of the participant in relation to the following:

- Strongest interests toward one or more specific aspects of the labor market;
- Skills, strengths and other contributions likely to be valuable to employers or valuable to the community if

offered through self-employment; and

- Conditions necessary for successful employment or self-employment.

Discovery includes the following activities: observation of the participant in familiar places and activities, interviews with family, friends and others who know the participant well, observation of the participant in an unfamiliar place and activity, identification of the participant's strong interests and existing strengths and skills that are transferable to individualized integrated employment or self-employment. Discovery also involves identification of conditions for success based on experience shared by the participant and others who know the participant well, and observation of the participant during the Discovery process. The information developed through Discovery allows for activities of typical life to be translated into possibilities for individualized competitive integrated employment or self-employment.

JOB ACQUISITION

Job development, which can include customized employment or self-employment, is based on individualizing the employment relationship between employees and employers and negotiating on behalf of the participant in a way that matches the needs of the employer with the assessed strengths, skills, needs, and interests of the participant.

Systematic instruction refers to a strategic, carefully-planned sequence for instruction, from simple to complex, with clear and concise objectives driven by ongoing assessment. It is carefully thought out and designed before work commences.

JOB RETENTION

Intensive job coaching includes assisting the participant in meeting employment expectations, performing business functions, addressing issues as they arise, and also includes travel training and diversity training to the specific business where the participant is employed. It provides support to assist participants in stabilizing a competitive integrated job (including self-employment) including ongoing support and may include activities on behalf of the participant to assist in maintaining job placement.

Eligibility for Advanced Supported Employment is limited to participants whose preferences, skills, and employment potential cannot be best determined through traditional, standardized means due to the impact of their disability. Specifically, the participant:

1. Has been found ineligible for or has a closed case with Office of Vocational Rehabilitation (OVR) services and chooses not to be re-referred or it has been determined that OVR services are not available. If OVR has not made an eligibility determination within 120 days of the referral being sent, then OVR services are considered to not be available to the participant; and
2. Has never had job skills training or development, has never had any work related experiences (including volunteer experiences) or in the past 2 years, with the use of Supported Employment services, has not been able to secure a competitive integrated job or has not been able to keep a competitive integrated job for more than 6 months; and
3. Meets one of the following criteria:
 - a. Is currently in an activity receiving a sub-minimum wage; or
 - b. After consulting with a credentialed provider, it is the opinion of the service plan team that the level of support provided through this service is needed to secure sustained competitive integrated employment.

In addition to the criteria above, to be eligible for job development, systematic instruction or intensive job coaching under Advanced Supported Employment, the participant must have received the discovery service under Advanced Supported Employment through its completion or the completion of the discovery/profile phase through OVR and the case was closed.

Advanced Supported Employment services furnished under the waiver may not include services available under section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401 (16 and 17)).

Advanced Supported Employment is paid on an outcome basis. Providers are paid for three separate outcomes.

1. Discovery Portfolio - The production of a detailed written Discovery Profile, using a standard template prescribed by the Department or one that meets the professional credential required for this service, which summarizes the process, learning and recommendations to inform identification of the participant's individualized goal(s) and strategies to be used in securing competitive integrated employment, and the production of a visual resume and individualized plan for employment, using a standard template prescribed by the Department or one that meets the professional credential required for this service.
2. Securing a Job - A job evidenced by an offer letter, email, documented phone call or other documentation from an employer offering the participant employment that meets the definition of competitive integrated employment or evidence of self-employment.
3. Retention of Job - Successful retention on the job, evidenced by the participant working a minimum of 5 hours per week for at least 4 months.

Advanced Supported Employment may be provided in a variety of settings including Life Sharing or Supported Living settings when the need is identified in the service plan. Job acquisition and job retention may not occur in an Adult Training Facility (55 Pa. Code Chapter 2380) or a Vocational Facility (55 Pa. Code Chapter 2390).

Behavioral Support may be provided at the same time as Advanced Supported Employment if the need is documented in the service plan.

The direct provision of job acquisition and job retention may not be provided at the same time as the direct provision of any of the following: In-Home and Community Supports; Community Participation Support; Small Group Employment; Benefits Counseling; 15-minute unit Respite; Transportation; Therapies; Education Support and Music, Art and Equine Assisted Therapy.

Participants authorized to receive Advanced Supported Employment services may not be authorized to receive Supported Employment services during the same time period.

Companion may be provided at the same time as Advanced Supported Employment for the purpose of supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports and is outside the scope of the Advanced Supported Employment service. Documentation must be maintained in the service plan about the methods that were considered and/or tried to support the personal care needs at the job site before it was determined that Companion was necessary to enable the participant to sustain competitive integrated employment.

This service may be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

	 
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Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Advanced Supported Employment

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Staff (direct, contracted or in a consulting capacity) who will work directly with the participant to provide Advanced Supported Employment services shall hold one of the following:

1. Bachelor's Degree; or
2. High school diploma and at least four years of consecutive or non-consecutive years of personal experience as a parent, sibling or primary caretaker of an individual with an intellectual disability, autism, or other disability that involved significant medical, physical, cognitive or developmental challenges; or
3. High school diploma and at least four years of professional experience providing services to people with an intellectual disability, autism, or other disability that involved significant medical, physical, cognitive or developmental challenges as a service coordinator, staff person, SC, supervisor, or rehabilitation professional; or
4. A combination of post-secondary education without a Bachelor's Degree combined with either personal or professional experience that totals at least four years.

In addition to the education and experience requirements listed above, staff who will work directly with the participant must also have an Advanced Supported Employment certification, which is in good standing, by an ODP-recognized training organization. To be recognized by ODP, the Advanced Supported Employment certification must meet all of the following criteria:

1. Require at least 20 hours of classroom instruction;
 2. Require at least 40 hours of supervised, mentored field work;
 3. Include competency-based testing;
 4. Require certification renewal at least every 3 years; and
 5. Be nationally recognized and acceptable to ODP.
- Other Standard** (*specify*):
- Agencies must meet the following standards:
1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
 2. Have a signed ODP Provider Agreement on file with ODP.
 3. Complete standard ODP required orientation and training.
 4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
 5. Have Commercial General Liability Insurance.

6. Have documentation that all vehicles used in the provision of the Advanced Supported Employment have automobile insurance.
7. Have documentation that all vehicles used in the provision of the Advanced Supported Employment service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal clearances as per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Advanced Supported Employment services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Technology

HCBS Taxonomy:

Category 1:

Sub-Category 1:

14 Equipment, Technology, and Modifications	14010 personal emergency response system (PERS) `
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Category 2:**Sub-Category 2:**

14 Equipment, Technology, and Modifications

14031 equipment and technology

Category 3:**Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

An item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve a participant's functioning or increase a participant's ability to exercise choice and control. Assistive Technology services include direct support in the selection, acquisition, or use of an assistive technology device, limited to:

- Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participant;
- Selecting, designing, fitting, customizing, adapting, installing, maintaining, repairing, or replacing assistive technology devices. Repairs are only covered when it is more cost effective than purchasing a new device and are not covered by a warranty;
- Training or technical assistance for the participant, or where appropriate, the participant's family members, guardian, advocate, staff or authorized representative on how to use and/or care for the assistive technology;
- Extended warranties; and
- 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.

Electronic devices that are separate from independent living technology are included under Assistive Technology to meet a communication or prompting need. Examples of electronic devices include: tablets, computers and electronic communication aids. There must be documentation that the device is a cost effective alternative to a service or piece of equipment. When multiple devices are identified as being effective to meet the participant's need, the least expensive option must be chosen. Applications for electronic devices that assist participants with a need identified are also covered for participants.

Generators are covered for participants residing in private homes.

Independent living technology is included for participants age 16 and older. The purpose of independent living technology is to assist participants in obtaining and or maintaining their independence and safety within their home and community and decrease their need for assistance from others. Independent living technology involves the use of remote monitoring services and/or equipment in conjunction with additional technological support and services. Examples of equipment and services covered as independent living technology include: medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS Tracking Watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology. This service includes the costs for delivery, installation, adjustments, monthly testing, monitoring, maintenance and repairs to the independent living technology equipment.

Independent living technology is fully integrated into the participant's overall system of support. Prior to purchasing and installing remote monitoring equipment the independent living technology provider is responsible for the completion of the following:

- An evaluation plan that, at a minimum, includes: the need(s) of the participant that will be met by the technology; how the technology will ensure the participant's health, welfare and independence; the training needed to successfully utilize the technology and the back-up plan that will be implemented should there be a problem with the technology.

- A cost benefit analysis for all options. If the participant is receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how the technology will substitute for at least an equivalent amount of waiver services within 60 calendar days after installation, training and full use by the participant has begun. If the participant is not receiving waiver services prior to receiving independent living technology, the cost benefit analysis must show how the technology is more cost effective than waiver services.
- An outcome monitoring plan that outlines the outcomes the participant is to achieve by using independent living technology, how the outcomes will be measured and the frequency that the monitoring will be completed which must be at least quarterly and more frequently if needed.
- Informing the participant, and anyone identified by the participant, of what impact the independent living technology will have on the participant's privacy. This information must be provided to the participant in a form of communication reasonably calculated to be understood by the individual. After this has been completed, the independent living technology provider must then obtain either the participant's consent in writing or the written consent of a legally responsible party for the participant. This process must be completed prior to the utilization of independent living technology and any time there is a change to the independent living devices or services.

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

Once the independent living technology has been approved on the service plan, the independent living technology provider is responsible for the following:

- Training the participant, family, natural supports and any support professionals that will assist the participant in the use of the equipment initially and ongoing as needed.
- Delivery of the equipment to the participant's residence and when necessary, to the room or area of the home in which the equipment will be used.
- Installation of the equipment, including assembling the equipment or parts used for the assembly of the equipment.
- Adjustments and modifications of the equipment.
- Transferring the equipment to a new home when the participant moves. This only applies when the new home is in an area served by the provider.
- Conducting monthly testing of the equipment to ensure the equipment is in good working condition and is being used by the participant. For remote monitoring devices that are in daily use there will be a means to continuously monitor the functioning of the devices and a policy or plan in place to address malfunctions.
- Maintenance and necessary repairs to the equipment. Replacement of equipment is covered when the device no longer meets the participant's needs, is obsolete, functionally inadequate, unreliable, or no longer supported by the manufacturer.
- If the assessment identifies a need for remote monitoring, ensure the remote monitoring equipment meets the following:
 - o Includes an indicator that lets the participant know that the equipment is on and operating. The indicator shall be appropriate to meet the participant's needs.
 - o Is designed so that it can be turned off only by the person(s) indicated in the service plan.
 - o Has 99% system uptime that includes adequate redundancy.
 - o Has adequate redundancy that ensures critical system functions are restored within three hours of a failure. If a service is not available, the provider must be alerted within 10 minutes.
 - o If the assessment identifies the need for a staffed call center, a backup plan must be in place that meets the needs of the participant. In the most demanding situation that may mean that there is another call center that is part of a network. In less demanding situations, it may be an alternate location that can become operational

within a time frame that meets the needs of the participant. In any event, an adequate “system down” plan must be in place.

o If a main hub is part of the installed system it should be A/C powered, and include a backup battery capable of maintaining a charge to ensure the continued connectivity of the remote monitoring equipment if power loss occurs. There will be a mechanism to alert staff when a power outage occurs that provides a low battery alert, and an alert if the system goes down so that back-up support, if required, are put in place until service is restored. A main hub, if required, must be able to connect to the internet via one or more different methods; hard-wired, wireless, or cellular. The main hub must also have the ability to send via one or more different modes; text, email or audio notifications, as well as the ability, if in the assessment, to connect to an automated or consumer support call center that is staffed 24 hours a day, 7 days a week.

o Has a latency of no more than 10 minutes from when an event occurs to when the notification is sent (via text, email or audio).

o Has the capability to include environmental controls that are able to be added to, and controlled by, the installed independent living technology system if identified in the assessment.

o Have a battery life expectancy lasting 6 months or longer, and notification must be given if a low battery condition is detected.

All items purchased through Assistive Technology shall meet the applicable standards of manufacture, design, and installation. Items reimbursed with Waiver funds shall be in addition to any equipment or supplies provided under the MA State Plan. Excluded are those items that are not of direct medical or remedial benefit to the participant, or are primarily for a recreational or diversionary nature. Items designed for general use shall only be covered to the extent necessary to meet the participant's needs and be for the primary use of the participant. If the participant receives Behavioral Therapy or Behavioral Support Services, the Assistive Technology must be consistent with the participant's behavior support plan.

Assistive Technology devices (with the exception of independent living technology) costing \$500 or more must be recommended by an independent evaluation of the participant's assistive technology needs, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant on the customary environment of the participant. The independent evaluation must be conducted by a licensed physical therapist, occupational therapist, speech/language pathologist or a professional certified by Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). The independent evaluator must be familiar with the specific type of technology being sought and may not be a related party to the Assistive Technology provider. The evaluation must include the development of a list of all devices, supplies, software, equipment, product systems and/or waiver services (including a combination of any of the elements listed) that would be most effective to meet the need(s) of the participant. The least expensive option from the list must be selected for inclusion on the service plan.

When Assistive Technology is utilized to meet a medical need, documentation must be obtained stating that the service is medically necessary and not covered through the MA State Plan which includes EPSDT, Medicare and/or private insurance. When Assistive Technology is covered by the MA State Plan, Medicare and/or private insurance, documentation must be obtained by the SC showing that limitations have been reached before the Assistive Technology can be covered through the Waiver.

