

OLTL FAQs - HCBS Settings Requirements		
#	Question	Answer
Questions on how specific providers and individuals will be affected		
1	Does this requirement apply to home care agencies where Personal Assistance Services are provided to participants in their private homes?	If a participant and/or their family owns/leases the home where services are provided, and the setting is not provider owned or controlled, then as stated in the Interpretive Guidance Section of the Home and Community-Based Setting Requirements bulletin, OLTL will presume that the setting is in compliance with the rule. This setting does not have to follow the provider owned or controlled residential settings requirements.
2	How will this affect the average Aging waiver provider who is providing care to Aging waiver participants in their own homes?	The rule is applicable to provider owned or controlled residential settings where the provider is also delivering waiver services, including a continuing care retirement community.
3	What about waiver services provided in independent living apartments on the campus of a continuing care community?	The rule is applicable to provider owned or controlled residential settings where the provider is also delivering waiver services, including domiciliary care homes.
4	Is this applicable to domiciliary care homes?	The rule is applicable to provider owned or controlled residential settings where the provider is also delivering waiver services, including domiciliary care homes.
5	How will the changes affect a public transportation agency that provides paratransit services to participants in the MATP, OLTL, or PWD programs?	Public transportation is not directly affected by this Rule.
6	If a Personal Assistance Services provider (or a family member of that provider) rents an apartment to a participant, do they need to comply with this ruling?	The rule is applicable to provider owned or controlled residential settings where the provider is also delivering waiver services, including apartments owned or controlled by PAS providers and their family members.
7	Is site compliance the responsibility of the Service Coordinator and not the agency providing services? For example, will Service Coordinators provide copies of lease agreements?	Site compliance is the responsibility of the provider who provides services at the site. Service Coordinators are responsible for completing the Participant Review Tool, including the Provider Owned and Operated Residential section, if that section is applicable to the site. Service Coordinators may also notify OLTL of sites they feel may be out of compliance by e-mailing RA-PWHCBSFinalRule@pa.gov in order for OLTL to assess that site's compliance.
8	What should happen if the operated home is owned by a direct service provider and a requirement of that home is that anyone residing in it must utilize the direct service provider who owns it? (Not allowing the participant choice of providers).	If a provider owns or controls a residential site, the provider must follow the Provider Owned or Controlled Residential Settings requirements. All settings must facilitate the participant's choice regarding services and supports, and who provides them.
9	What is a PT, OT, SLP provider's responsibility for compliance?	All OLTL HCBS waiver providers must follow Section I.A Generally-Applicable Requirements of the HCBS Settings Requirements bulletin. Section I.B applies only to provider owned or controlled residential settings.
10	How does this pertain to Adult Day service providers?	All OLTL HCBS waiver providers must follow Section I.A Generally-Applicable Requirements of the HCBS Settings Requirements bulletin. Section I.B applies only to provider owned or controlled residential settings. All sites providing Adult Day services will have an Onsite Assessment Tool completed
11	Will Pa. Department of Aging licensure representatives be utilizing the compliance tool to submit to OLTL for further direction regarding adult day centers on a nursing home campus?	All sites providing Adult Day services will have an Onsite Assessment Tool completed, and if OLTL feels the site is appropriate for heightened scrutiny, OLTL will work with that site to compile a heightened scrutiny package to submit to CMS.
12	How will this affect older adult day centers operating under the licensure of Department of Aging but also serving those with intellectual disabilities over the age of 60 through community habilitation? We are completely site-based but also support those with intellectual disabilities.	OLTL will consult with ODP when making a decision about site compliance for Adult Day Centers that serve both OLTL Waiver participants and ODP participants.
13	What will happen to clients funded by medicare who attend adult day programs located in a Long Term Care Facility?	The rule applies only to settings in which Medicaid-funded services are provided. If an adult day center is in a Long Term Care Facility that does not receive any HCBS waiver funding, they do not need to take steps to comply with the HCBS Final Rule.
14	What will happen to clients funded by medicaid waiver who attend adult day programs located in a Long Term Care Facility?	All sites providing Adult Day services will have an Onsite Assessment Tool completed, and if OLTL feels the site is appropriate for heightened scrutiny, OLTL will work with that site to compile a heightened scrutiny package to submit to CMS.
Questions about the Onsite Assessment		
1	Where is the Onsite Assessment tool located?	The Onsite Assessment Tool is an internal OLTL document.
2	Have on-site surveys and visits been initiated throughout the state?	On-site visits began for OLTL providers across the state in March 2017.

3	Was the self-survey tool that was completed last year the first tool in compiling the sites that must be further looked into? If so, when can visits from OLTL staff be expected?	The self-survey was used to compile a variety of information. It was not the only source of information used to determine which sites needed Onsite Assessments completed. OLTL began conducting Onsite Assessments beginning in March 2017.
4	If we are a non-medical service provider and have clients in their own homes or apartments, is there a need for on-site assessments?	If your agency does not own or control a site where several participants live, or receive services together, that site will not receive an Onsite Assessment.

Questions on how providers are to apply the HCBS Final Rule

1	Regarding participants being permitted to choose daily activities, does that mean if a participant wants to work out on the exercise equipment that they brought from home, should the participant be permitted to do so? Is the provider permitted to place stipulations on this (e.g. needing a physician to sign off)?	Please see section II. Interpretive Guidance of the HCBS Settings Requirements bulletin.
2	Does the Final Rule state what kind of staff can work on OLTL members or does the Final Rule only apply to the settings where services can be provided?	The HCBS Final Rule does not specify a type of staff to be compliant. This Rule applies to settings where services are provided.
3	What is the procedure for secure units necessary for the safety of participants?	If a participant has been assessed to need a secure unit, it must be clearly documented in the person-centered Individual Service Plan, and the Individual Service Plan must show that other methods have been tried and failed.
4	Under the Aging waiver we provide services to clients that are NFC eligible and have dementia. They are at risk for wandering. How can we provide a safe setting if we can not have a locking door system?	Providers who identify requirements that conflict with the HCBS final rule should provide the information to OLTL at the onsite review.
5	What if a funding requirement contradicts the HCBS requirements, such as giving food at all times when funding agency required a specific time?	If a participant is renting a home from a non-waiver provider, no assessment would need to be completed. If a participant is renting a home from a provider whom they receive HCBS waiver services from, this is considered provider owned and controlled. There is no assessment to be completed by the direct service provider agency, but the SC will need to complete the Provider Owned and Operated Residential section of the Participant Review Tool for that participant at least once per year.

General Questions

1	Has there been guidance from CMS as to what information will be needed for heightened scrutiny, such as population served, or verifying a separate operation from the institution?	No additional guidance has been provided from CMS on heightened scrutiny beyond the guidance here: https://www.medicaid.gov/medicaid/hcbs/downloads/home-and-community-based-setting-requirements.pdf
2	Where is information on this webinar and Rule located?	This will all be published on the website together.
3	How is this different from ODP procedures?	ODP and OLTL have proposed different processes to become compliant with the HCBS Final Rule. Please consult the Statewide Transition Plan or the ODP waiver-specific transition plans to see their process.
4	How do we get a list of homes that are owned by HCBS providers?	OLTL does not publish a list of homes that are owned by HCBS providers.
5	What is the process for reporting concerns of compliance for already established settings?	If you know of a site you feel may be out of compliance with the HCBS Final Rule, you may e-mail applicable information to RA-PWHCBSFinalRule@pa.gov in order for OLTL to follow-up with that site.