

Instructions for Completing the Consolidated, Person/Family Directed Support and Community Living Waiver Variance Form (DP1086)

General Information Section

This section must be completed for all requests. Each variance request must be specific to a single individual, situation and period of time.

If an individual has multiple variance requests for services that impact different sections (section 1 through section 6) of the variance form, they may be submitted on the same variance form. Sections of this form that are not applicable to the individual should not be included. Multiple variance requests that impact the same section (section 1 through section 6) of the variance form must be submitted on separate variance forms, with the exception of Respite variance requests.

Section 1 - Community Participation Support

This section of the variance form must be completed by the Supports Coordinator when the Individual Support Plan (ISP) team determines that an individual cannot or chooses not to engage in community activities at least 25% of his or her support time on average per month. The ISP team should discuss whether it is anticipated that there will be one or more months in the year where the individual will not engage in community activities at least 25% of his or her support time on average per month. If it is anticipated that this will occur, the ISP team should complete the variance form and provide an explanation as to why they anticipate this will occur. Examples include, but are not limited to: seasonal allergies or sensitivity to temperatures during certain months that result in risk to the individual.

This determination will be documented on the variance form and maintained in the individual's and provider's record effective July 1, 2019. This section of the variance form must be completed for initial variance requests as part of any ISP meeting held on January 1, 2019 or later. ISP teams are encouraged to have rich and meaningful conversations regarding each individual's engagement in community activities during all plan meetings starting now. The variance form should be completed as needed based on these conversations. Subsequent requests can be completed during the Annual Review ISP meetings.

The Supports Coordination Organization is responsible for submitting the completed variance form to the appropriate Administrative Entity for informational purposes only. The ISP team

makes this determination; Administrative Entity approval is not needed. Agreement or disagreement with this determination by members of the ISP team will be documented on the Individual Support Plan Signature Form.

Note that for individuals who have a variance on file for the 25% of time in community settings because they will be supported only in the facility setting, the highest community staffing ratio should be authorized with the appropriate facility ratio (1:2-1:3 for community).

The variance can be granted for a period of up to one year.

Section 2 – Enhanced Levels of Service

NOTE: Before making a variance request for enhanced levels of service with the exception of Supplemental Habilitation, the ISP team must apply the decision tree in the ISP Manual for Community Participation Support or In-Home and Community Support services to determine whether the individual's behavioral or medical needs require this level of support.

The Supports Coordinator must complete this section of the variance form for any of the following reasons:

- The individual has documented behavioral or medical support needs that require the following levels of staffing to be included in an Annual Review ISP or a Critical Revision ISP where this level of staffing is being initially requested:
 - 1:1 enhanced staffing, 2:1 staffing and/or 2:1 enhanced staffing for Community Participation Support.
 - 2:1 staffing and/or 2:1 enhanced staffing for In-Home and Community Support.

The need for these enhanced levels of service must be reviewed every 6 months at a minimum and this variance form must be completed based upon that review. The 6 month timeframe will begin on the date that enhanced levels of service are authorized. The ISP team can review the need for enhanced levels of service and complete a variance more frequently than 6 months the first year, if needed, to align the review cycle with the Annual Review ISP. Example: The Annual Review ISP is October 3rd. The ISP team identified the need for enhanced levels of service and the enhanced levels of services were authorized on January 10th. The ISP team must review the need for the enhanced levels of service in July and complete the variance. The ISP team would then review the need for the enhanced levels of service at the Annual Review ISP in October and complete the variance again. The next 6 month review would be due in April and then again with the Annual Review ISP in October.

- A Critical Revision ISP will be submitted that includes a request to extend an authorization for Supplemental Habilitation beyond 90 calendar days for an emergency situation or to meet an individual's temporary medical or behavioral needs. The

Supplemental Habilitation is in addition to the typical staffing and support the individual has as part of their residential services. Any request for authorization of Supplemental Habilitation should be specific about the tasks and times of day that the additional 1:1 or 2:1 staffing is needed for the individual.