The following list includes items excluded as Assistive Technology (please note this is not an exhaustive list of excluded items):

- Durable medical equipment, as defined by 55 Pa. Code Chapter 1123 and the MA State Plan;
- Hearing aids for children under 21 years of age;
- Air conditioning systems or units, heating systems or units, water purifiers, air purifiers, vaporizers, dehumidifiers, and humidifiers;
- Recreational or exercise equipment; and
- Swimming pools, hot tubs, whirlpools and whirlpool equipment, and health club memberships.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Assistive Technology has the following limits:

- A lifetime limit of \$10,000 per participant for all Assistive Technology except remote monitoring services completed as part of independent living technology. This limit may be extended by ODP using the standard ODP variance process. This lifetime limit includes:
 - o A lifetime limit of \$5,000 for generators. While generators have a separate lifetime limit, the amount spent on a generator is included in the overall Assistive Technology lifetime limit of \$10,000.
 - o Electronic devices. No more than one replacement electronic device is allowed every 5 years.
 - o Remote monitoring equipment utilized as part of independent living technology.
 - o Repairs, warranties, ancillary supplies, software and equipment.
- An annual limit of \$5,000 for remote monitoring service completed as part of independent living technology. This limit is not included in the overall Assistive Technology lifetime limit of \$10,000.

Assistive Technology provided to individuals who are authorized to receive Life Sharing services must comply with 442.301(c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors. Individuals who are authorized to receive Life Sharing or Supported Living services may not receive remote monitoring through the Assistive Technology service. Remote monitoring is intended to reduce the participant's need for direct support that would typically be provided as part of the Life Sharing or Supported Living service. As such remote monitoring is built into the rates for Life Sharing and Supported Living and cannot be authorized as a discrete service.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Independent Living Technology Agency
Agency	Agency

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Assistive Technology

Provider Category:

Agency ▼

Provider Type:

Independent Living Technology Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard (*specify*):

To provide independent living technology, the agency must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (The physical location of a company that sells a good may be located anywhere in the United States or the American territories.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. Have Commercial General Liability Insurance.
5. Comply with all federal, state and local regulations that apply to the operation of its business or trade, including but not limited to, the Electronic Communications Privacy Act of 1986 and section 2399.52 of the Revised Code.
6. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
7. Have a participant support call center that is staffed 24 hours a day, 7 days a week, or an automated call center if identified in the assessment.
8. Have a policy outlining the process for providing emergency replacement devices or parts within one business day if the devices installed at the participant's residence fail and cannot be repaired if identified in the assessment. If device failure occurs on a weekend or holiday, the replacement devices or parts may require one or two additional business days.
9. Provide access to a secure and encrypted website that displays critical system information about each independent living technology device installed in a participant's residence.
10. Have an effective system for notifying personnel such as police, fire, emergency medical services and psychiatric crisis response entities.
11. Document that any technology system provider utilized to supply remote monitoring equipment meets the following criteria:
 - The technology system provider has been in this line of business a minimum of 3 years.
 - The technology system provider has 3 references related to the provider's business history and practices.
12. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Assistive Technology

Provider Category:Agency **Provider Type:**

Agency

Provider Qualifications**License (specify):****Certificate (specify):****Other Standard (specify):**

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania. (A company that the provider secures the item(s) from can be located anywhere.)
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers Compensation Insurance, in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Behavioral Support

HCBS Taxonomy:**Category 1:****Sub-Category 1:**

10 Other Mental Health and Behavioral Services 10040 behavior support 

Category 2:

Sub-Category 2:



Category 3:

Sub-Category 3:



Category 4:

Sub-Category 4:



Service Definition (Scope):

This is a direct and indirect service that includes a comprehensive assessment; the development of strategies to support the participant based upon the assessment; and the provision of interventions and training to participants, staff, parents and caregivers. Services must be required to meet the current needs of the participant, as documented and authorized in the service plan.

There are two levels of service that reflect differing levels of provider qualifications and participant needs. Participants requiring Level 2 support will have demonstrated complex needs, including regression or lack of adequate progress with Level 1 support, or be deemed at high risk for decreased stability in the absence of Level 2 support.

Behavioral Support services includes both the development of (1) an initial behavioral support plan by the Behavioral Specialist and (2) ongoing behavioral support:

1. During initial behavioral support plan development the Behavioral Specialist must:

- Conduct a comprehensive assessment of behavior and its causes and an analysis of assessment findings of the behavior(s) to be targeted so that an appropriate behavioral support plan may be designed.
- Collaborate with the participant, his or her family, and his or her service plan team for the purpose of developing a behavior support plan that must include positive practices and least restrictive interventions. The behavior support plan may not include physical, chemical or mechanical restraints as support strategies.
- Develop an individualized, comprehensive behavioral support plan consistent with the outcomes identified in the participant's service plan, within 60 days of the authorization start date of the Behavioral Support service in the service plan.
- Develop a crisis intervention plan that will identify how crisis intervention support will be available to the participant, how the Supports Coordinator and other appropriate waiver service providers will be kept informed of the precursors of the participant's challenging behavior, and the procedures/interventions that are most effective to deescalate the challenging behaviors.
- Upon completion of initial plan development, meet with the participant, the Supports Coordinator, others as appropriate, including family members, providers, and employers to explain the behavioral support plan and the crisis intervention plan to ensure all parties understand the plans.

2. Ongoing Behavioral Support: Ongoing support can occur both before and after the completion of the behavioral support plan. If the participant needs Behavioral Support before the behavioral support plan and crisis intervention plan are developed, the Supports Coordinator must document the need for support. Upon completion of the initial behavioral support plan, the Behavioral Specialist provides direct and consultative supports.

Ongoing Behavioral Support includes the following:

- Collection and evaluation of data;

- Conducting comprehensive functional assessments of presenting issues (e.g. aggression, self-injurious behavior, law offending behavior [sexual or otherwise]);
- Updating and maintenance of behavior support plans, which utilize positive strategies to support the participant, based on functional behavioral assessments;
- Development of a fading plan for restrictive interventions;
- Conducting training and support related to the implementation of behavior support plans for the participant, family members, staff and caretakers;
- Implementation of activities and strategies identified in the participant's behavior support plan, which may include providing direct behavioral support, educating the participant and supporters regarding the underlying causes/functions of behavior and modeling and/or coaching of supporters to carry out interventions;
- Monitoring implementation of the behavior support plan, and revising as needed; and
- Completion of required paperwork related to data collection, progress reporting and development of annual planning material.

Behavioral Support services can only be provided to adult participants. All necessary Behavioral Support services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Behavioral Support services do not include the provision of therapy or counseling. Services may be provided in the office of the Behavioral Specialist, the participant's home, or in local public community environments necessary for the provision of the Behavioral Support Services. Direct services must be provided on a one-on-one basis.

Behavioral Support may be provided at the same time as Advanced Supported Employment, Supported Employment or Small Group Employment if the participant needs the service at his or her place of employment to maintain employment as documented in the service plan.

The direct provision of Behavioral Support may not be provided at the same time as the direct provision of Therapy services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

To the extent that any listed services are covered under the state plan, the services under the waiver would be limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Licensed Behavioral Support Specialist
Agency	Behavioral Support Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Support

Provider Category:

Individual ▾

Provider Type:

Licensed Behavioral Support Specialist

Provider Qualifications

License (specify):

A licensed behavioral support specialist must be licensed as one of the following:

- Licensed as a psychiatrist in the state where services are provided;
- Licensed as a psychologist in the state where services are provided;
- Licensed as a professional Counselor in the state where services are provided;
- Licensed as a masters level social worker in the state where services are provided; or
- Pennsylvania Behavior Specialist License.

Certificate (specify):

Other Standard (specify):

A licensed behavioral support specialist must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
8. Complete training in conducting and using a Functional Behavioral Assessment.
9. Complete training in positive behavioral support.
10. Have at least 2 years' experience in working with people with an intellectual disability or autism.
11. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Behavioral Support

Provider Category:

Agency 

Provider Type:

Behavioral Support Agency

Provider Qualifications

License (specify):

Behavioral Specialists providing Level 1 must meet the professional education or licensure criteria in one of the following three sets of requirements:

1. Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.

2. A Pennsylvania Behavior Specialist License.

3. Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

Behavioral Specialists providing Level 2 must meet the professional education or licensure criteria in one of the following two sets of requirements:

1. Master's Degree in Psychology, Special Education, Counseling, Social Work, Education Applied Behavior Analysis or Gerontology.

2. Licensed psychiatrist, psychologist, professional counselor or social worker (master's level or higher) or a Pennsylvania Behavior Specialist License.

Certificate (specify):

Other Standard (specify):

The agency must meet the following Standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.

3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

5. Have Commercial General Liability Insurance.

6. Have Workers' Compensation Insurance, in accordance with state law.

7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.

8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.

2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.
4. Complete training in conducting and using a Functional Behavioral Assessment.
5. Complete training in positive behavioral support.
6. Have at least 2 years' experience in working with people with an intellectual disability or autism.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Benefits Counseling

HCBS Taxonomy:**Category 1:**

13 Participant Training

Sub-Category 1:13010 participant training **Category 2:****Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Benefits Counseling is a direct service designed to inform, and answer questions from, a participant about competitive integrated employment and how and whether it will result in increased economic self-sufficiency and/or net financial benefit through the use of various work incentives. Through an accurate individualized assessment, this service provides information to the participant regarding the full array of available work

incentives for essential benefit programs including Supplemental Security Income, SSDI, Medicaid, Medicare, housing subsidies, food stamps, etc.

The service also will provide information and education to the participant regarding income reporting requirements for public benefit programs, including the Social Security Administration.

Benefits Counseling provides work incentives counseling and planning services. It is provided to participants considering or seeking competitive integrated employment or career advancement or to participants who need problem solving assistance to maintain competitive integrated employment.

Benefits Counseling must be provided in a manner that supports the participant's communication style and needs, and shall meet at a minimum what is required under the Americans with Disabilities Act. This service may be provided in person or virtually based on the participant's informed choice, after the pros and cons of each method are explained to the participant.

Benefits Counseling may only be provided after Benefits Counseling services provided by a Certified Work Incentives Counselor through a Pennsylvania-based federal Work Incentives Planning and Assistance (WIPA) program were sought and it was determined and documented by the Supports Coordinator that such services were not available either because of ineligibility or because of wait lists that would result in services not being available within 30 calendar days (this is only required once per year; i.e., it must be repeated if Benefits Counseling is needed in a subsequent year).

Benefits Counseling may not be provided at the same time as the direct provision of any of the following: Small Group Employment, Supported Employment, job acquisition and job retention in Advanced Supported Employment, Transportation, Therapies, Education Support, Music, Art Therapy and Equine Assisted Therapy, Consultative Nutritional Services and Communication Specialist.

This service can be delivered in Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Benefits Counseling services are limited to a maximum of 40 (15-minute) units which is equal to 10 hours per participant per fiscal year for any combination of initial benefits counseling, supplementary benefits counseling when a participant is evaluating a job offer/promotion or a self-employment opportunity, or problem-solving assistance to maintain competitive integrated employment.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Benefits Counseling

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications**License (specify):**

Certificate (specify):

Staff (direct, contracted or in a consulting capacity) who will work directly with the participant to provide Benefits Counseling services shall hold a Certified Work Incentives Counselor certification that is accepted by the Social Security Administration for its Work Incentives Planning and Assistance program.

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Communication Specialist Services

HCBS Taxonomy:**Category 1:**

17 Other Services

Sub-Category 1:

17020 interpreter

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

This is a direct and indirect service that supports participants with nontraditional communication needs by determining the participant's communication needs, educating the participant and his or her caregivers on the participant's communication needs and the best way to meet those needs in their daily lives. The service may include one or more of the following activities:

- Reviewing the participant's communication needs, including but not limited to the participant's:
 - Current methods of communication (how the participant communicates at the time of the assessment);
 - Preferred methods of communication (How the participant prefers to communicate);
 - Supplementary communication methods;
 - Communication methods that have proven to be ineffective in daily communication; and
 - Educating caregivers in the participant's current and preferred communication needs.
- Helping to establish environments that emphasize the use of visual cues and other appropriate communication methods as recommended by a Speech-Language pathologist or other qualified professional.
- Providing assistance in the development and implementation of an action plan to remove communication barriers, evaluating the effectiveness of the plan following implementation, and modifying the plan based on the evaluation of its effectiveness.
- Educating SCOs, AEs, and other appropriate entities about a participant's specific needs related to communication access, legal responsibilities and cultural and linguistic needs.
- Participating in and assisting in the development of participants' service plan, as appropriate.

For the purposes of this service, "nontraditional communication" includes the use of one or more of the following communication methods:

- Sign Language, including American Sign Language; Sign Language from other countries, such as Spanish Sign Language; Signed Exact English; or a mixture of American Sign Language and signed English.
- Lip Reading.
- Visual-Gestural Communication.
- Paralinguistics.

- Haptics / Touch cues.
- Artifacts, Texture Cues, and/or Objects of Reference.
- Braille.
- Print and Symbol Systems.
- Speech, Voice and Language Interpretation.
- Eye-Gaze and Partner-Assisted Scanning.
- Other communication methods identified by the Department.

For participants who are deaf or hard of hearing, the provider must have the ability to sign at Intermediate Plus level or above as determined by the Sign Language Proficiency Interview.

This service does not include any of the following activities:

- Preventing, screening, identifying, assessing, or treating known or suspected disorders relating to speech, feeding and swallowing, or communication disorders.
- Screening participants for speech, language, voice, or swallowing disorders.
- Teaching participants, families and other caregivers speech reading and speech and language interventions.
- Teaching participants, families and other caregivers and other communication partners how to use prosthetic and adaptive devices for speaking and swallowing.
- Using instrumental technology to provide nonmedical diagnosis, nonmedical treatment and nonmedical services for disorders of communication, voice and swallowing.

The rates for Life Sharing and Supported Living include Communication Specialist services. As such, participants who are authorized to receive one of these services may only be authorized to receive Communication Specialist services as a discrete service when it is used to support the participant during Community Participation Support.

The direct portion of Communication Specialist services cannot be provided at the same time as the direct portion of the following: Benefits Counseling and Consultative Nutritional Services.

This service can be delivered in Pennsylvania and states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Communication Specialist services are limited to a maximum of 160 (15-minute) units which is equal to 40 hours per participant per fiscal year.

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by *(check each that applies):*

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title

Provider Category	Provider Type Title
Agency	Agency
Individual	Communication Specialist

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Communication Specialist Services

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington D.C., Virginia, or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency must meet the following standards:

1. Be at least 18 years of age.
2. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background.
3. Have personal or professional experience with people with an intellectual disability or autism.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

6. Complete necessary pre/in-service training based on the service plan.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by

ODP. New providers may be qualified more frequently depending on which monitoring cycle they

are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Communication Specialist Services

Provider Category:

Individual ▾

Provider Type:

Communication Specialist

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

The Communication Specialist must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington D.C., Virginia, or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Be at least 18 years of age.
6. Complete necessary pre/in-service training based on the service plan.
7. Be trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.
8. Have experience in one or more of the following: Speech Language Pathology, sign linguistics, education of deaf, or another relevant professional background.
9. Have personal or professional experience with people with an intellectual disability or autism.
10. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
11. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
12. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Companion

HCBS Taxonomy:**Category 1:**

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

Companion services are direct services provided to participants age 18 and older who live in private homes for the limited purposes of providing supervision or assistance that is designed to ensure the participant's health, safety and welfare or to perform activities of daily living for the participant. This service is intended to assist the individual to participate more meaningfully in home and community life. This service may be provided in home and community settings, including the participant's competitive employment work place.

Companion services are used in lieu of In-Home and Community Support when a habilitative outcome is not appropriate or feasible (i.e. when the professional providing the service mainly does activities for the participant or supervises the participant versus assisting the participant to learn, enhance or maintain a skill). Companions may supervise, assist or even perform activities for a participant that include: grooming, household care, meal preparation and planning, ambulating, medication administration in accordance with regulatory guidance and socialization.

This service can be used for hours when the participant is sleeping and needs supervision and/or assistance with tasks that do not require continual assistance, or non-habilitative care to protect the safety of the participant. For example, a companion can be used during overnight hours for a participant who lives on their own but does not have the ability to safely evacuate in the event of an emergency or solely needs routine monitoring for conditions other than post-surgical care and convulsive (grand mal) epilepsy. This service can also be used to supervise participants during socialization or non-habilitative activities when necessary to ensure the participant's safety.

Companion services may be used to support the participant's personal care needs while working in a job that meets the definition of competitive integrated employment. Companion services should not be used when the participant's care needs can be reasonably and appropriately met by natural supports existing within the work place.

This service may be provided at the following levels:

- Basic – The provision of the service at a staff-to-individual ratio of 1:3.
- Level 1 - The provision of the service at a staff-to-individual ratio of 1:2.
- Level 2 - The provision of the service at a staff-to-individual ratio of 1:1.

Transportation necessary to enable participation in community activities outside of the home in accordance with the participant's service plan that is 30 miles or less per day is included in the rate paid to agency providers.

Mileage that is needed to enable participation in community activities that exceeds 30 miles on any given day should be authorized on the service plan and billed by the agency as Transportation Mile. Transportation is not included in the wage range for Companion services provided by Support Service Professionals in participant directed services. As such, Transportation services should be authorized and billed as a discrete service. When Transportation services are authorized and billed as a discrete service (regardless of whether the services are delivered by an agency or Support Service Professional) Companion is compensable at the same time for the supervision, assistance and/or care provided to the participant during transportation. Companion services cannot be used to solely transport a participant as this would be considered a Transportation service available in the waiver. The participant must have a need for supervision, assistance or the performance of tasks on his or her behalf while in the home and community locations for which transportation is necessary.

Participants authorized to receive Life Sharing or Supported Living may not be authorized to receive Companion services.

Companion services may not be provided at the same time as the direct portion of the following: Small Group Employment, In-Home and Community Supports, Respite (15 minute unit or Day), Shift Nursing and the direct portion of Community Participation Support.

Companion may be provided at the same time as Supported Employment and Advanced Supported Employment for the purpose of supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports and is outside the scope of the Supported Employment or Advanced Supported Employment service. Documentation must be maintained in the service plan about the methods that were considered and/or tried to support the personal care needs at the job site before it was determined that Companion was necessary to enable the participant to sustain competitive integrated employment.

Companion can only be provided to participants age 18 and older. All medically necessary personal care is covered through Medical Assistance for participants aged 18 to 20 pursuant to the EPSDT benefit and cannot be provided as a part of Companion services. Medically necessary personal care can only be covered for participants aged 21 and older as a part of Companion services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania or other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Companion services that are authorized on a service plan may be provided by relatives/legal guardians of the participant. When this occurs, any one relative or legal guardian may provide a maximum of 40 hours per week of authorized Companion or a combination of Companion and In-Home and Community Support (when both services are authorized in the service plan). Further, when multiple relatives/legal guardians provide the service

(s) each participant may receive no more than 60 hours per week of authorized Companion or a combination of Companion and In-Home and Community Support (when both services are authorized in the service plan) from all relatives/legal guardians. An exception may be made to the limitation on the number of hours of In-Home and Community Support and Companion provided by relatives/legal guardians at the discretion of the employer when there is an emergency or an unplanned departure of a regularly scheduled worker for up to 90 calendar days in any fiscal year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Companion Agency
Individual	Support Service Professional

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Companion

Provider Category:

Agency

Provider Type:

Companion Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of the Companion service have automobile insurance.

7. Have documentation that all vehicles used in the provision of the Companion service have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Companion services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Companion

Provider Category:

Individual 

Provider Type:

Support Service Professional

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Support Service Professionals must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Be trained to meet the needs of the participant to carry out the service plan which includes, but is not limited to, communication, mobility and behavioral needs.

4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
6. Have documentation that all vehicles used in the provision of the Companion service have automobile insurance.
7. Have a valid driver’s license if the operation of a vehicle is necessary to provide Companion services.
8. Have documentation that all vehicles used in the provision of the Companion service have current State motor vehicle registration and inspection.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Consultative Nutritional Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

11 Other Health and Therapeutic Services	11040 nutrition consultation
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Category 2:

Sub-Category 2:

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Category 3:

Sub-Category 3:

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Category 4:

Sub-Category 4:

Service Definition (Scope):

Consultative Nutritional services are direct and indirect services that assist unpaid caregivers and/or paid support staff in carrying out participant treatment/service plan, and that are not covered by the Medicaid State Plan, and are necessary to improve or sustain the participant's health status and improve the participant's independence and inclusion in their community. The service may include assessment, the development of a home treatment/service plan, training and technical assistance to carry out the plan and monitoring of the participant and the provider in the implementation of the plan. This service may be delivered in the participant's home or in the community as described in the service plan. This service requires a recommendation by a physician.

Training family or other caregivers and development of a home program for caregivers to implement the recommendations of the Licensed Dietitian-Nutritionist are included in the provision of this service.

Consultative Nutritional Services can only be provided to adult participants. All medically necessary Consultative Nutritional Services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Consultative Nutritional Services may only be funded for adult participants through the Waiver if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance or insurance limits have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance. To the extent that any listed services are covered under the state plan, the services under the waiver would be limited to additional services not otherwise covered under the state plan, but consistent with waiver objectives of avoiding institutionalization.

This service cannot be provided in a provider owned, leased, rented or operated licensed or unlicensed setting. This service does not include the purchase of food.

Participants authorized to receive Life Sharing or Supported Living services may not be authorized to receive Consultative Nutritional Services.

Direct Consultative Nutritional services may not be provided at the same time as the direct provision of any of the following: Benefits Counseling; Supported Employment; Small Group Employment; Community Participation Support; 15-minute unit Respite; Shift Nursing; Communication Specialist; Transportation; Therapies; Music, Art and Equine Assisted Therapy and Education Support.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Consultative Nutritional services are limited to 48 (15-minute) units which is equal to 12 hours per participant per fiscal year.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Individual Registered Dietician
Agency	Registered Dietician Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Consultative Nutritional Services

Provider Category:

Individual ▾

Provider Type:

Individual Registered Dietician

Provider Qualifications

License (*specify*):

Individual Dietitian-Nutritionists must hold a state license in Pennsylvania (Title 49 Pa. Code Chapter 21, subchapter G), or a license in the state where the service is provided.

Certificate (*specify*):

Other Standard (*specify*):

Individuals must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility, and behavioral needs.
8. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
9. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
10. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Consultative Nutritional Services

Provider Category:

Agency ▾

Provider Type:

Registered Dietician Agency

Provider Qualifications**License** (*specify*):

Staff (direct, contracted, or in a consulting capacity) providing Consultative Nutritional Service must hold a state license in Pennsylvania (Title 49 Pa. Code Chapter 21, subchapter G) or a license in the state where the service is provided.

Certificate (*specify*):
Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility, and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Staff working of or contracted with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family/Caregiver Training and Support

HCBS Taxonomy:**Category 1:**

09 Caregiver Support

Sub-Category 1:

09020 caregiver counseling and/or training ▾

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

This service provides training and counseling services for unpaid family members or caregivers who provide support to a participant. For purposes of this service an unpaid family member or caregiver is defined as any person, such as a family member, spouse, neighbor, friend, partner, companion, or co-worker, who provides uncompensated care, training, guidance, companionship or support to the participant.

This service is intended to develop, strengthen and maintain healthy, stable relationships among the participant and all members of the participant's informal network, to support achievement of the goals in the participant's service plan. Family/Caregiver Training and Support also assists the participant's unpaid family member or caregiver with developing expertise so that they can help the participant acquire, retain or improve skills that lead to meaningful engagement and involvement with others and in the community.

Family/Caregiver Training and Support services are intended to increase the likelihood that the participant will remain in or return to the family or unpaid caregiver's home, or so that the participant will successfully live in his or her own home or apartment in the community.

Family/Caregiver Training and Support services must be aimed at assisting unpaid family members or caregivers who support the participant to understand and address the participant's needs and strengthen the relationship between the participant and caregiver. Family/Caregiver Training and Support services must be necessary to achieve the expected outcomes identified in the participant's service plan and must be related to the role of the unpaid family member or caregiver in supporting the participant in areas specified in the service plan.

Emphasis in the Family/Caregiver Training and Support service may address such areas as:

- The acquisition of coping skills by building upon the strengths of the participant and unpaid family member or caregiver;
- Supporting unpaid family members or caregivers to support the participant during times of difficulty, crisis, loss, change, and transition;
- Working with unpaid family members or caregivers to improve communication with and support of one another;
- Coaching unpaid family members or caregivers in acquiring healthy approaches to reducing stress and balancing responsibilities; and
- Other areas so that all unpaid family members or caregivers can most effectively support the desired outcomes of the participant as described in the service plan.

Family/Caregiver Training and Support may include instruction about treatment regimens and other services included in the service plan and includes updates as necessary to safely maintain the participant at home and in the community during transitions throughout the lifespan. Services must be aimed at assisting the unpaid family member or caregiver in meeting the needs of the participant, and all training and counseling needs must be included in the service plan. The Family/Caregiver Training and Support provider must provide this service in a manner consistent with the participant's Behavior Support Plan and Crisis Intervention Plan.

In addition to services available from a qualified provider as described in Provider Specifications below, Family/Caregiver Training and Support may also be achieved through the unpaid family member or caregiver's attendance at specific training events, workshops, seminars or conferences by payment of registration and training fees, provided the formal instruction is relevant to the participant's needs as identified in the service plan. Payment or reimbursement for costs of travel, meals, and/or overnight lodging is not a covered expense.

This service may not be provided in order to train or counsel paid caregivers. The waiver may not pay for services for which a third party, such as the family members' health insurance, is liable. Family/Caregiver Training and Support services do not duplicate mental health services to treat mental illness that Medical Assistance provides through a 1915(b) waiver (Behavioral HealthChoices).

The Family/Caregiver Training and Support provider must maintain documentation on strategies, interventions and progress relating to the stated goals of the service as indicated in the service plan.

Participants who are authorized to receive Life Sharing services may not be authorized to receive Family/Caregiver Training and Support.

Training and counseling provided to unpaid family members or caregivers may be delivered in Pennsylvania and in states contiguous to Pennsylvania. Registration fees for training opportunities may occur anywhere; however, lodging, meals and transportation are not compensable through the waiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The amount of training and counseling provided to unpaid family members or caregivers is limited to a maximum of 80 (15-minute) units which is equal to 20 hours per participant per fiscal year. In the event that these services would be needed beyond this limit to assure the participant's health and welfare, based on the unpaid family member or caregiver's request or provider assessment that additional services would be needed, the Supports Coordinator will convene a service plan meeting of the participant and other team members to explore alternative resources to assure the participant's health and welfare through other supports and services.

The amount of training or registration fees for the unpaid family member or caregiver's registrations costs at specific training events, workshops, seminars or conferences is limited to \$500 per participant per fiscal year, provided the formal instruction is relevant to the participant's needs as identified in the service plan. This cannot be used for lodging, meals or transportation.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person**
- Relative**
- Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Training Agency
Individual	Licensed Professional Counselor
Agency	Professional Counseling Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family/Caregiver Training and Support

Provider Category:

Agency

Provider Type:

Training Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Training agencies that provide training events, workshops, seminars or conferences must meet the following standards:

1. Have a signed ODP Provider Agreement on file with ODP when the agency directly enrolls with the Department as a provider.
2. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
3. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCDs, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family/Caregiver Training and Support

Provider Category:

Individual

Provider Type:

Licensed Professional Counselor

Provider Qualifications

License (specify):

The individual who provides training and counseling services must be licensed as one of the following:

- Be a licensed social worker in Pennsylvania (Title 49 Pa. Code Chapter 47) or be a licensed master's level social worker in the state where the service is provided.
- Be a licensed psychologist in Pennsylvania (Title 49 Pa. Code Chapter 41) or be a licensed psychologist in the state where the service is provided.
- Be a licensed professional counselor in Pennsylvania (49 Pa. Code Chapter 49) or be a licensed

master's level counselor in the state where the service is provided.

- Be a licensed marriage and family therapist in Pennsylvania (49 Pa. Code Chapter 48) or be a licensed master's level marriage and family therapist in the state where the service is provided.