For Residential Habilitation services only, there must be documentation as to why Residential Habilitation Without Day cannot support the individual's needs. During the time that Supplemental Habilitation is provided, it must be rendered by a different staff person than the staff person rendering Residential Habilitation Without Day.

Supplemental Habilitation can be extended beyond 90 calendar days for the following reasons:

- Injury or illness that requires a more extended period of staff support than expected but projected to be less than an additional 90 calendar days.
- Mental health, behavioral or medical support needs have diminished but have not eliminated the need for some additional staff support.
- During the initial 90-day period, the person has experienced a change in status such as an injury, illness, an increase in dangerous behaviors or a criminal justice system imposed requirement.
- Acute condition or support need has persisted, is not expected to reduce through the temporary addition of support, and a new Supports Intensity Scale® (SIS®) assessment has now been requested.

For an extension of Supplemental Habilitation, the following conditions must be met:

- The provider has a formal written plan for discontinuance of Supplemental Habilitation.
- Current documentation is available from a healthcare provider outlining the mental health, behavioral or medical support condition and related support needs.

It is important to note that supplemental habilitation is intended to be temporary, even in situations in which the change in need is expected to be permanent. Permanent changes in need should be handled through a SIS re-assessment process. The (SIS®) Urgent Request Process Quick Tips Sheet can be accessed [here](#). If the individual receives Residential Habilitation services and was a Need Group 4 prior to a change in need that requires supplemental habilitation and the need is expected to be long-term or permanent, the ISP team should explore the Residential Rate Exception Process. This is a process to review individuals in Needs Group 4 that, due to extraordinary behavioral or medical needs, require a staffing pattern and/or staff expertise that exceeds the assumptions that are the basis for the rate for individuals in Needs Group 4. Please reference ODP Communication [115-17](#) for more information on the Residential Rate Exception Process.

The provider(s) is expected to provide or submit supporting documentation to the Supports Coordinator. The completed variance form should then be submitted by the Supports Coordination Organization to the appropriate Administrative Entity. The Administrative Entity will make final authorization decisions regarding requests for enhanced levels of service and requests for supplemental habilitation that will exceed 90 calendar days. When an Administrative Entity approves a second 90-day extension variance for supplemental habilitation (this means that supplemental habilitation will be authorized for more than 180 calendar days), the Administrative Entity must send a copy of the approved variance form to the ODP Regional Office.

Section 3 – Intensive Staff Support (Consolidated Waiver Only)

The Supports Coordinator should complete this section of the variance form for the following reason:

- The individual has documented physical health, mental health and/or behavioral needs that require more than 14 hours per day of In-Home and Community Support, Companion and/or Community Participation Support (whether authorized alone or in combination with one another). This section of the form must be completed for an Annual Review ISP that includes more than 14 hours per day of these services or for an initial request for more than 14 hours per day of these services included in a Critical Revision ISP.

The completed variance form must then be submitted by the Supports Coordination Organization to the appropriate Administrative Entity. The Administrative Entity will review requests for more than 14 hours per day of service(s) and forward its recommendation to the appropriate ODP Regional Program Manager.

The variance can be granted for a period of up to one year. Variances for intensive staff support approved prior to July 1, 2018 will be considered approved until the next Annual Review ISP. The Supports Coordinator and Administrative Entity must align the end date of the service authorizations impacted by the variance with the date of the next Annual Review ISP. At the Annual Review ISP, the ISP team must discuss the individual's current needs and the number of hours of service(s) needed to meet those needs and whether a variance needs to be requested.

Below are some examples on how to fill out the schedule table. Note: A day is defined as starting at 12:00 am and ending at 11:59 pm.