Certificate (*specify*):

Other Standard (*specify*):

The licensed professional counselor who provides training and counseling services must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family/Caregiver Training and Support

Provider Category:

Agency

Provider Type:

Professional Counseling Agency

Provider Qualifications

License (*specify*):

Staff working for or contracted with agencies who provide training and counseling services must be licensed as one of the following:

- Be a licensed social worker in Pennsylvania (Title 49 Pa. Code Chapter 47) or be a licensed master's level social worker in the state where the service is provided.
- Be a licensed psychologist in Pennsylvania (Title 49 Pa. Code Chapter 41) or be a licensed psychologist in the state where the service is provided.
- Be a licensed professional counselor in Pennsylvania (49 Pa. Code Chapter 49) or be a licensed master's level counselor in the state where the service is provided.

- Be a licensed marriage and family therapist in Pennsylvania (49 Pa. Code Chapter 48) or be a licensed master's level marriage and family therapist in the state where the service is provided.

Certificate (*specify*):

Other Standard (*specify*):

Agencies that provide training and counseling services must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Complete necessary pre/in-service training based on the service plan.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home Accessibility Adaptations

HCBS Taxonomy:**Category 1:**

14 Equipment, Technology, and Modifications

Sub-Category 1:

14020 home and/or vehicle accessibility adaptations

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Home accessibility adaptations are an outcome based vendor service that consists of certain modifications to the private home of the participant (including homes owned or leased by parents/relatives/friends with whom the participant resides). The modifications must be necessary due to the participant's disability, to ensure the health, security of, and accessibility for the participant, or which enable the participant to function with greater independence in the home. This service may only be used to adapt the participant's primary residence, may not be furnished to adapt homes that are owned, rented, leased, or operated by providers except when there is a needed adaptation for participants residing in a Life Sharing setting and the life sharing host home is owned, rented or leased by the host family and not the Life Sharing provider agency.

Home accessibility adaptations must have utility primarily for the participant, be an item of modification that the family would not be expected to provide to a family member without a disability, be an item that is not part of general maintenance of the home, and be an item or modification that is not part of room and board costs as defined in 55 Pa. Code Chapter 6200. Home modifications consist of installation, repair, maintenance, and extended warranties for the modifications; and when necessary to comply with rental/lease agreements, return of the property to its original condition.

All modifications shall meet the applicable standards of manufacture, design, and installation. Modifications shall be specific to the participant's needs and not be approved to benefit the public at large, staff, significant others, or family members; modifications or improvements to the home that are of general utility are excluded. All adaptations to the household shall be provided in accordance with applicable building codes.

Modifications not of direct medical or remedial benefit to the participant are excluded. Modifications to a household subject to funding under the Waivers are limited to the following:

- Ramps from street, sidewalk or house.
- Vertical lifts.
- Portable or track lift systems. A portable lift system is a standing structure that can be wheeled around. A track lift system involves the installation of a "track" in the ceiling for moving an individual with a disability from one location to another.
- Handrails and grab-bars in and around the home.
- Accessible alerting systems for smoke/fire/CO2 for individuals with sensory impairments.
- 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.

- Outside railing from street to home.
- Widened doorways, landings, and hallways.
- An additional doorway needed to ensure the safe egress of the participant during emergencies, when approved by the ODP Regional Office.
- Swing clear and expandable offset door hinges.
- Flush entries and leveled thresholds.
- Replacement of glass window panes with a shatterproof or break resistant material for participants with behavioral issues as noted in the participant's service plan.
- Slip resistant flooring.
- Kitchen counter, major appliance, sink and other cabinet modifications.
- Modifications to existing bathrooms for bathing, showering, toileting and personal care needs.
- Bedroom modifications of bed, wardrobe, desks, shelving, and dressers.
- 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.
- Workroom modifications to desks and other working areas.

Adaptations that add to the total square footage of the home are excluded from this benefit. The only exception to this is adaptations to existing bathrooms that are necessary to complete the adaptation (e.g., necessary to configure a bathroom to accommodate a wheelchair). Building a new room is excluded. Home accessibility adaptations may not be used in the construction of a new home. Durable medical equipment is excluded.

At least three bids must be obtained for Home Accessibility adaptations that cost more than \$1,000. The least expensive bid must be chosen, unless there is documentation from the service plan team that justifies not choosing the lowest bid. If three contractors, companies, etc. cannot be located to complete the Home Accessibility Adaptations, documentation of the contractors or companies contacted must be kept in the participant's file.

This service must be delivered in Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Maximum state and federal funding participation is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Home Accessibility Adaptations. A new \$20,000 limit can be applied when the participant moves to a new home or when the 10-year period expires. In situations of joint custody (as determined by an official court order) or other situations where a participant divides their time between official residences, the adaptations must be allowable services and must be completed within the overall monetary limit of \$20,000 for this service.

A variance may be requested for the \$20,000 limit and approved by ODP for any of the following situations:

- Maintenance or repair to existing home accessibility adaptations when it is not covered by a warranty or home owners insurance and the maintenance or repair is more cost effective than replacing the home accessibility adaptation.
- Track lift systems that exceed the limit and will reduce the need for other services.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E**
- Provider managed**

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency
Individual	Individual

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home Accessibility Adaptations

Provider Category:

Agency 

Provider Type:

Agency

Provider Qualifications

License (specify):

An agency must have a contractor's license for the state of Pennsylvania, if required by trade.

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with the Pennsylvania Home Improvement Consumer Protection Act.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Home Accessibility Adaptations

Provider Category:

Individual ▾

Provider Type:

Individual

Provider Qualifications

License (*specify*):

An individual provider must have a contractor's license for the state of Pennsylvania, if required by trade.

Certificate (*specify*):

Other Standard (*specify*):

An individual provider must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Comply with the Pennsylvania Home Improvement Consumer Protection Act.
6. Have Workers' Compensation Insurance in accordance state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCDs, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service ▾

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Housing Transition and Tenancy Sustaining Service

HCBS Taxonomy:**Category 1:**

17 Other Services

Sub-Category 1:

17030 housing consultation ▼

Category 2:

17 Other Services

Sub-Category 2:

17090 other ▼

Category 3:**Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

This service includes pre-tenancy and housing sustaining supports to assist participants in being successful tenants in private homes owned, rented or leased by the participants.

Housing Transition services are direct services provided to participants that include the following activities:

- Conducting a tenant screening and housing assessment that identifies the participant's preferences and barriers related to successful tenancy. The assessment may include collecting information on potential housing transition barriers, and identification of housing retention barriers.

- With the individual, developing an individualized housing support plan based upon the housing assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.

- Assisting with the housing search process.

- Assisting with the housing application process, including assistance with applying for housing vouchers/applications.

- Identifying resources to cover expenses such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, moving costs and other one-time expenses.

- Ensuring that the living environment is safe and ready for move-in.

- Assisting in arranging for and supporting the details of the move.

- Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized to assist individuals with planning, locating and maintaining a home of their own.

- Assistance with finding and establishing a relationship with a housemate.

- Assistance with obtaining and identifying resources to assist the participant with financial education and planning for housing. Activities include assistance with budgeting for house and living expenses. Assistance with completing applications for subsidies or other entitlements such as energy assistance, or public assistance. Assistance with identifying financial resources to assist with housing for the participant including special needs trusts and ABLE accounts.

- Working with the Supports Coordinator and service plan team to identify needed assistive technology (such as home security devices) or home accessibility adaptations, which are necessary to ensure the participant's health

and well-being.

- Assistance with coordinating the move from a congregate living arrangement or from a family home to a more independent setting; providing training on how to be a good tenant.
- Working collaboratively with other service providers and unpaid supports.
- Assistance with identifying resources to secure household furnishings and utility assistance. Activities will include identifying and coordinating resources that may assist with obtaining a security deposit, first month rent, or any other costs associated with the transition.

Financial support that constitutes a room and board expense is excluded from federal financial participation in the waiver.

This service is also available to support participants to maintain tenancy in a private home owned, rented or leased by the participant. The availability of ongoing housing-related services in addition to other long term services and supports promotes housing success, fosters community integration and inclusion, and develops natural support networks. These tenancy support services are:

- Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- Education and training on the role, rights and responsibilities of the tenant and landlord.
- Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assistance with activities such as supporting the participant in communicating with the landlord and/or property manager; developing or restoring interpersonal skills in order to develop relationships with landlords, neighbors and others to avoid eviction or other adverse lease actions; and supporting the participant in understanding the terms of a lease or mortgage agreement.
- Advocacy and linkage with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- Assistance with the housing recertification process.
- Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Continuing training in being a good tenant and lease compliance, including ongoing support with activities related to household management.

Tenancy support services may not be authorized for participants who are authorized to receive Life Sharing or Supported Living services. Housing Transition services may be authorized when the participant has a plan to move from the home where Life Sharing is provided into a private home that the participant will own, rent or lease.

This service can be delivered in Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Housing Transition and Tenancy Sustaining services are limited to 640 (15-minute) units which is equal to 160 hours per participant per fiscal year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Housing Transition and Tenancy Sustaining Provider

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Housing Transition and Tenancy Sustaining Service****Provider Category:**Agency **Provider Type:**

Housing Transition and Tenancy Sustaining Provider

Provider Qualifications**License (specify):**


Certificate (specify):


Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania, Washington DC, Virginia or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Have knowledge of and how to access, refer to, and inform others on the following programs or resources, including, but not limited to:
 - Housing choice vouchers.
 - Section 811 PRA
 - Mainstream/Non-Elderly Disabled (NED) vouchers.
 - Project based operating assistance.
 - Tenant based rental assistance (HOME and NHT).
 - 20% Units (LIHTC deeply affordable/accessible units).
 - Fair housing.

- Reasonable accommodations.
 - Home ownership programs.
 - USDA rural housing services, loans, and grants.
 - Local and regional housing providers, housing resources and organizations serving persons with disabilities and older adults.
 - Privately financed housing opportunities and any other project based subsidies, local-state-federal housing initiatives as they are available.
 - Discharge processes from various institutional and residential settings.
 - Home Modifications funded through the Department, PHFA, and DCED.
 - Olmstead requirements.
 - Housing First.
 - Trained in Prepared Renters Program (PREP) training for agencies.
 - Ability to use PAHousingSearch.com.
8. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Music Therapy, Art Therapy and Equine Assisted Therapy

HCBS Taxonomy:**Category 1:****Sub-Category 1:**

11 Other Health and Therapeutic Services

130 other therapies

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Direct therapy services provided to a participant who may or may not have a primary diagnosis of mental illness, but who could benefit by the provision of therapy to maintain, improve or prevent regression of the participant's condition and assist in the acquisition, retention or improvement of skills necessary for the participant to live and work in the community. Services and intended benefit must be documented in the service plan. Therapy services consist of the following individual and group therapies that are not primarily recreational or diversionary:

- Art Therapy;
- Music Therapy; and
- Equine Assisted Therapy.

The initial session of Music Therapy, Art Therapy or Equine Assisted Therapy must include an assessment of the participant's need for the service. If additional sessions are indicated following the assessment of need, therapists providing these services must develop a treatment plan that reflects individualized, attainable goals to be achieved during the remaining sessions.

Music Therapy and Art Therapy can only be provided to adult participants (participants age 21 and older). All Music Therapy and Art Therapy for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Music Therapy and Art Therapy may only be funded for adult participants through the Waiver if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance, insurance limitations have been reached, or the service is not covered by Medical Assistance or Medicare or limitations for Medical Assistance or Medicare have been reached.

Equine Assisted Therapy can be provided to participants of any age as it is not covered by Medical Assistance. For school age participants, Supports Coordinators must document that Equine Assisted therapy is not covered through the participant's individualized education plan (IEP) or through the participant's insurance.

Participants authorized to receive Life Sharing or Supported Living may not be authorized to receive Music Therapy, Art Therapy or Equine Assisted Therapy.

Music Therapy, Art Therapy and Equine Assisted Therapy may not be provided at the same time as the direct provision of the following: Community Participation Support; Small Group Employment; Supported Employment; Advanced Supported Employment; Benefits Counseling; 15-minute unit Respite; Transportation; Therapies; Education Support and Consultative Nutritional Services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The cumulative maximum limit of any combination of Music Therapy, Art Therapy, or Equine Assisted Therapy is 104 (15-minute) units which is equal to 26 hours per participant per fiscal year.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Art Therapist
Individual	Hippotherapist or Therapeutic Riding Instructor
Individual	Music Therapist
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Music Therapy, Art Therapy and Equine Assisted Therapy

Provider Category:

Individual ▾

Provider Type:

Art Therapist

Provider Qualifications

License (*specify*):

Certificate (*specify*):

To provide Art Therapy the individual must have one of the following certificates:

1. Certified by the Art Therapy Credentials Board (ATCB); or

2. Other ODP-approved certification board.

Other Standard (*specify*):

To provide Art Therapy the individual must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.

3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

5. Have Commercial General Liability Insurance.

6. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.

7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Music Therapy, Art Therapy and Equine Assisted Therapy

Provider Category:

Individual ▼

Provider Type:

Hippotherapist or Therapeutic Riding Instructor

Provider Qualifications

License (specify):

Certificate (specify):

To provide Equine Assisted Therapy the individual must have one of the following certificates:

1. Certified by the American Hippotherapy Certification Board;
2. Certified by the Professional Association of Therapeutic Horsemanship (PATH) International;
3. Certified by the Pennsylvania Council on Therapeutic Horsemanship (PACTH); or
4. Other ODP-approved certification board.

Other Standard (specify):

To provide Equine Assisted Therapy the individual must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.
7. Have child abuse clearance (when the participant is under age 18) as per 23 Pa. C.S. Chapter 63.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Music Therapy, Art Therapy and Equine Assisted Therapy

Provider Category:

Individual ▾

Provider Type:

Music Therapist

Provider Qualifications

License (*specify*):

Certificate (*specify*):

To provide Music Therapy the individual must have one of the following certificates:

1. Certified by the Certification Board for Music Therapists (CBMT), or

2. Other ODP-approved certification board.

Other Standard (*specify*):

To provide Music Therapy the individual must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.

3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

5. Have Commercial General Liability Insurance.

6. Have criminal history clearances per 35 P.S. 10225.101 et seq. and 6 Pa. Code Chapter 15.

7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Music Therapy, Art Therapy and Equine Assisted Therapy

Provider Category:Agency **Provider Type:**

Agency

Provider Qualifications**License** (*specify*):

Certificate (*specify*):

To provide Music Therapy, staff must have one of the following certificates:

1. Certified by the Certification Board for Music Therapists (CBMT), or
2. Other ODP-approved certification board.

To provide Art Therapy, staff must have one of the following certificates:

1. Certified by the Art Therapy Credentials Board (ATCB); or
2. Other ODP-approved certification board.

To provide Equine Assisted Therapy, staff must have one of the following certificates:

1. Certified by the American Hippotherapy Certification Board;
2. Certified by the Professional Association of Therapeutic Horsemanship (PATH) International;
3. Certified by the Pennsylvania Council on Therapeutic Horsemanship (PACTH); or
4. Other ODP-approved certification board.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Staff working for or contracted with the agency must meet the following standards:

1. Complete necessary pre/in-service training based on the service plan.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Participant-Directed Goods and Services

HCBS Taxonomy:

Category 1:

17 Other Services

Sub-Category 1:

17010 goods and services 

Category 2:

 

Sub-Category 2:

Category 3:

 

Sub-Category 3:

Category 4:

 

Sub-Category 4:

Service Definition (Scope):

Participant-Directed Goods and Services are services, equipment or supplies not otherwise provided through other services offered in this waiver, the Medicaid State Plan, or a responsible third-party. Participant-Directed Goods and Services must address an identified need in the participant's service plan and must achieve one or more of the following objectives:

- Decrease the need for other Medicaid services.
- Promote or maintain inclusion in the community.
- Promote the independence of the participant.
- Increase the participant's health and safety in the home environment.
- Develop or maintain personal, social, physical or work-related skills.
- Items and services must be used primarily for the benefit of the participant.

Participant-directed Goods and Services may not be used for any of the following:

- Personal items and services not related to the participant's intellectual disability or autism;
- Experimental or prohibited treatments;
- Entertainment activities, including vacation expenses, lottery tickets, alcoholic beverages, tobacco/nicotine

products, movie tickets, televisions and related equipment, and other items as determined by the Department; or

- Expenses related to routine daily living, including groceries, rent or mortgage payments, utility payments, home maintenance, gifts, pets (excluding service animals), and other items as determined by the Department.
 - Items and services that are excluded from receiving Federal Financial Participation, including but not limited to services provided while a participant is an inpatient of a hospital, nursing facility, or ICF/ID.
- Specify applicable (if any) limits on the amount, frequency, or duration of this service:**
Participant-directed Goods and Services are limited to \$2,000 per participant per fiscal year.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E**
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person**
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Vendor Fiscal/Employer Agent Financial Management Services
Agency	Agency with Choice

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Participant-Directed Goods and Services

Provider Category:

Agency ▼

Provider Type:

Vendor Fiscal/Employer Agent Financial Management Services

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

The Vendor Fiscal/Employer Agent Financial Management Services must comply with all requirements specified in the current contract between the Vendor Fiscal/ Employer Agent and the Pennsylvania Department of Human Services.

Verification of Provider Qualifications

Entity Responsible for Verification:

Pennsylvania Department of Human Services

Frequency of Verification:

Frequency as specified in the current contract between the Vendor Fiscal/Employer Agent and the Pennsylvania Department of Human Services.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Participant-Directed Goods and Services

Provider Category:

Agency

Provider Type:

Agency with Choice

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

The Agency with Choice must comply with all requirements specified in regulations and bulletins relating to Agency with Choice operations.

Verification of Provider Qualifications

Entity Responsible for Verification:

Office of Developmental Programs

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Shift Nursing

HCBS Taxonomy:

Category 1:

05 Nursing

Sub-Category 1:

05010 private duty nursing

Category 2:

05 Nursing

Sub-Category 2:

05020 skilled nursing

Category 3:

Sub-Category 3:

Category 4:**Sub-Category 4:**

Service Definition (Scope):

Shift Nursing is a direct service that can be provided either part-time or full-time in accordance with 49 Pa. Code Chapter 21 (State Board of Nursing) which provides the following service definition for the practice of professional nursing:

"Diagnosing and treating human responses to actual or potential health problems through such services as case finding, health teaching, health counseling, provision of care supportive to or restorative of life and well-being, and executing medical regimens as prescribed by a licensed physician or dentist. The term does not include acts of medical diagnosis or prescription of medical, therapeutic or corrective measures, except as may be authorized by rules and regulations jointly promulgated by the State Board of Medicine and the Board, which rules and regulations will be implemented by the Board."

Shift Nursing for adult participants (participants age 21 and older) is generally not available through Medical Assistance Fee-For-Service or Physical Health Managed Care Organizations. Home health care, which is defined as a rehabilitative nursing component, is the only service available in the participant's home through Medical Assistance.

Shift Nursing services can only be provided to adult participants. All medically necessary Shift Nursing services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. Shift Nursing services may only be funded for adult participants through the Waiver if documentation is secured by the Supports Coordinator that shows the service is medically necessary and either not covered by the participant's insurance or insurance limitations have been reached. A participant's insurance includes Medical Assistance (MA), Medicare and/or private insurance.

This service may be provided at the following levels:

- Basic - The provision of the service at a staff-to-individual ratio of 1:2.
- Level 1 – The provision of the service at a staff-to-individual ratio of 1:1.

Participants authorized to receive Shift Nursing services may not receive the following services at the same time as this service: Respite (15-minute unit and Day); Companion; In-Home And Community Supports; Community Participation Support; Transitional Work; Supported Employment; Advanced Supported Employment; Benefits Counseling; Therapies; Music, Art and Equine Assisted Therapy, and Consultative Nutritional Services.

Participants authorized to receive Life Sharing or Supported Living may not be authorized to receive Shift Nursing services except in the following circumstance. Participants who receive nursing supports on a daily basis as part of Life Sharing or Supported Living services can be authorized to receive Shift Nursing as a separate and discrete service solely for the hours of a home visit and as deemed necessary in accordance with the Shift Nursing service definition when there is documentation of the following:

- The residential provider is unable to provide nursing supports; and
- The person(s) with whom the individual will have a home visit are unable to provide the nursing support during the visits.

In situations where individuals who reside in a residential setting need this type of staffing support for a visit with family or friends, there should be a service plan team discussion with the residential provider about their ability and/or willingness to provide such support during the visit. ODP encourages residential providers to provide such staffing support as it enables the individual to live an Everyday Life. It also enables the provide to more fully understand the relationships the individual has outside of the residential setting which might impact the individual while at the residential setting. When residential providers render staffing support for such visits, the hours count as part of the residential day unit and are reimbursed as part of the residential day unit.

Shift Nursing can be delivered in Pennsylvania and in states contiguous to Pennsylvania. During temporary travel, this service may be provided in Pennsylvania and other locations as per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Nurse
Agency	Nursing Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Shift Nursing

Provider Category:

Individual ▾

Provider Type:

Nurse

Provider Qualifications

License (*specify*):

Individual nurses must meet the following requirements:

- Be a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).
- Comply with Title 49 Pa. Code Chapter 21.
- Nurses with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21.

Certificate (*specify*):

Other Standard (*specify*):

Nurses must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

6. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
7. Have Workers' Compensation Insurance, in accordance with state statute.
8. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
9. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service****Service Type: Other Service****Service Name: Shift Nursing****Provider Category:**Agency **Provider Type:**

Nursing Agency

Provider Qualifications**License (specify):**

Staff (direct, contracted, or in a consulting capacity) providing Shift Nursing services must be a Registered Nurse (RN) or a Licensed Practical Nurse (LPN).

Providers with a waiver service location in Pennsylvania must comply with Title 49 Pa. Code Chapter 21.

Providers with a waiver service location in a state contiguous to Pennsylvania must comply with regulations comparable to Title 49 Pa. Code Chapter 21.

Certificate (specify):



Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance, in accordance with state law.
7. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral

needs.

8. Comply with Department standards related to provider qualifications.

Nurses working for or contracting with agencies must meet the following standards:

1. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.

2. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Small Group Employment

HCBS Taxonomy:

Category 1:

03 Supported Employment

Sub-Category 1:

03022 ongoing supported employment, group 

Category 2:



Sub-Category 2:

Category 3:



Sub-Category 3:

Category 4:



Sub-Category 4:

Service Definition (Scope):

Small Group Employment services consist of supporting participants in transitioning to competitive integrated employment through work that occurs in a location other than a facility subject to 55 Pa. Code Chapter 2380 or Chapter 2390 regulations. The goal of Small Group Employment services is competitive integrated employment. Participants receiving this service must have a competitive integrated employment outcome included in their service plan, and it must be documented in the service plan how and when the provision of this

service is expected to lead to competitive integrated employment. Work that participants perform during the provision of Small Group Employment must be paid at least minimum wage and the compensation must be similar to compensation earned by workers without disabilities performing the same work.

Small Group Employment service options include mobile work force, work station in industry, affirmative industry, and enclave.

A Mobile Work Force uses teams of individuals, supervised by a training/job supervisor, who conduct service activities at a location away from an agency or facility. The provider agency contracts with an outside organization or business to perform maintenance, lawn care, janitorial services, or similar tasks and the individuals are paid by the provider.

A Work Station in Industry involves individual or group training of participants at an industry site. Training is conducted by a provider training/job supervisor or by a representative of the industry, and is phased out as the participant(s) demonstrates job expertise and meets established work standards. A Work Station in Industry is an employment station arranged and supported by a provider within a community business or industry site, not within a licensed facility site. An example would be three seats on an assembly line within a computer chip assembly factory. The provider has a contract with the business to ensure that those three seats are filled by adults with disabilities that they support.

Affirmative Industry is a business that sells products or services where at least 51% of the employees do not have a disability.

Enclave is a business model where participants with a disability are employed by a business/industry to perform specific job functions while working alongside workers without disabilities.

The service also includes transportation that is an integral component of the service; for example, transportation to a work site. The Small Group Employment provider is not, however, responsible for transportation to and from a participant's home, unless the provider is designated as the transportation provider in the participant's service plan. In this case, the transportation service must be authorized and billed as a discrete service.

Small Group Employment includes supporting the participant with personal care needs that cannot, or would be inappropriate to, be provided with the support from coworkers or other natural supports.

This service may be provided at the following levels:

- Basic Staff Support - The provision of the service at a staff-to-individual ratio of 1:10 to 1:6.
- Level 1 - The provision of the service at a staff-to-individual ratio range of <1:6 to 1:3.5.
- Level 2 - The provision of the service at a staff-to-individual ratio range of <1:3.5 to >1:1.
- Level 3 - The provision of the service at a staff-to-individual ratio of 1:1.

Small Group Employment services may not be rendered under the Waiver until it has been verified that the service is not available in the student's (if applicable) complete and approved Individualized Education Program (IEP) developed pursuant to IDEA. Documentation must be maintained in the file of each participant receiving Small Group Employment services to satisfy this state assurance.

Small Group Employment services may be provided without referring a participant to OVR unless the participant is under the age of 25. When a participant is under the age of 25, Small Group Employment services may only be authorized as a new service in the service plan when documentation has been obtained that OVR has closed the participant's case or that the participant has been determined ineligible for OVR services.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment services; or
2. Payments that are passed through to users of small group employment services.

Participants authorized to receive Small Group Employment services may not receive the direct portion of the following services at the same time: In-Home and Community Supports; Companion; Community Participation Support; 15-minute unit Respite; Supported Employment; job acquisition and job retention in Advanced Supported Employment; Benefits Counseling; Transportation; Therapies; Education Support; Music, Art and Equine Assisted Therapy and Consultative Nutritional services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

When Small Group Employment services are not provided with any other employment service (Supported Employment, Advanced Supported Employment and/or Community Participation Support) the hours of authorized Small Group Employment cannot exceed 40 hours (160 15-minute units) per participant per calendar week.

When Small Group Employment services are provided in conjunction with Supported Employment and/or Community Participation Support the total number of hours for these services (whether utilized alone or in conjunction with one another) cannot exceed 50 hours (200 15-minute units) per participant per calendar week.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Small Group Employment

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Staff working directly with the participant to provide Small Group Employment services must have one of the following by 1/1/19 or within six months of hire if hired after 11/1/18:

- Hold a Certified Employment Support Professional (CESP) credential from the Association of People Supporting Employment First (APSE); or

- Have been awarded a Basic Employment Services Certificate of Achievement or a Professional Certificate of Achievement in Employment Services from an Association of Community Rehabilitation Educators (ACRE) organizational member that has ACRE-approved training.

Effective 11/1/18, newly hired staff who do not have the required certification when hired must work under the supervision of someone who is certified. This can occur no longer than six months from the date of hire to allow the new staff time to obtain the certification.

Other Standard (*specify*):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Small Group Employment have automobile insurance.
7. Have documentation that all vehicles used in the provision of Small Group Employment have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Staff working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Small Group Employment services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Supported Living

HCBS Taxonomy:**Category 1:**

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Service Definition (Scope):

These are direct and indirect services provided to participants who live in a private home that is owned, leased or rented by the participant or provided for the participant's use via a Special or Supplemental Needs trust and located in Pennsylvania. Supported Living services are provided to protect the health and welfare of participants by assisting them in the general areas of self-care, health maintenance, wellness activities, meal preparation, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources. Through the provision of this service participants will be supported to live in their own home in the community and to acquire, maintain or improve skills necessary to live more independently and be more productive and participatory in community life.

This service is billed as a day unit and includes indirect support for periods of time that the participant does not need direct support in his or her home and community. The Supported Living provider, however, must ensure that direct support is provided as needed to achieve desired outcomes, facilitate participation in the community and mitigate risks. The Supported Living provider must also ensure that on-call staff are available to support the participant 24 hours a day. The type and degree of assistance, support and guidance are informed by the assessed need for physical, psychological and emotional assistance established through the assessment and person-centered planning processes.