Example A: Individual receives 24 hours of Companion daily:

List the requested daily schedule of In-Home and Community Support, Companion and/or Community Participation Support for a one week period:							
KEY: CPS-Community Participation Support; IHCS-In-Home and Community Support; Comp-Companion							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start time	12:00 am	12:00 am	12:00 am	12:00 am	12:00 am	12:00 am	12:00 am
End time	11:59 pm	11:59 pm	11:59 pm	11:59 pm	11:59 pm	11:59 pm	11:59 pm
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp
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Example B: Individual receives 16 hours of a mix of the services Monday through Friday and 8 hours of Companion Saturday and Sunday:

List the requested daily schedule of In-Home and Community Support, Companion and/or Community Participation Support for a one week period:							
KEY: CPS-Community Participation Support; IHCS-In-Home and Community Support; Comp-Companion							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Start time	8:00 am	8 am	8 am	8 am	8 am	8 am	8:00 am
End time	12:00 pm	11 am	4 pm	11 am	4 pm	11 am	12 pm
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp
Start time	6 pm	11 am	4 pm	11 am	4 pm	11 am	6 pm
End time	10 pm	4 pm	11:59 pm	4 pm	11:59 pm	4 pm	10 pm
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp
Start time		4 pm		4 pm		4 pm	
End time		11:59 pm		11:59 pm		11:59 pm	
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp

Example C: Individual receives 14 hours of a mix of services Monday through Friday only:

List the requested daily schedule of In-Home and Community Support, Companion and/or Community Participation Support for a one week period:							
KEY: CPS-Community Participation Support; IHCS-In-Home and Community Support; Comp-Companion							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Start time		7 am	7 am	7 am	7 am	7 am	
End time		10 am	12 pm	12 pm	12 pm	10 am	
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input checked="" type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input checked="" type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp
Start time		10 am	12 pm	12 pm	12 pm	10 am	

End time		3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm	
Service	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input checked="" type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp	<input type="checkbox"/> CPS <input type="checkbox"/> IHCS <input type="checkbox"/> Comp
Start time		3:30 pm	3:30 pm	3:30 pm	3:30 pm	3:30 pm	
End time		9 pm	9 pm	9 pm	9 pm	9 pm	
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Section 4 – Respite

Based upon discussion with the ISP team, the Supports Coordinator should complete this section of the variance form to request any of the following:

- Respite in excess of the following limits when the individual has a behavioral or medical support need or an emergency circumstance (as described in the waiver):
 - 15-minute units beyond 480 units per fiscal year for an individual enrolled in the Consolidated Waiver.
 - 15-minute units beyond 1440 units per fiscal year for an individual enrolled in the Person/Family Directed Support (P/FDS) or Community Living waivers.
 - Day respite beyond 30 days in a fiscal year for individuals enrolled in the Consolidated, P/FDS or Community Living waivers. A variance request for Respite beyond the 30-day limit should be submitted as soon as possible once the need for the extended Respite becomes apparent. Providers must follow licensing regulations regarding Respite for Life Sharing (55 Pa. Code Chapter 6500) and Community Homes for Individuals with an Intellectual Disability or Autism (55 Pa. Code Chapter 6400).

If more than one provider is requesting a variance to the fiscal year unit limitation for Respite for the same individual for dates of service that do not overlap, the Supports Coordination Organization should examine the utilization in order to accurately calculate the units requested. This should be done before completing the variance form and submitting the request.

- Respite for an emergency circumstance as described in the waiver in any of the following locations:
 - A home licensed under 55 Pa. Code Chapter 6400, 3800 or 5310 beyond the home's approved program capacity (but that does not exceed the home's licensed capacity) or that is not funded through the Consolidated waiver, or that is in a contiguous or campus setting.
 - A hotel.

When Respite is being requested in a licensed home that is not waiver-funded, ODP expects the Administrative Entity to consider the following in its review prior to making a recommendation to ODP:

- ✓ Demonstration that alternative supports in waiver funded residential settings within the region have been explored and are not available and that the proposed service location is the most appropriate, integrated, and community based setting available that can meet the person's needs;
 - ✓ The individual and ISP team concur with the request;
 - ✓ Adequacy of the staffing ratio;
 - ✓ There has been consideration of current residents regarding topics such as privacy, compatibility, and preferences; and
 - ✓ Safeguards exist to protect the personal possessions of current residents.
- Respite in any of the following locations for an individual who has a Needs Group 3 or 4 that indicates medical or behavioral needs and attempts to locate a respite provider in a community setting have been unsuccessful:
 - A private Intermediate Care Facility for individuals with an intellectual disability (ICF/ID) licensed under 55 Pa. Code Chapter 6600.
 - A Licensed Nursing Home.
 - Licensed Community Home (55 Pa. Code Chapter 6400) located in Pennsylvania within the home's approved program capacity of 5 to 8.
 - Children (under age 21) who have medical needs that require Respite by a Licensed Practical Nurse or Registered Nurse can request a variance when the following criteria are met:
 - The child is authorized to receive less than 24 hours a day of nursing through private insurance or Medical Assistance;
 - And one or more of the following:
 - The child requires administration of intravenous fluid or medication, which is specified in a written order by a licensed doctor of the healing arts; or
 - The child uses monitoring, defibrillating or resuscitating equipment, or a combination of the three; or
 - The child requires other skilled activities that must be provided by a nurse. A list of non-skilled activities that can be performed by

professionals other than a nurse is available at:

<https://www.health.pa.gov/topics/Documents/Facilities%20and%20Licensing/HCAGuidance.pdf>.

NOTE: Any waiver participant age 21 or older who needs nursing services can receive this type of support through the Shift Nursing service.

A variance must be completed and approved by ODP prior to Respite being rendered by a nurse for a child. The period covered by the initial request cannot exceed the limit for Respite under the waiver. A separate request for a variance must be submitted to the limits only when there is an emergency circumstance involving a child with medical needs who meets the criteria described above. Ongoing nursing needs for children with medical needs are addressed through Medical Assistance Fee-for-Service or Physical Health Managed Care Organizations.

The Supports Coordination Organization must submit this completed form to the appropriate Administrative Entity. The Administrative Entity will review the request and forward its recommendation to the appropriate ODP Regional Program Manager for approval.

Prior to the Administrative Entity forwarding its recommendation for situations that require a variance request for Respite in a licensed setting as described above, the Administrative Entity will determine if a non-waiver funded licensed residential service setting is available and appropriate to provide Respite. If the Administrative Entity does not have a setting available and there is no waiver funded residential setting that has a vacancy within approved program capacity, the AE will then forward the variance form to the appropriate ODP Regional Program Manager for approval. The following information should be documented in the appropriate section of the variance form, or the information can be provided in a separate document:

1. The individual's current living situation.
2. Demonstration that alternative supports in waiver funded residential settings within the region have been explored and are not available and that the proposed service location is the most appropriate, integrated, and community based setting available that can meet the individual's needs.
3. A summary describing the nature of the emergency including any other funding options that are available or what natural supports are available.
4. Current program/funding type associated with the individual.
5. The supports that the individual will need while in Respite.
6. The expected duration of the Respite.

Approved Respite requests are valid only during the Fiscal Year in which the approval occurred.

Section 5 - Assistive Technology

The Supports Coordinator must complete this section of the variance form to request Assistive Technology that will exceed the lifetime limit of \$10,000. The Supports Coordination Organization must submit this completed form to the appropriate Administrative Entity. The Administrative Entity will review the request and forward its recommendation to the appropriate ODP Regional Program Manager for approval.

The lifetime limit of \$10,000 was effective July 1, 2012. Any waiver funded Assistive Technology costs incurred prior to that date are not included in the dollar limit.

Section 6 - Home Accessibility Adaptations

The Supports Coordinator must complete this section of the variance form to request the following Home Accessibility Adaptations that exceed the \$20,000 limit for a 10-year period:

- Maintenance or repair to existing home accessibility adaptations when not covered by warranty or home owners insurance and the maintenance or repair is more cost effective than replacement.
- Track lift systems that will reduce the need for other services.

The Supports Coordinator must also complete this section of the variance form to request an additional doorway to ensure safe egress.

The Supports Coordination Organization will submit this completed form to the appropriate Administrative Entity. The Administrative Entity will review the request and forward its recommendation to the appropriate ODP Regional Program Manager for approval.