The Supported Living provider must provide the level of services necessary to enable the participant to meet habilitation outcomes. This includes ensuring assistance, support and guidance (which includes prompting, instruction, modeling and reinforcement) will be provided as needed to enable the participant to:

1. Carry out activities of daily living such as personal grooming and hygiene, dressing, making meals and maintaining a clean environment.
2. Learn and develop practices that promote good health and wellness such as nutritious meal planning, regular exercise, carrying through prescribed therapies and exercises, awareness and avoidance of risk including environmental risks, exploitation or abuse; responding to emergencies in the home and community such as fire or

injury; knowing how and when to seek assistance.

3. Manage or participate in the management of his or her medical care including scheduling and attending medical appointments, filling prescriptions and self-administration of medications, and keeping health logs and records. The staff providing this support may also administer medications in accordance with applicable regulatory guidance.

4. Manage his or her mental health diagnosis and emotional wellness including self-management of emotions such as disappointment, frustration, anxiety, anger, and depression; applying trauma informed care principles and practices; and accessing mental health services. The service should include: a comprehensive behavior assessment; design, development and updates to a behavior support plan that includes positive practices and least restrictive interventions; development of a Crisis Intervention Plan; and implementation of the behavior support plan, Crisis Intervention Plan and/or the skill building plan which involve collecting and recording the data necessary to evaluate progress and the need for plan revisions.

5. Participate in the development and implementation of the service plan and direct the person-centered planning process including identifying who should attend and what the desired outcomes are.

6. Make decisions including identifying options/choices and evaluating options/choices against a set of personal preferences and desired outcomes. This includes assistance with identifying supports available within the community.

7. Manage his or her home including arranging for utility services, paying bills, home maintenance, and home safety.

8. Achieve financial stability through managing personal resources, general banking and balancing accounts, record keeping and managing savings accounts and programs such as ABLE accounts.

9. Communicate with providers, caregivers, family members, friends and others face-to-face and through the use of the telephone, correspondence, the internet, and social media. The service may require knowledge and use of sign language or interpretation for individuals whose primary language is not English.

10. Use a range of transportation options including buses, trains, cab services, driving, and joining car pools, etc. The Supported Living provider is responsible to provide transportation to activities related to health, community involvement and the participant's service plan. The Supported Living provider is not responsible for transportation for which another provider is responsible.

11. Develop and manage relationships with roommates as appropriate, share responsibilities for shared routines such as preparing meals, eating together, carrying out routine home maintenance such as light cleaning, planning and scheduling shared recreational activities and other typical household routines, resolving differences and negotiating solutions.

12. Develop and maintain relationships with members of the broader community (examples include but are not limited to: neighbors, coworkers, friends and family) and to manage problematic relationships.

13. Exercise rights as a citizen and fulfill his or her civic responsibilities such as voting and serving on juries; attend public community meetings; participate in community projects and events with volunteer associations and groups; serve on public and private boards, advisory groups, and commissions, as well as develop confidence and skills to enhance his or her contributions to the community.

14. Develop personal interests; such as hobbies, appreciation of music, and other experiences the participant enjoys or may wish to discover.

15. Participate in preferred activities of community life such as shopping, going to restaurants, museums, movies, concerts, dances and faith based services.

The supported living provider is responsible for the identification of risk to the participant and the implementation of actions such as reporting incidents as required by ODP, the Older Adults Protective Services Act, the Adult Protective Services Act and the Child Protective Services Law, and/or calling emergency

officials for immediate assistance. The Supported Living provider is also responsible for the provision of physical health maintenance services including those required by a licensed nurse when required to assure health and wellness or as required in the service plan.

This service is billed as a day unit and may be provided at the following levels:

- Needs Group 1
- Needs Group 2

Supported Living services include the support of a supported living specialist for each participant with overall responsibility to provide oversight and monitoring of the habilitative outcomes, health and wellness activities, ongoing assessment of supports and needs of the participant as identified in his or her service plan, as well as coordination of support services, both direct and indirect related to the Supported Living service.

Supported Living services may not be provided in licensed or unlicensed residential habilitation settings, licensed or unlicensed Life Sharing homes, Adult Training Facilities (55 Pa. Code Chapter 2380) or Vocational Facilities (55 Pa Code Chapter 2390).

In emergency situations or to meet a participant's temporary medical or behavioral needs, participants authorized to receive Supported Living may also be authorized to receive Supplemental Habilitation for no more than 90 calendar days unless a variance is granted by the AE.

The following services may not be authorized for participants who receive Supported Living services: Life Sharing; Respite (15-minute or Day); Companion; Homemaker/Chore; In-Home and Community Supports; Behavioral Supports; Therapies; Shift Nursing; Music, Art and Equine Assisted Therapy; Consultative Nutritional Services; Communication Specialist and Specialized Supplies. Transportation is included in the cost of Supported Living and may not be billed as a discrete service, unless the transportation is to or from a job that meets the definition of competitive integrated employment and that need is documented in the participant's service plan.

Participants authorized to receive Supported Living services:

- Are not precluded from receiving Assistive Technology, but may not receive the Remote Monitoring component. Remote Monitoring is intended to reduce the participant's need for direct support that is available a part of the Supported Living service. As such, Remote Monitoring is built into the Supported Living rate and cannot be authorized as a discrete service. Any use of Independent Living Technology must comply with 442.301 (c)(4)(vi)(A) through (D) related to privacy, control of schedule and activities and access to visitors.
- May receive Vehicle Accessibility Adaptations when the vehicle being adapted and utilized by the participant is not agency owned, leased or rented.
- May not be authorized to receive Supports Broker services unless the participant has a plan to self-direct his or her services through a participant-directed services model in a private home.

The rate includes Behavioral Support. Behavioral Support may only be authorized as a discrete service when it is used to support a participant to access Community Participation Support or to maintain employment when provided at the participant's place of employment.

Settings enrolled on or after the effective date of the 55 Pa. Code Chapter 6100 regulations shall not be located in any development or building where more than 25% of the apartments, condominiums or townhouses have ODP-funded Residential Habilitation, Life Sharing or Supported Living being provided.

Supported Living services must be delivered in a private home located in Pennsylvania or other community settings. During temporary travel, however, this service may be provided in Pennsylvania or other locations per the ODP travel policy.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies):*

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Supported Living Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supported Living

Provider Category:

Agency ▼

Provider Type:

Supported Living Agency

Provider Qualifications

License (specify):

Certificate (specify):

SUPPORTED LIVING SPECIALIST

The supported living specialist shall have one of the following four groups of qualifications:

1. A master's degree or above from an accredited college or university and 1 year work experience working directly with persons with an intellectual disability and/or autism.
2. A bachelor's degree from an accredited college or university and 2 years work experience working directly with persons with an intellectual disability and/or autism.
3. An associate's degree or 60 credit hours from an accredited college or university and 4 years work experience working directly with persons with an intellectual disability and/or autism.
4. A high school diploma or general education development certificate and 6 years work experience working directly with persons with an intellectual disability and/or autism.

BEHAVIORAL SPECIALIST

When serving participants with behavior support needs, the Supported Living provider must have behavioral specialists (direct, contracted or in a consulting capacity) available who, as part of the Supported Living service, complete assessments, develop and update Behavior Support Plans and Crisis Intervention Plans and train other agency staff. The behavioral specialist ensures behavior support provided to the participant includes positive practices and least restrictive interventions and does not include physical, chemical or mechanical restraints as support strategies.

Behavioral specialists must meet the professional education or licensure criteria in one of the following three sets of requirements:

1. Master's Degree or higher in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology.

2. A Pennsylvania Behavior Specialist License.

3. Must have a Bachelor's Degree and work under the supervision of a professional who has a Master's Degree in Psychology, Special Education, Counseling, Social Work, Education, Applied Behavior Analysis or Gerontology, or who is a licensed psychiatrist, psychologist, professional counselor, social worker (master's level or higher) or who has a Pennsylvania Behavior Specialist License.

In addition to the education and licensing criteria above, behavioral specialists must also meet the following standards:

1. Complete training in conducting and using a Functional Behavioral Assessment.

2. Complete training in positive behavioral support.

Other Standard (*specify*):

Supported Living Agencies must meet the following:

1. Have a waiver service location in Pennsylvania.

2. Have a signed ODP Provider Agreement on file with ODP.

3. Complete standard ODP required orientation and training.

4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.

5. Have Commercial General Liability Insurance.

6. Have documentation that all vehicles used in the provision of the Supported Living service have automobile insurance.

7. Have documentation that all vehicles used in the provision of the Supported Living service have current State motor vehicle registration and inspection.

8. Have Workers' Compensation Insurance, in accordance with state law.

9. At least one of the following must have experience working with individuals with an intellectual disability and/or autism and have a bachelor's degree:

- Executive Director,
- Chief Executive Officer,
- Chief Operations Officer, or
- Director, Assistant or Associate Director.

11. The organization must have a chief financial officer with 5 years' experience or evidence of contracted financial management services.

12. In the case of an entity newly enrolled to provide Supported Living services, one of the following must have a minimum of five years' experience as a senior manager in an organization providing residential services for individuals with an intellectual disability and/or autism, and a bachelor's degree:

- Executive Director,
- Chief Executive Officer,
- Chief Operations Officer, or
- Director, Assistant or Associate Director.

13. Employ Supported Living Specialist(s) who are responsible for no more than 30 participants in this or any other service.

14. Have an annual training plan to improve the knowledge, skills and core competencies of agency personnel.

15. Have an organizational structure that assures adequate supervision of each residence and the availability of back up and emergency support 24 hours a day.

16. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant to carry out the service plan which includes but is not limited to communication, mobility and behavioral needs.

17. Comply with Department standards related to provider qualifications.

Staff working for or contracting with agencies as well as volunteers utilized in providing this service if they will spend any time alone with the participant must meet the following standards:

1. Be at least 18 years of age.
2. Complete necessary pre/in-service training based on the service plan.
3. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
4. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
5. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Living services.

Supported Living Specialists must meet the following standards:

1. Receive training which includes interpersonal dynamics, community participation, individual service planning and delivery, relationship building as well as training required by agency policy.
2. Be at least 18 years of age.
3. Complete necessary pre/in-service training based on the service plan.
4. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
5. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
6. Have a valid driver's license if the operation of a vehicle is necessary to provide Supported Living Services.

Verification of Provider Qualifications

Entity Responsible for Verification:

ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Transportation

HCBS Taxonomy:**Category 1:****Sub-Category 1:**

15 Non-Medical Transportation

15010 non-medical transportation ▼

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Transportation is a direct service that enables participants to access services and activities specified in their approved service plan. This service does not include transportation that is an integral part of the provision of another discrete Waiver service.

Transportation services consist of:

1. Transportation (Mile). This transportation service is delivered by providers, family members, and other licensed drivers. Transportation Mile is used to reimburse the owner of the vehicle or other qualified licensed driver who transports the participant to and from services, competitive integrated employment, and resources specified in the participant's service. The unit of service is one mile. Mileage will be paid per trip. A trip is defined as from the point of pick-up to the destination while the participant is in the car as identified in the service plan. When transportation is provided to more than one participant at a time, the provider will divide the shared miles equitably among the participants to whom transportation is provided. The provider is required (or it is the legal employer's responsibility under the VF/EA model) to track mileage, allocate a portion to each participant and provide that information to the Supports Coordinator for inclusion in the participant's service plan. This will be monitored through routine provider monitoring activities.

2. Public Transportation. Public transportation services are outcome-based vendor services provided to or purchased for participants to enable them to gain access to services and resources specified in their service plans. The utilization of public transportation promotes self-determination and is made available to participants as a cost-effective means of accessing services and activities. Public transportation may be purchased by an OHCDs for participants who do not self-direct or Financial Management Service Organizations for participants who are self-directing when the public transportation vendor does not elect to enroll directly with ODP. Public transportation purchased for a participant may be provided to the participant on an outcome basis.

3. Transportation-Trip. This service is transportation provided to participants for which costs are determined on a per trip basis. A trip is defined as transportation to a waiver service or resource specified in the participant's service plan from a participant's private home, from the waiver service or resource to the participant's home, from one waiver service or resource to another waiver service or resource, or transportation to and from a job that meets the definition of competitive integrated employment. Taking a participant to a waiver service and returning the participant to his/her home is considered two trips or two units of service. Trip distances are defined by ODP through the use of zones. Zones are defined as follows: Zone 1 - greater than 0 and up to 20 miles; Zone 2 - greater than 20 and up to 40 miles; and Zone 3 – greater than 40 and up to 60 miles. Providers that transport more than 6 participants are required to have an aide on the vehicle. If a provider transports 6 or fewer participants, the provider has the discretion to determine if an aide is required. The determination must be based upon the needs of the participants, the provider's ability to ensure the health and welfare of participants and be consistent with ODP requirements for safe transportation.

For participants under the age of 21, Transportation services may only be used to travel to and from waiver services or a job that meets the definition of competitive integrated employment.

Participants authorized to receive Transportation services may not receive the direct portion of the following services at the same time: Community Participation Support; Small Group Employment; Supported Employment; job acquisition and job retention in Advanced Supported Employment; Benefits Counseling; Therapies; Education Support; Music, Art and Equine Assisted Therapy; and Consultative Nutritional services.

Participants authorized to receive Life Sharing or Supported Living may only be authorized for discrete Transportation services when the participant requires transportation to or from a job that meets the definition of competitive integrated employment.

Transportation services may not be substituted for the transportation services that a state is obligated to furnish under the requirements of 42 CFR § 431.53 regarding transportation to and from providers of Medical Assistance services.

This service can be delivered in Pennsylvania and in states contiguous to Pennsylvania.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	Support Service Professional
Individual	Individual
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transportation

Provider Category:

Individual ▾

Provider Type:

Support Service Professional

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Support Service Professionals must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
4. Have documentation that all vehicles used in the provision of Transportation services have automobile insurance.
5. Have a valid driver's license.
6. Have documentation that all vehicles used in the provision of Transportation services have current State motor vehicle registration and inspection.
7. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
8. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications**Entity Responsible for Verification:**

AWC FMS or VF/EA FMS

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services**C-1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Transportation

Provider Category:

Individual ▾

Provider Type:

Individual

Provider Qualifications**License (specify):**

Certificate (specify):

Individual providers must have a Public Utility Commission (PUC) Certification, when required by state law or comparable certificate in contiguous states.

Other Standard (specify):

Individual providers must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Complete standard ODP required orientation and training.
3. Have a signed ODP Provider Agreement on file with ODP.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Be at least 18 years of age.

6. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
7. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
8. Have documentation that all vehicles used in the provision of Transportation services have automobile insurance.
9. Have a valid driver's license.
10. Have documentation that all vehicles used in the provision of Transportation services have current State motor vehicle registration and inspection.
11. Have Workers' Compensation Insurance, in accordance with state law.
12. Be trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
13. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

OHCDs for public transportation only.

ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Transportation

Provider Category:

Agency

Provider Type:

Agency

Provider Qualifications

License (specify):

Certificate (specify):

Agencies must have PUC Certification, when required by state law or comparable certificate in contiguous states.

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures. Public transportation

providers are exempt from this requirement.

5. Have Commercial General Liability Insurance.
6. Have documentation that all vehicles used in the provision of Transportation services have automobile insurance.
7. Have documentation that all vehicles used in the provision of Transportation services have current State motor vehicle registration and inspection.
8. Have Workers' Compensation Insurance, in accordance with state law.
9. Ensure that staff (direct, contracted, or in a consulting capacity) have been trained to meet the needs of the participant which includes but is not limited to communication, mobility and behavioral needs.
10. Comply with Department standards related to provider qualifications.

Drivers and aides working for or contracted with agencies as well as volunteers utilized in providing this service if they will spend any time alone with a participant must meet the following standards:

1. Be at least 18 years of age.
2. Have criminal history clearances per 35 P.S. §10225.101 et seq. and 6 Pa. Code Chapter 15.
3. Have child abuse clearance (when the participant is under age 18) per 23 Pa. C.S. Chapter 63.
4. Have a valid driver's license if the operation of a vehicle is necessary to provide Transportation services.

Verification of Provider Qualifications

Entity Responsible for Verification:

OHCDs for public transportation agencies only.

ODP or its Designee for all types of transportation including public transportation providers that enroll directly with the Department.

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service 

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Vehicle Accessibility Adaptations

HCBS Taxonomy:

Category 1:**Sub-Category 1:**

14 Equipment, Technology, and Modifications

14020 home and/or vehicle accessibility adaptations

Category 2:**Sub-Category 2:****Category 3:****Sub-Category 3:****Category 4:****Sub-Category 4:****Service Definition (Scope):**

Vehicle accessibility adaptations consist of certain modifications to the vehicle that the participant uses as his or her primary means of transportation to meet his or her needs. The modifications must be necessary due to the participant's disability. The vehicle that is adapted may be owned by the participant, a family member with whom the participant lives, or a non-relative who provides primary support to the participant and is not a paid provider agency of services.

Vehicle accessibility adaptations consist of installation, repair, maintenance, and extended warranties for the modifications.

Regularly scheduled upkeep and maintenance of the vehicle, including warranties that cover the entire vehicle, except for upkeep and maintenance of the modifications, is excluded.

The waiver cannot be used to purchase vehicles for participants, their families or legal guardians; however, this service can be used to fund the portion of a new or used vehicle purchase that relates to the cost of accessibility adaptations. In order to fund these types of adaptations, a clear breakdown of purchase price versus adaptation is required.

These adaptations funded through the Waiver are limited to the following:

- Vehicular lifts.
- Interior alterations to seats, head and leg rests, and belts.
- Customized devices necessary for the participant to be transported safely in the community, including driver control devices.
- Raising the roof or lowering the floor to accommodate wheelchairs.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is limited to \$20,000 per participant during a 10-year period. The 10-year period begins with the first utilization of authorized Vehicle Accessibility Adaptations.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Vehicle Accessibility Adaptations

Provider Category:

Agency ▼

Provider Type:

Agency

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Agencies must meet the following standards:

1. Have a waiver service location in Pennsylvania or a state contiguous to Pennsylvania.
2. Have a signed ODP Provider Agreement on file with ODP.
3. Complete standard ODP required orientation and training.
4. New providers demonstrate compliance with ODP standards through completion of a self-assessment and validation of required documentation, policies and procedures.
5. Have Commercial General Liability Insurance.
6. Have Workers' Compensation Insurance in accordance with state law.
7. Comply with Department standards related to provider qualifications.

Verification of Provider Qualifications

Entity Responsible for Verification:

AWC FMS, VF/EA FMS, OHCD, ODP or its Designee

Frequency of Verification:

At least once during a 3-year monitoring cycle and more frequently when deemed necessary by ODP. New providers may be qualified more frequently depending on which monitoring cycle they are assigned to.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- As an administrative activity.** *Complete item C-1-c.*

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- No. Criminal history and/or background investigations are not required.**
- Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

The Office of Developmental Programs (ODP) requires background clearances for all staff and volunteers who serve waiver participants. There are differences in the background clearance requirements depending on the role of the person working with participants (staff versus volunteer) and the age of the participant (a child under 18 years of age or an adult 18 years of age and older. Listed first are the requirements for staff and volunteers serving adults followed by the requirements for staff and volunteers children.

ODP requires criminal background checks for all staff (which includes contractors or consultants) and volunteers who provide a waiver service through direct contact with an adult participant or are responsible for the provision of the service for an adult participant.

A Volunteer is defined as a person who:

1. Provides one or more direct waiver services to a participant as authorized in the service plan,
2. Has unsupervised contact with the participant when providing the service(s), i.e. is alone with the participant,
3. Has freely chosen not to receive monetary compensation for provision of the service(s), and
4. Provides the service(s) on behalf of a qualified provider that has been authorized in a service plan to receive reimbursement for the service(s).

Specific requirements for criminal background checks are included in 35 P.S. §10225.101 et seq., 6 Pa. Code Chapter 15 (Older Adult Protective Services Act, OAPSA) and 55 Pa. Code Chapter 51 or its regulatory successor. OAPSA and 55 Pa. Code Chapter 51 require that criminal background checks are requested from the Pennsylvania State Police prior to the applicant's date of hire. If the applicant has not been a resident of the Commonwealth for the two years immediately preceding the date of application, a report of Federal criminal history record must be requested from the Federal Bureau of Investigation (FBI) in addition to a criminal history record from the Pennsylvania State Police.

Requirements for staff who are responsible for the welfare of or have direct contact children.

Before beginning employment, staff who are either “responsible for the welfare of” or have “direct contact with a child” must obtain a report of criminal history from the Pennsylvania State Police, fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI), and a Child Abuse History Certification from the Department of Human Services (Child Abuse). Staff are also required to renew these certifications every 60 months. For further specific requirements regarding staff please refer to 23 Pa C.S. §§ 6303, 6344, and 6344.4.

A person responsible for the child's welfare is a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. Direct contact with children is providing care, supervision, guidance or control of children or having routine interaction with children. Routine interaction with children is regular and repeated contact with children that is integral to his or her employment responsibilities.

An agency may provisionally hire a staff person pending the receipt of the background certifications as required under 23 Pa C.S. § 6344 (m). Persons responsible for employment decisions may employ applicants on a provisional basis for up to 90 days, if the following conditions are met:

1. The applicant has applied for the required certifications and provides copies of the request forms to the employer.
2. The employer has no knowledge of information regarding the applicant that would disqualify him pursuant to 23 Pa C.S. § 6344 (c) (grounds for denying employment or participation in program, activity, or service).
3. The applicant swears in writing he is not disqualified pursuant to 23 Pa C.S. § 6344 (c) (grounds for denying employment or participation in program, activity, or service).
4. If information obtained as a result of the certification requires disqualification of the applicant, the employer will immediately dismiss the applicant.
5. During provisional employment, the applicant is not permitted to work alone with children and must work in the immediate vicinity of a permanent staff person.

Requirements for volunteers who are responsible for the welfare of or have direct volunteer contact with children.

Before beginning service, adult volunteers who are either responsible for the child's welfare or have direct volunteer contact with a child must obtain a report of criminal history from the Pennsylvania State Police and a child abuse history certification from the Department of Human Services (Child Abuse).

A volunteer is relieved of the requirement to obtain the fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI) if:

1. The position the volunteer is applying for is unpaid.
2. The volunteer has been a resident of Pennsylvania for the entirety of the previous ten-years.
3. The volunteer swears in writing that they are not disqualified from service as required under 23 Pa C.S. § 6344(c) (grounds for denying employment or participation in program, activity, or service).

If a volunteer has not been a resident of Pennsylvania for the past 10 years, but obtained their FBI certification at any time since establishing residency, they must provide a copy of the certification to the person responsible for the selection of volunteers and they are not required to obtain any additional FBI certifications. Non-resident volunteers who have residency in another state or country may begin serving provisionally not to exceed a total of 30 days in a calendar year if the volunteer is in compliance with the certification standards under the law or jurisdiction where they reside. The nonresident volunteer must provide documentation of certifications. For specific requirements please see 23 Pa C.S. § 6344.2 (f). Volunteers are also required to renew these certifications every 60 months. For further specific requirements regarding volunteers please refer to 23 Pa C.S. §§ 6303, 6344, 6344.2, and 6344.4.

Compliance with background check requirements is verified through initial and ongoing provider qualification reviews, as well as provider monitoring conducted by ODP or the ODP Designee. For licensed providers, compliance with the Pennsylvania Code is also verified through annual licensing inspections

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- No. The State does not conduct abuse registry screening.**
- Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.**
- Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

- No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

The only waiver service legally responsible individuals can provide that has personal care components is In-Home and Community Support. A legally responsible individual is a person who has legal obligation under the provisions of law to care for another person, including parents of minor children (under the age of 18) and legally-assigned relative caregivers of minor children. These individuals may be paid to provide In-Home and Community Support services when the following conditions are met:

- The service is considered extraordinary care. A parent is legally responsible to meet the needs of a minor child, including the need for assistance and supervision typically required for children at various stages of growth and development. A parent can, however, receive payment for In-Home and Community Support when this support goes beyond what would be expected to be performed in the usual course of parenting, and when needed support exceeds what is typically required for a child of the same age;
- The service would otherwise need to be provided by a qualified provider of services funded under the Waiver;
- The legally responsible individual is not the common law employer or managing employer for the participant that they will provide the service to;
- The service is provided by a legally responsible individual who meets the qualification criteria that are established by ODP in Appendix C-3 of the approved Waivers.

The service definition for In-Home and Community Support outlines limits for the number of hours that legally responsible individuals, relatives or legal guardians may provide the service.

Payments to legally responsible individuals who provide services are made through a Financial Management Services (FMS) Organization or a provider agency. Payments are based upon time sheets submitted by the legally responsible individual to the FMS or agency, which is consistent with the participant's authorized services on their service plan. The ODP designee is responsible to ensure that payments are only made for services that are authorized on the participant's approved service plan. The legally responsible individual who provides services must document service delivery per Department standards, 55 Pa. Code Chapter 1101 (Medical Assistance Regulations) and ODP policy requirements.

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians.

Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

- The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

Relatives and legal guardians may be paid to provide services funded through the Waiver on a service-by-service basis. A relative is any of the following by blood, marriage or adoption who have not been assigned as legal guardian for the participant: a spouse, a parent of an adult, a stepparent of an adult child, grandparent, brother, sister, aunt, uncle, niece, nephew, adult child or stepchild of a participant or adult grandchild of a participant. For the purposes of this policy, a legal guardian is a person who has legal standing to make decisions on behalf of a minor or adult (e.g. a guardian who has been appointed by the court). The definition of a legal guardian does not apply to agency providers, but does apply to the person actually rendering service to a participant. These individuals may be paid to provide Waiver services when the following conditions are met:

- The individual has expressed a preference to have the relative or legal guardian provide the service(s);

- The service provided is not a function that the relative or legal guardian would normally provide for the participant without charge in the usual relationship among members of a nuclear family;
- The service would otherwise need to be provided by a qualified provider of services funded under the Waiver;
- The relative or legal guardian is not the common law employer or managing employer for the participant that they will provide services to. The only service a common law employer or managing employer may receive payment for is Transportation (Mile); and
- The service is provided by a relative or legal guardian who meets the qualification criteria that are established by ODP in Appendix C-3 of the approved Waiver.

Services that relatives or legal guardians can provide are limited to the following: In-Home and Community Support, Companion, Life Sharing, Supported Employment, Nursing and Transportation (Mile). Relatives and legal guardians who are not the participant's primary caregiver may also provide Supports Broker Services and Respite Services when the conditions listed above are met.

The service definitions for In-Home and Community Support and Companion outlines limits for the number of hours that legally responsible individuals, relatives or legal guardians may provide each service or a combination of both services when authorized on the service plan.

Legally responsible individuals as defined in appendix C-2-d may also provide the following services that do not have a personal care component:

- Supported Employment; and
- Transportation Mile solely to drive a minor child to and from a waiver service or a job that meets the definition of competitive integrated employment.

Payments to relatives, legal guardians and legally responsible individuals who provide services are made through a Financial Management Services (FMS) Organization, or a provider agency. Payments are based upon time sheets submitted by the relative, legal guardian or legally responsible individual to the FMS or agency, which is consistent with the participant's authorized services on his or her service plan. The relative, legal guardian or legally responsible individual who provides services must document service delivery per Department standards and ODP policy requirements. Documentation of service delivery is reviewed during the provider monitoring process.

During the service plan team meeting, the team is responsible for discussing whether having services furnished by relatives, legal guardians or legally responsible individuals is in the best interest of the participant. The decision should be consistent with the information contained in the "know and do", "important to" and "what makes sense" sections of the service plan. The Administrative Entity, when reviewing and authorizing the service plan, is responsible for ensuring that the participant has been offered a choice of providers and that the provider chosen can meet the needs of the participant.

Other policy.

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

All willing and qualified providers have the opportunity to enroll as Waiver providers at any time. ODP has continuous open enrollment of providers and does not limit the application for provider enrollment to a specific timeframe. Providers must enroll with Pennsylvania's Medicaid program prior to providing waiver services, and may obtain information about doing so at http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994.

Providers interested in providing ODP Waiver services contact the AE or ODP to obtain information on provider qualification and enrollment. Providers may also be referred by participants. Providers may also access enrollment information at <https://www.hcsis.state.pa.us/hcsis-ssd/default.aspx> and the ODP website, www.myodp.org.

ODP requires providers who have expressed an interest in providing Waiver services to successfully complete a free “new provider orientation training” before they can be enrolled as Waiver providers. The intent of applicant orientation is to ensure providers are informed of ODP ID Waiver requirements and ODP’s expectations regarding the quality of services.

Following completion of the new provider orientation training, the provider completes and submits a Waiver provider agreement in which the provider agrees to render services in accordance with state and federal requirements. A copy of the Waiver provider agreement can be obtained at https://www.hcsis.state.pa.us/hcsisssd/custom/OMR_MAProviderAgreement.pdf.

The provider must then be qualified by ODP or its designee as per the qualification criteria outlined in Appendix C-1/C-3 and the ODP established provider qualification process. Following successful qualification, the provider enrolls as an ODP provider in PROMISE, Pennsylvania’s Medicaid Management Information System. Upon enrollment in PROMISE, the provider’s information is added to ODP’s Services and Supports Directory at <https://www.hcsis.state.pa.us/hcsis-ssd/pgm/asp/prhom.asp>.

ODP also has a dedicated email (ra-odpproviderenroll@pa.gov) for questions or concerns related to the new provider orientation training, the provider qualification process, or general inquiries related to enrollment and the enrollment process.

Any provider who is denied the opportunity to enroll to provide Waiver services has the right to appeal such action in accordance with 55 Pa. Code Chapter 41 relating to Medical Assistance Provider Appeal procedures. Waiver participants have free choice of willing and qualified Waiver providers to provide needed services in the participant's approved service plan.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State’s quality improvement strategy, provide information in the following fields to detail the State’s methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP1 - Number and percent of providers that initially and continually meet required licensure and/or certification standards and adhere to other state standards. Numerator = number of providers that initially and continually meet required licensure and/or certification standards and adhere to other state standards. Denominator = all providers that require licensure and/or certification.

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODP Enrollment Spreadsheet; HCSIS

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
Specify: <input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP2 - Number and percent of non-licensed, non-certified providers that meet waiver requirements. Numerator = number of non-licensed, non-certified providers that meet waiver requirements. Denominator = all non-licensed, noncertified providers. (Includes OHCDs and AWC providers.)

Data Source (Select one):

Other

If 'Other' is selected, specify:

ODP Enrollment Spreadsheet; HCSIS

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Performance Measure:

QP3 - Number and percent of providers delivering Participant Directed Services that meet requirements. Numerator = number of providers delivering Participant Directed Services that meet requirements. Denominator = providers delivering Participant Directed Services. (Includes VF Support Service Professionals (SSPs)).

Data Source (Select one):

Other

If 'Other' is selected, specify:

Enrollment Unit Database; Vendor Fiscal Contractor Database

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review

<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input checked="" type="checkbox"/> Other Specify: Every three years	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Every 3 years

- c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

QP4 - Number and percent of providers that meet training requirements in accordance with state requirements in the approved waiver. Numerator = number of providers that meet training requirements in accordance with state requirements in the approved waiver. Denominator = Number of providers reviewed.

Data Source (Select one):

Other

If 'Other' is selected, specify:

QA&I Process Database

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
Specify: <input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

The Department conducts licensing activities initially and continually for licensed residential settings, licensed adult training facilities and licensed vocational facilities.

QP3. For initial qualification, the materials required for SSP enrollment set forth in 55 Pa. Code Chapter 51 are received and reviewed by the Vendor Fiscal/Employer Agent FMS organization in accordance with their contract.

- If the SSP is qualified, the FMS organization will enroll them.
- If the SSP is not qualified, the FMS organization will deny their enrollment.

On October 1st, using a 3-year cycle, ODP initiates the requalification of all providers. ODP works through its Vendor Fiscal Contractor to send a requalification packet to the Common Law Employer (CLE) for the number of Support Service Professionals (SSPs) the CLE has to requalify. The due date for requalification is October 31st, which is 60 days prior to the expiration date of December 31st. During the 60 days, the Central Office lead receives a weekly report from the Vendor Fiscal Contractor of the number SSPs that have not submitted their requalification information. During the 60 days, ODP also sends weekly reports to ODP Regional Offices, who in turn work with Administrative Entities and Supports Coordination Organizations in contacting CLEs providing Participant Directed Services and getting SSPs who will continue to offer services requalified. In addition, the Vendor Fiscal Contractor also notifies the CLE with phone calls, reminding the CLE of the expiration date and to ensure their SSPs requalify.

QP4. The Department (ODP or AEs) conducts on-site reviews through ODP's QA&I Process on a 3-year cycle for SCOs, providers (with the exception of public transportation providers) and AEs.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

QP1. Number and percent of providers that initially and continually meet required licensure and/or certification standards and adhere to other state standards. New providers who are presented for enrollment into PROMISE to deliver services to waiver participants are required to meet initial qualification requirements. The qualification of providers is the responsibility of the AEs. Providers that do not meet initial qualification requirements are denied by the AE and those providers are not enrolled into the PROMISE™ claims processing system, cannot be authorized to deliver services in a service plan, and cannot receive payment for services.

On an annual basis, ODP generates and distributes to AEs, a list of providers for whom they are designated to be the assigned AE. The AE is responsible to review the list and direct the requalification of providers.

Providers are expected to provide documentation to AEs indicating that they have maintained required licensure and/or certification standards, and adhered to other applicable state standards at the required frequency. Each provider's specialty qualification expiration date is recorded and tracked electronically. Any provider not meeting the requalification requirement is disenrolled from PROMISE and can no longer be authorized or receive payment for services.

Providers denied initial or requalification receive written notice of the decision, indicating which requirements have not been met along with information regarding their right to initiate the appeal process as specified in 55 Pa. Code Chapter 41. Providers may resubmit an application for consideration along with additional documentation that such requirements have been met.

On the expiration date, should the provider fail to submit qualification documentation, the provider will become not qualified to provide the expired specialty. ODP will send a letter to the provider informing them that they are not qualified to provide the specialty under the waiver, that any expired specialties provided after the expiration date are ineligible for reimbursement through the waiver and that they have the right to request a fair hearing through the Department. Should the provider desire to provide the specialty through the waiver in the future, they may reenroll for the specialty as long as they meet qualifications.

If a fair hearing decision overturns a qualification decision, the provider will be re-enrolled into PROMISE to resume service delivery. ODP will complete enrollment action within 30 days of notification of fair hearing decision.

QP2. Number and percent of non-licensed, non-certified providers that meet waiver requirements. New provider qualification applications are reviewed by ODP or AEs. Provider applications that do not meet requirements are denied by ODP or the AE and those providers are not enrolled in the PROMISE™ claims processing system, cannot be authorized to deliver services in a service plan, and cannot receive payment for services. Providers denied qualification will receive written notice of the decision, indicating which requirements have not been met along with information regarding their right to initiate the appeal process as specified in 55 Pa. Code Chapter 41. Providers may resubmit an application for consideration along with additional documentation that such requirements have been met.

Current providers are expected to provide documentation to ODP or AEs indicating that they meet requirements at the required frequency. Each provider's specialty qualification expiration date is recorded and tracked electronically. Prior to a provider's qualification expiration date, the AE and the provider receive alerts notifying them of the provider's impending expiration. ODP or AEs are expected to notify the provider and ascertain whether there are impediments to providing qualification documentation by the qualification expiration date and provide assistance as needed. ODP sends an advance notice to the provider at least 30 days prior to their qualification expiration date informing them that failure to submit required qualification documentation by the expiration date will result in the provider becoming not qualified to provide the expired specialty and any expired specialty provided after the expiration date will be ineligible for reimbursement through the waiver. This notice will also inform providers that participants receiving the expiring specialty will start being transitioned to the participant's choice of willing and qualified providers and inform providers of their right to request a fair hearing through the Department. ODP and the responsible AE(s) will then begin activities to transition participants from providers who have expiring specialties to the participant's choice of willing and qualified providers. On the expiration date, should the provider fail to submit qualification documentation, ODP will not qualify the provider to provide the expired specialty. ODP will send a letter to the provider informing them that they are not qualified to provide the specialty under the Waiver, that any expired specialties provided after the expiration date are ineligible for reimbursement through the waiver and that they have the right to appeal as specified in 55 Pa. Code Chapter 41. Should the provider desire to provide the specialty through the Waiver in the future, they may reenroll for the specialty as long as they meet qualifications.

Remediation strategies for QP3 and QP4 can be found in the Main Module Section B entitled Additional Information Needed (Optional).

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party(<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):

Responsible Party(<i>check each that applies</i>):	Frequency of data aggregation and analysis (<i>check each that applies</i>):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- No
 Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

- a. Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- Not applicable-** The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
 Applicable - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.

Furnish the information specified above.

A \$70,000 per person per fiscal year total limit is established for all Community Living Waiver services with an exception for Supports Coordination services.

ODP will continuously analyze and update the limit based on established rates, services authorized on service plans, and utilization of those services.

The \$70,000 limit was determined through the review and analysis of statewide expenditure information regarding services to support individuals in private homes and community settings. The expenditure information included the costs of adult training facilities, community employment, vocational facilities, and family support services for non-waiver participants residing in non-licensed residential settings. The resulting combined average of the costs was approximately \$65,000 per participant per year.

As per the Operating Agreement between ODP and AEs, the AE may only enroll new applicants into the Community Living Waiver if the participant's health and welfare can be assured within the individual cost limit, or if needs not met within the cost limit will be met using non-waiver resources and/or unpaid supports. An individual needs assessment is conducted to identify services necessary to assure the person's health and welfare. If the assessment indicates services in excess of the individual cost limit, the person may not be enrolled in the Community Living Waiver unless his or her health and welfare needs will be met through non-waiver resources and/or supports. If Waiver enrollment is denied, the AE is responsible to provide the participant with his or her fair hearing rights, and the participant may appeal the decision. If the individual is enrolled in the Community Living Waiver, he or she is informed at enrollment of the total limit. Community Living Waiver participants who experience a change in needs that result in service needs in excess of the individual cost limit may be transferred to the Consolidated Waiver. The AE, with the approval of ODP, may transfer participants with current, emergency needs in excess of the Community Living Waiver cap if the AE already has been allocated sufficient Waiver capacity and funding by ODP. If the AE does not have sufficient Waiver capacity and funding to transfer a Community Living Waiver participant with unmet needs to the Consolidated Waiver, the AE is to contact ODP to request additional waiver capacity and funding to transfer the participant.

Community Living Waiver participants with needs in excess of the individual cost limit are also informed of other funding options for needed services, including state-only dollars and third party insurances. Participants are also referred to other services and supports in their communities.

- Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.

Furnish the information specified above.

- Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.

Furnish the information specified above.

- Other Type of Limit.** The State employs another type of limit.

Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCBS Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

The Supports Coordination service definition states that Supports Coordinators are responsible for using a person centered planning approach and a team process to develop the participant's service plan to meet the participant's needs in the least restrictive manner possible. This includes ensuring that services provided in the participant's private home and community as well as all residential and non-residential settings are integrated in and support full access to the community.

Waiver funding cannot be used to provide any service in any private home purchased for, developed for or promoted as serving people with an intellectual disability and/or Autism in a manner that isolates or segregates the participant from the community of individuals not receiving waiver services.

Further, waiver funding cannot be used to provide any service in a private home that is:

- A farmstead - Participants who live at the farm typically interact primarily with people with disabilities and staff who work with those individuals. Participants typically live in homes only with other people with disabilities and/or staff. Daily activities are typically designed to take place on-site so that a participant generally does not leave the farm to access services or participate in community activities. While sometimes people from the broader community may come on-site, participants from the farm do not go out into the broader community as part of their daily life.
- A gated/secured community for people with disabilities - Gated communities consist primarily of people with disabilities and the staff that work with them. Participants receiving services in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community.

Non-residential settings outside of the home include Community Participation Support, Respite, Therapies, Education Support, Music and Art Therapy and Equine Assisted Therapy. All of these service definitions have been revised or newly written to comply with the HCB Settings requirements. The service definition for Community Participation Support contains standards for setting size, location, and the percentage of time that participants are allowed to spend in the setting versus in the community.

ODP will permit respite to be provided in institutional settings for a duration that does not exceed 30 days. As per CMS guidance related to states use of institutional settings for the provision of respite services that typically do not exceed 30 days in duration, ODP will not assess settings exclusively used for respite services for compliance with home and community based settings requirement.

The service definition for Education Support contains a standard for the percentage of time that participants spend on campus that must be integrated with the general student population.

Music, Art Therapy and Equine Assisted Therapy have service limits incorporated to encourage further community integration.

HCBS providers will complete a self-assessment in the fall of 2018. ODP or its designee will then complete onsite monitoring reviews of approximately 33 percent of the waiver providers for compliance with applicable waivers and regulations. The providers who are selected for onsite monitoring will be selected from the universe of waiver providers regardless of whether the self-assessment indicates compliance or noncompliance. ODP or its designee will also review all of the self-assessments for waiver providers who were not selected for an onsite monitoring and complete an onsite monitoring visit for all ODP waiver providers who either did not complete a self-assessment or whose self-assessment indicated noncompliance. The initial onsite monitoring reviews will be completed in 2019. On an ongoing basis, each provider will be assessed to ensure that services are being delivered to all service persons supported in a manner that comports with federal and state regulations as well as waiver requirements. ODP shall also require, prior to enrollment of new providers, that the provider is assessed to confirm that settings will fully comport with all federal and state regulations as well as waiver requirements.